



Planned Surgery Patient Information Pack for Adults





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Welcome

Echuca Regional Health (ERH) staff are dedicated to providing patients with the best possible care and service. This patient booklet provides you with information about the hospital that assists you in having a safe and comfortable stay.

If you have any queries, please discuss with a member of our staff.

If you have been receiving services, eg. home help, meals on wheels, district nursing, community nursing or any visiting services or community services prior to your admission, please advise the nurse as this assists us to provide continuity of care.

Our Values



Conduct

Patients and visitors may expect that staff demonstrate these values and we ask that patients and visitors also respect these values.

We have zero tolerance for physical and non-physical violence.

Having Surgery at ERH

Echuca Regional Health is a Victorian public health service which means surgery planning is undertaken according to the [Victorian Planned Surgery Access Policy](#) and reported to the Department of Health [Elective Surgery Information System \(ESIS\)](#).

These policies and reporting systems are designed to ensure patients are treated in turn (regardless of health insurance status), and receive their surgery within clinically recommended time frames. Refer [Better Health Channel - Planned Surgery](#) for more information.

We are committed to providing services which are patient centred, culturally safe and inclusive for every member of our community.

While preparing for your surgery, if you wish to discuss any specific needs or preferences with our team please call 54 855 378 between 8:00-4:30.

[Better Health Channel - Best care guide for non-urgent planned surgery](#)

[Better Health Channel - Preparing for surgery](#)



Questions to ask your surgeon or GP

- What will happen during the operation/procedure?
- What is the aim of the procedure (for example: pain relief, cure or investigation)?
- What are the expected benefits of me having the operation/procedure?
- How long will it take me to recover and are there any restrictions during this time?
- What are the possible risks and side effects of having the operation/procedure?
- What will happen if I don't have the operation/procedure?
- What is the success rate for the operation/procedure?
- How long will I be in hospital?
- How long will I be off work?
- Who will do the procedure?
- What are the costs involved, especially if I use my private health insurance?

[General Information - private health insurance & informed financial consent.](#)

Informed consent

[Informed consent](#) means that you understand your condition and any proposed medical treatment. [Decision making while you are in hospital.](#)

Your doctor has a duty to explain:

- Your condition
- The treatment options
- The expected outcome of the treatment
- Possible risks and complications
- The success rates for the treatment
- Estimated hospital charges or out of pocket fees related to your surgery

It is essential for you to have this information so that you can make your decision about having the recommended medical treatment or surgery.

Your doctor has the duty to provide you with this information but you need to ask the questions about anything that you do not understand.

Once you have the information your doctor may ask you to sign a consent form which means that you understand the information and give the doctor permission to perform the treatment.



Two to three weeks before your procedure

1. If you cannot come for your procedure, do not think that you still need it, or become unwell in the week before, ring the Theatre Liaison Team on 03 5485 5378 to discuss if your procedure needs to be postponed or cancelled.
2. If you are taking any medications to thin your blood, diabetic medications, anti-inflammatory drugs or herbal medications you will need to ask your surgeon 2 weeks before your procedure if you need to stop taking them.
Do not stop taking your tablets without talking to your doctor.
3. If you have a pacemaker, ring the Theatre Liaison Officer on 03 5485 5378 to provide details of your pacemaker. Bring your pacemaker device identification card.
4. If your surgeon has given you a registration form and a Surgical Pre-Admission Checklist to fill out – complete and return to the Theatre Liaison Officer - 226 Service Street Echuca Vic 3564. Please make sure that you provide two contact numbers and your email address.
5. Do not wax, shave or use hair removal creams on the area you are having your procedure for one week before your surgery.
6. If you are booked for day surgery you must have someone to drive you home after your procedure and someone to stay with you until the next morning (this does not apply to patients having only a local anaesthetic).
Contact the Theatre Liaison Officer on 03 5485 5378 if you cannot organize this or your procedure may be cancelled.
7. If you are having a procedure on your arms, legs or face under a local anaesthetic and plan to drive yourself home afterwards you will need to check with your surgeon that it is ok to do so.
8. ERH is a smoke and vape free environment. Once your procedure date has been made it is recommended that you should stop smoking and vaping. Further information is in the Quit Smoking & Surgery Brochure or you can contact the QUIT line on 137848.

On the day of your procedure

1. All patients admitted on the day of their procedure need to enter the hospital via the main hospital entrance 226 Service Street and follow the signs to the **Day Surgery Unit** – via main foyer and take 2nd corridor to your left
2. Have a shower or bath before you come to hospital. Do not use powder, perfume or deodorant. Do not wear makeup or nail polish. Remove all jewellery (except wedding rings) and leave them at home.



3. Bring with you:

- Medicare card
- Pension / Health Care Card
- Private Health Insurance details
- TAC / Workcover details
- DVA card
- Something to read while you wait (optional)
- CPAP machine if you use one
- A list of any questions you may have
- All regular medications (including puffers & insulin) in original pharmacy dispensed containers or packaging.
- Copy of your Medical Power of Attorney and Advance Care Plan (if relevant)
- A bag to put your clothes in while you change for your procedure
- If you are staying overnight - sleepwear, slippers, toiletries, soap and tissue.

4. Wear clean loose-fitting clothing and comfortable foot wear. Patients having **cataract surgery** should wear a short-sleeved button up top. If you are having a vasectomy wear/bring firm fitting underpants.
5. Do not bring large amounts of money or valuables - the hospital will not take responsibility for them.
6. Only bring one person with you on the day of your procedure.
7. Inform the nurse on admission if you require a Medical and/or Carer's Certificate.
8. **Your admission time may be up to 2 hours before your procedure.**
The order of the list may change on the day so your waiting time could change.
9. Organise a carer to take you home and stay with you, including overnight.

After your procedure

1. Before you go home you will need to pay for any medication dispensed from the Pharmacy Department. Accounts can be paid at the main reception counter.
2. Do not drink alcohol, drive a vehicle, do any work that needs skill or judgement, sign any legal documents, drive or operate heavy machinery for 24 hours following your anaesthetic.

Your procedure date may change

Due to emergency cases the hospital may need to change the date of your procedure at any time, including the day of surgery. This does not happen often and you will be notified as soon as possible of any changes.



Pre-Operative Clinic

Some patients will be required to have a pre-operative clinic review.
You will be advised if it is in person at the clinic or by phone.

Hours: Monday to Friday 8.00am - 4.30pm Lumeah Building
Where: Ground Floor, 231 Leichardt Street, ECHUCA (Near Austin Pathology)
Phone: 03 5485 5378

General Information

- If you cannot come to your appointment or you need an interpreter, please telephone the Theatre Liaison Officer on 5485 5378 as soon as possible.
- At the clinic, you will see a preadmission nurse who will ask you questions about your health, discuss your stay in hospital and going home after your procedure.
- The staff will order tests that you need before your procedure. This could include a blood test, an ECG to check how well your heart is working and other investigations. You do not need to fast for these tests.
- Your visit will usually take 2-3 hours, but if you are having joint replacement surgery.
- Let the nurse in the Pre-Operative Clinic know if you need a doctor's certificate.

Things to bring / have near the phone for the Appointment

- Your regular medications in their original packets
- Your pacemaker card (if applicable)
- A copy of recent blood tests, ECG's, stress tests or any other medical reports
- Any relevant X-rays
- Any questions about your surgery or your stay in hospital
- A support person (optional)

Body Mass Index (BMI)

[Body Mass Index \(BMI\)](#) is used to estimate a person's total body fat. This helps to determine if your weight is within the normal healthy range.

Adult BMI range	Classification
Under 18.5	Underweight – possible under nourished
18.5 – 24.9	Healthy weight range
25 – 29.9	Overweight
Over 30	Considered obese



Why is BMI important?

The higher the amount of body fat, the greater the risk a person has of developing chronic health problems and of having complications during or after a procedure. Some of the health problems linked to being overweight or obese include heart disease, diabetes, certain cancers, high blood pressure, stroke, sleep apnoea and respiratory problems, depression and mental health issues.

Patients with a high BMI may have trouble with having an intravenous line inserted or have airway and breathing problems or being positioned for the anaesthetic or procedure. After the procedure there is an increased risk of respiratory failure (breathing problems), pneumonia, blood clots in the legs or lungs, heart attack, peripheral nerve damage, wound infection and urinary tract infections.

BMI and Surgery

In the interest of safety people with a BMI above 40 is unable to have a planned procedure requiring general anaesthesia or intravenous sedation at ERH. If your BMI is greater than 40 you will need to have your procedure at a hospital with specialist facilities. If your procedure can be delayed, you may choose to lose the required weight for your BMI to reduce to 40 or less. Minor procedures under local anaesthesia only, may still be performed. Patients with a BMI of 35-40 will be assessed by the anaesthetist to determine if it is safe for them to have their procedure at this hospital.

Fasting instructions for adults

Morning Surgery - Session start 8:30am

Adults - no food, chewing gum or lollies after midnight the night before; Up to 200mls of water or clear apple juice per hour allowed until 6 .30am.

Afternoon Surgery - Session start 1:00pm

A light breakfast (toast and a drink) before 7am and then no food, chewing gum or lollies after 7am; Up to 200mls of water or clear apple juice per hour until 11am.

Colonoscopy Procedures

You will be informed if you are a morning or afternoon procedure. Follow the morning or afternoon instruction sheet that you have been provided.

Medication Instructions

Your anaesthetist will give you instructions in relation to your usual medications, for the day of your procedure.



If you are staying overnight

What to bring

- Night attire, dressing gown, day clothes, glasses, hearing aids etc
- Basic toiletries
- All your regular medications including insulin in original containers

We request that you don't bring any valuables into hospital with you.

Accommodation

Single and shared room accommodation is provided with all the rooms having ensuites. Single rooms are allocated based on clinical need, however, if single rooms are available, priority will be given to private patients.

Discharge from hospital

Once your Doctor has authorised your discharge, we aim for you to go home by 10am.

Anaesthetic Information for Adults

An **Anaesthetist** is a doctor who has undergone specialised training to look after you before, during and after your procedure. The Anaesthetist will assess your health and discuss with you the type of anaesthetic suitable for your procedure and the associated risks. The Anaesthetist is also involved in the management of your pain after your procedure.

What should I tell the Anaesthetist?

- Any significant illnesses such as asthma, high blood pressure, heart disease, liver disease, diabetes, previous clots in the legs or lungs etc.
- Any problems you have had with previous anaesthetics or procedures
- Any allergies to drugs, medicine tapes or foods
- Anything you think may be relevant for example dental problems, recreational drug use, if you smoke, how much alcohol you drink
- Any medications you are taking including blood thinners, diabetic medications, herbal medications and the oral contraceptive pill
- Indigestion or stomach reflux
- Sleep apnoea
- Infectious diseases
- Any illness in the last seven (7) weeks. Examples: COVID, Gastro, Cold or Flu



Is fasting really necessary?

Fasting (not eating or drinking) is essential before general anaesthesia or sedation to reduce the risk of regurgitation (bringing up) of your stomach contents. If regurgitation occurs your lungs may be damaged by the acid in the stomach. Some people have medical conditions that require special instructions or medication before their procedure to reduce the risk of this happening.

It is important that you follow the fasting instructions that you have been given otherwise your procedure may be delayed or even cancelled.

Types of anaesthetic

General anaesthetic [Better Health Channel - General anaesthetics](#)

A general anaesthetic is a combination of drugs to keep you unconscious and pain free during a procedure. The drugs are injected into a vein and/or breathed in as gases into your lungs. A breathing tube is placed into your wind pipe to help you breath while you are under anaesthetic. This tube is removed once you are awake. The Anaesthetist and staff working in the theatre will monitor you closely during your procedure.

Sedation

Conscious sedation is a medication induced state that reduces your level of consciousness. You may still respond to verbal commands or touch. The medications used for sedation are injected into a vein and commonly include drugs that decrease your perception of pain and relieve pain so the surgeon can perform your procedure.

Local anaesthetic

Local anaesthetic is used to numb a small part of your body. The anaesthetic can be given by drops, ointments, sprays or injections depending on the area to be operated on. You will be awake during the procedure and not feel pain.

Regional anaesthetic

Regional anaesthetic is where a large part of your body is numbed by the injection of a local anaesthetic around major nerve bundles supplying areas of the body such as the hand, shoulder or ankle. You may not be able to move that part of the body. The duration of the anaesthetic depends on the type of local anaesthetic used; typically, the numbness lasts for several hours and as it wears off the surgical pain will return so other methods of pain relief will be needed.



Spinal and epidural blocks are types of regional anaesthetic.

A spinal anaesthetic involves injecting local anaesthetic and sometimes pain killers into an area (subarachnoid space) near your spinal cord. This numbs your nerves to give pain relief to certain areas of the body.

An epidural anaesthetic involves injecting local anaesthetic and other pain killers into an area (epidural) near your spinal cord. This numbs your nerves to give pain relief to certain areas of the body. A catheter (small tube) can be inserted into this space so that drugs can be given over a longer time to relieve pain after your procedure.

We urge you to ask questions;

Your GP or Anaesthetist can answer any questions you may have regarding your planned anaesthetic. For further information you can check out the following websites:

- [Better Health Channel - General anaesthetics](#)
- [Australia New Zealand College of Anaesthetists - Patient information](#)

What are the risks of the anaesthetic

Modern anaesthesia is generally very safe; however, every procedure does have risks - some minor and some major.

The risk to you will depend on:

- If you have other health issues
- Your age
- Personal factors such as smoking or obesity
- Complexity of your procedure
- How long the procedure will take
- Whether the procedure is planned or done as an emergency

Common side effects and complications from anaesthesia:

- Nausea vomiting
- Headache
- Pain and bruising at injection sites
- Sore or dry throat or lips
- Blurred/double vision and dizziness
- Problems passing urine

Other possible side effects and complications of anaesthesia:

- Muscle pains and aches
- Temporary or permanent nerve damage
- Having sensation (and pain) during your procedure



- Being awake under general anaesthetic
- Damage to your throat, vocal cords, mouth, teeth or dental work
- Blood clots
- Seizures
- Chest infections/lung damage
- Worsening of an existing medical condition
- Infections
- Heart attack
- Brain damage or stroke
- Kidney or liver failure
- Weakness and/or paralysis
- Severe allergy and/or shock
- Very high temperature

Your role

- Get a little fitter, this will help prepare you for your procedure.
- Give up smoking at least 6 weeks before your procedure.
- Drink less alcohol and do not drink any alcohol for 24 hours before your procedure.
- Stop taking recreational drugs & inform you anaesthetist of any previous drug use.
- Maintain a healthy weight.

After your procedure

The Anaesthetist will continue to monitor your condition. Once awake, you will still feel drowsy. You may have a sore throat, feel sick or have a headache. These symptoms should soon pass. To help the recovery process you may be given oxygen to breathe, encouraged to take deep breaths and cough. When you are fully awake and comfortable you will be transferred either to your room in the ward or to the Day Surgery area before returning home. You may still experience some short-term dizziness, blurred vision or short-term memory loss. This usually clears quickly. Ensure you communicate your concerns to your nurse and Doctor.

Managing your pain

Procedures can cause pain. After your procedure, your health care team wants you to be as comfortable as possible. Good pain control reduces the likelihood of you developing a chest infection or blood clots or of you having a heart attack. Putting up with pain may cause more harm than good. You should get up and move about as soon as you can. You can ask for staff assistance / supervision. Pain medications may not make you absolutely pain free but it should reduce your pain.



Tell us about your pain

You are likely to recover faster after your procedure if your pain is controlled. You will need to tell staff how you feel; particularly how strong your pain is. You will be asked to rate your pain. This is how we know how you are feeling and what is working best for you.

You may be asked to score your pain on a scale from 0 to 10, with 0 being "no pain" and 10 being the "worst pain ever". If you cannot score your pain this way other methods may be shown to you.

Knowing where your pain is coming from and how it feels (aching, burning, stabbing) helps staff to give you the best treatment.

What can you do to help?

Ask for pain relief before it gets too uncomfortable or before activity. It is harder to ease pain once it has taken hold. Remember to tell your nurse or doctor if the pain doesn't get better even after taking pain medications.

Pain treatment options

Your pain may be treated in a number of different ways. What works best for you will be decided by you and your health care team based on the location and type of pain that you have.

Types of pain relief

- **Tablets or pills** - may include simple pain killers such as paracetamol, codeine and anti-inflammatory drugs. They usually take about 30 minutes to work.
- **Occasional injections** - injections are usually given into the skin on the stomach and take about 20 minutes to work. Medication may also be given into a vein and take only a few minutes to work.
- **Continuous drip** - containing pain medications given into a vein, often using an opioid or synthetic opioid medication.
- **Patient Controlled Analgesia (PCA)** - you control your own pain relief by pressing a button to deliver small amounts of pain medication into a vein.
- **Suppositories** - small pellets containing pain medication that are given into the (back passage /rectum).
- **Local Anaesthetic** - given near your wound that blocks the feeling of pain. May be part of your anaesthetic/ procedure.



Blood Clots

If you are in hospital your risk of having a clot in your legs or your lungs is increased.

Why are blood clots a problem?

A blood clot that forms in a deep vein within the muscles of the leg is known as a deep vein thrombosis or DVT. The clot can partly or totally block blood flow.

Most blood clots form in a vein in the calf.

They are less common in the thigh and rare in other parts of the body.

When a blood clot forms in a leg vein, it usually remains stuck to the vein wall.

Sometimes, however, one or two things may happen:

- Part of the blood clot may break off and travel in the blood to the lungs. Here it may block an artery and cut off blood supply. This dangerous condition is known as pulmonary embolus, or PE. A large clot in the lung is very serious.
- If the blood clot in the leg is not treated it may lead to long term problems such as pain or discomfort, swelling, rashes or in severe cases – skin ulcers. This is called post-thrombotic syndrome. It happens because the vein is blocked resulting in damage to the leg tissues.

How are blood clots prevented?

- Medicines that interfere with the clotting process, also known as anti-clotting medicine or anticoagulants.
- Mechanical devices work by increasing the pressure within the leg. Often anti-clotting medicines and mechanical devices are used together, but not always.
- Be as active as you can after your operation.

Anti-clotting medicines

Anti-clotting medicines work by reducing the blood's tendency to clot. This may also increase the risk of bleeding. The aim is to get the dose just right so the blood will not clot too easily and bleeding is less likely.

Anti-clotting medicines can be injected under the skin. Others are taken as a tablet. You may be given an anti-clotting medicine for a few days or up to a few weeks, depending on your particular procedure or medical condition. Check with your medical team about how long you'll need to take your medicine for.

Make sure that you tell your health care team if you are already taking medications that thin your blood before you go into hospital.

Stay mobile and active

Movement of the legs stimulates blood flow; so, you should try to get moving as soon as possible.



The hospital staff may also:

- give you gentle exercises for your feet and legs while you are in bed
- get you up and walking as soon as possible

This helps to keep the blood flowing in your leg veins. It's important to do these exercises and walk as often as your doctor, nurse or physiotherapist advises.

Mechanical devices

Mechanical devices help to keep the blood moving through the deep veins of the leg by squeezing them.

1. Graduated compression stockings are elasticated stockings, either over the whole leg or just the calf.
2. Intermittent pneumatic compression (IPC) involves a garment around the leg that is regularly inflated and deflated, to squeeze the leg. It may be over the whole leg or just the calf.
3. Venous foot pumps have a pad under the foot that is rapidly inflated and deflated every few seconds. This stimulates blood flow in the sole of the foot.

Why is the risk of blood clots high in hospital?

Anything that slows the flow of blood through the deep veins can cause a Deep Vein Thrombosis (DVT). This includes injury, surgery or long periods of sitting or lying.

Who is most at risk?

The risk is highest in people who have:

- major joint surgery (eg. hip or knee replacement)
- major surgery to the abdomen, hips, chest or legs
- major surgery for cancer
- severe physical injury
- serious acute illness, in part because you must remain in bed for a long time

Are there other risk factors?

Blood clots are more likely in:

- people who have had a clot in a vein in the past
- people with active cancer
- people over 40 years - the risk increases as you get older
- prolonged severe immobility
- women who are pregnant or have recently given birth
- people who are overweight or obese
- women who are using hormone replacement therapy (HRT) or the contraceptive pill
- people with a condition called thrombophilia.



When you go home from hospital

If you have been using anti-clotting medicines or a mechanical device in hospital, you may be asked to continue these at home. Ask your pharmacist for the consumer medicines information leaflet if you have not received it with your discharge medication.

If you have any of the following symptoms in hospital or after you return home call your doctor or go to the nearest emergency department straight away:

- redness, pain or swelling in your leg
- difficulty breathing, faintness
- coughing up blood
- pain in your lungs or chest

Managing your medicines

ERH Pharmacy Department

Monday to Friday 8.30am - 5.00pm

Main Entrance 226 Service Street, Echuca. Phone 03 5485 5182

Our pharmacists and pharmacy technicians are here to help you get the best from your medicines by:

- Visiting you while you are in hospital to talk about your medicines
- Working with your doctor to choose the best medicines to treat your condition
- Ensure you have enough medicines for your hospital stay and when you go home
- Ensure sure you understand the medicines you take home with you.

Things you can do to help us:

- Bring your medicines with you to hospital
- Include all over-the-counter or herbal/natural medicines, eye-drops and any puffers
- Speak up about any concerns you may have about your medicines
- Tell us about any allergies or side-effects from medicines you may have had
- Show your Medicare card and any concession cards (eg. Pension, HealthCare etc.)

Charges for medications

There is no charge for medications used during your hospital stay.

There will be a charge for outpatient and discharge medications. These charges apply for both private and public patients.

In most cases, normal PBS charges will apply and these items will count towards your PBS Safety Net at your local pharmacy. As our records are separate to your community pharmacy, please ask us for a PBS Safety Net receipt if you need it.