

Your guide to surgery at St George's Hospital



Pre-operative assessment

Planning for your operation and stay in hospital

The day of your admission for surgery

Your stay in hospital

Going home after surgery

General information about St George's Hospital

Welcome to St George's Hospital

This booklet will guide you from your decision to have surgery, preparing for surgery, through your inpatient stay to leaving hospital. We want to help you understand the process involved in preparing for, undergoing and recovering from an operation.

We have tried to cover all the things you may be thinking about that are related to your surgery. It's very important that you read through this booklet so you have all of the information you will need.

On the next page is a list of the sections within this booklet. It is split into six sections:

Pre-operative assessment

Planning for your operation and stay in hospital

The day of your admission for surgery

Your stay in hospital

Going home after surgery

General information about St George's Hospital

Please read all the sections through first and then use the list as a quick guide for anything you may need to revisit.

We want our services to be designed with you in mind so your feedback is welcome and essential to how our services are shaped. At any stage, please let us know your thoughts on the treatment and customer service you received throughout your journey with us. Finally, we hope you have a positive experience and a successful outcome.

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Pre-operative assessment

Preparing for your appointment

All patients should have a pre-operative assessment before having an operation; this is usually in a nurse led clinic so you may not see your consultant at this appointment. During this appointment you will have various clinical investigations such as blood pressure, temperature and pulse rate, oxygen saturations and an ECG. You may also be asked to provide a urine sample; the nurse will inform you of this during your appointment and will supply you with a specimen bottle. These investigations will help to assess your fitness for surgery. We will provide you with information regarding your proposed surgery, and offer support and reassurance for any anxieties you may have. We will give you important information about how to prepare for your surgery, dietary instructions for the day/night before surgery, your hospital stay and your discharge home. Your current medications will also be reviewed. If you take medication to prevent blood clots (anticoagulants), medication for diabetes or herbal remedies, you will be given specific instructions about if and when you need to stop taking these before surgery. If you have any pre-existing heart or lung problems you may also be assessed by an anaesthetist at a further appointment. We encourage family and carers to be involved in

your treatment, so you are welcome to bring someone along if you wish. This may not always be possible if you require hospital transport.

Preparing for your appointment

- ▶ Please bring a list of all the medication you are currently taking with you and any copies of clinic letters you may have from other hospitals.
- ▶ We may require a sample of urine and will advise you when you arrive.
- ▶ Please do not apply any moisturising creams before the appointment as this prevents our ECG electrodes from sticking to your skin.
- ▶ Please allow up to two hours for your visit.
- ▶ Let us know if you have special needs. We can arrange for interpreters, visual aids and other equipment to help you if you advise us in advance of your requirements. Our number is in the back of this booklet.
- ▶ Try to avoid bringing small children as there are no facilities to keep them entertained and you may be here for some time.



Planning for your operation and stay in hospital

This section gives you information that will be useful in planning for coming into hospital.

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Your admission date

We will send you a letter with your admission date for surgery. If you have any questions about the date, please contact us immediately using the phone number on your admission letter.

Please also check that your GP and St George's have your correct contact details including address, phone numbers and next-of-kin.

If your circumstances change and you are not able to come to the hospital on your admission date, please call the number on your admission letter to let us know. This is for two main reasons:

- ▶ If you do not attend your admission without letting us know in advance, you will be discharged back to your GP. This effectively means you're putting yourself to the back of the queue for treatment. If you let us know, we can usually rearrange your admission in the near future.
- ▶ By telling us in advance that you cannot attend your admission, we can try to re-use your slot for another patient. This speeds up other patients' treatment and prevents wasting expensive NHS services.

Feeling unwell before surgery

If you are feeling unwell before your admission to hospital or at any time close to your admission date please contact us on the phone number provided in your admission letter. If you have an infected area of skin close to your

operation site or you have recently had to see your GP, please contact us and let us know.

When you call they will ask you a few questions to check that you are still fit for surgery. You will either be transferred to the pre-operative team or we will contact your surgical team to check that they are happy for you to have your surgery as planned. They will let you know as soon as possible.

Changes to admission dates (by us)

On most occasions the admission date you are given will go ahead as planned. However, as a large specialist hospital that deals with critically ill and emergency patients, there may be occasions when it is necessary to move your admission to accommodate these patients. We will, of course, give you the reason if we have to change the date for your surgery.

Short notice operations – your opportunity!

At your pre-operative appointment you may have been asked if you would consider coming in at short notice if the opportunity arises. If you haven't already indicated that you would be prepared to come in at short notice for your treatment, you can call the number on your admissions letter and let us know. Your treatment will be exactly the same; you'll just have it sooner.

You will only be offered a short notice operation if you have already attended your pre-op appointment. You will be contacted by the admissions co-ordinator and this may be with as little as 24hrs notice. Please be aware that the hospital's phone number will come up as "caller's number withheld" or "no caller ID" so please do answer if you receive this message on your phone.

Preparing for major surgery

We know that when you have major surgery it puts a big strain on your body and mind. However, even if you only have a short time before your surgery, there are several ways that you can improve your physical and mental well-being leading up to your surgery. This will help prepare you for your operation and recovery.

- ▶ Improve your physical fitness before a major operation by being more active;
- ▶ Eat a healthy diet. If you are overweight, reducing your weight will reduce many of the risks of having an anaesthetic and surgery;
- ▶ If you smoke, giving up for several weeks before the operation will reduce the risk of you experiencing breathing problems. The longer you can give up beforehand, the better. If you cannot stop smoking completely, cutting down will help;
- ▶ We recommend that you reduce or stop drinking alcohol in the lead-up to your surgery. The earlier you do this the better. If you choose not to stop completely then cutting down will help;
- ▶ If you have loose teeth or crowns, treatment from your dentist may reduce the risk of damage to your teeth if the anaesthetist needs to put a tube in your throat to help you breathe;
- ▶ If you have a long-standing medical problem such as diabetes, asthma, thyroid problems, epilepsy or high blood pressure (hypertension) you should visit your GP for a check-up well in advance of your treatment;
- ▶ Prepare mentally for the challenge ahead.

Get Set 4 Surgery

All patients who have a diagnosis of cancer and are going to have major surgery are invited to attend Get Set 4 Surgery.

Get Set 4 Surgery is held weekly on a Thursday afternoon and run by a number of healthcare professionals including consultant anaesthetists and surgeons, specialist nurses, dietitians, psychologists and physiotherapists. Surgery School will help you understand what you can do to improve your health and fitness before you have your operation, what to expect when you are in hospital and how to continue your recovery at home.

What to bring and what not to bring with you on admission to hospital

On the day of your admission, please bring with you:

- ▶ This booklet and your appointment letter;
- ▶ Night/casual wear, 'dressing gown and closed slippers rather than slip on;
- ▶ Personal toiletries/wash bag;
- ▶ Any medications you're currently taking;
- ▶ If you use a walking aide, please bring this with you.

Please leave any valuables such as jewellery at home. Depending on your treatment, you may be able to wear a wedding ring. If in doubt, please ask a member of staff. You may wish to bring a small amount of money with you to purchase magazines or newspapers.

There may be times where you will be waiting both before and after your surgery. Bring something with you to help keep you occupied. This could be a book, magazine, music player, crossword, or even knitting. Please note that you are responsible for the security of all your items you bring with you.

Generally you will be able to use electronic devices (music players, smartphones, tablets, etc.). However, please use headphones at

all times and keep volumes to a reasonable level. Other people around you must always be respected. You may be asked by a member of staff to stop using an electronic device at times such as ward rounds, meal times or if there could be an effect on hospital equipment. Please be sensitive to both other patients and the staff providing care.

You are allowed to use a mobile phone in most hospital areas and on the ward. Again, please be sensitive to those around you and stop using your phone if asked by staff.

Not eating before your surgery

Fasting instructions are on your admission letter. If you need any help or advice, please call the number on your admission letter.

Fasting instructions are to enable safe treatment so please read and carefully follow the details provided. If you do not follow the instructions, your treatment may be delayed or cancelled on the day for your own safety.

Taking medicines before your surgery

Sometimes certain medicines need to be stopped before surgery, for example, blood thinning medicines. You will have been given instructions at your pre-operative appointment of any medication you should stop before your admission and at what point you should stop them.

If you are at all unclear about the advice you were given about your medication, please call your Clinical Nurse Specialist (CNS) on the number provided by them or the Pre-Operative Service on **020 8266 6909**.

Please remember to bring all of your medication in with you to hospital, including any medicines that you have been asked to stop before surgery. This also includes any herbal remedies or alternative medicines that you are taking.

Any medicine that you stop before surgery will be reviewed by the doctor before you are sent home and re-started after your treatment, if it is safe to do so. Please make sure that you know

exactly which medicines you should be taking before you leave hospital. We will give you a list of the medicines you should be taking at home and send a copy to your GP.

Arrival time for admission

The arrival time for your admission will be on your admission letter. For most patients, this will be early in the morning although you may not have your surgery until later in the day. This provides the clinical team time to fully prepare you – and all the other patients – for surgery. We have found this is the most efficient way to ensure all operations go as planned and reduces delays and cancellations.

If you are travelling from a long distance you may wish to stay in a local hotel. Any arrangement with one of these local hotels (booking and payment etc.) is the responsibility of the individual booking the room and is not part of your NHS service.

How to get to the hospital

At the back of this booklet are instructions on how to get to the hospital and a map to help you find your way around the hospital once you're here.

Additionally, there is advice on transport and directions on our website at www.stgeorges.nhs.uk. Click on the 'Contact & Find Us' button/tab and then the headings on the left to find out about car parking, travelling, maps and other helpful information.

Transport to and from hospital

If your condition qualifies you for NHS patient transport to get to the hospital, please contact your admissions co-ordinator.

When you leave hospital after your surgery you will generally be required to arrange for a responsible adult to take you home. If, because of a medical condition, you require ambulance based transport to pick you up from the hospital when you are discharged, the ward team will help to arrange this.

Ways to reduce the risk of infection before and during your stay in hospital

Washing before surgery

Please have a bath or shower using soap (unless instructed otherwise), either the day before, or on the day of surgery to reduce the risk of the wound becoming infected. Afterwards, you should dry yourself with a fresh clean towel and put on clean clothing. Please do not shave or use razors for hair removal because they also increase the risk of a surgical site infection. Please remove any false nails, nail varnish and body piercing if possible.

Jewellery, including decorative piercings, should ideally be removed. If you cannot remove your jewellery, it can be covered with tape to prevent damage to it or to your skin.

Hand hygiene

Washing your hands regularly is the best way to prevent infection. All members of staff should thoroughly wash their hands with soap and water, or use the alcohol hand gel, before they undertake any clinical care, such as taking your blood pressure.

You can also help us fight infection by cleaning your own hands. You will see wall dispensers containing alcohol gel outside the wards and at your bedside, as well as sinks for washing your hands. Please use the alcohol hand gel whenever you come onto or leave the ward. The staff on your ward will show you how to use the dispensers and will advise you when you should wash your hands. Please ask family and friends who visit to use the alcohol gel wall dispensers to clean their hands.

If you find an alcohol gel dispenser which is empty, please inform a member of staff who will make sure it is refilled.

Infection control

Another way to keep the hospital free from infection is to screen patients before they are admitted to hospital for a planned procedure. This is a simple procedure involving a swab (large cotton bud) of your nostril and groin. Additionally, you may be asked to have swabs taken during your inpatient stay. We will inform you and treat you if the swabs are positive for an infection.

We ask for your help in keeping our hospital clean by keeping your bed space or side room tidy, and only having belongings that are essential for your stay in hospital. This helps us clean more effectively. Visitors may be able to help you with this by taking additional belongings home for you.

Each bed space has a patient locker provided to store belongings in. Your bed space will be cleaned by staff on a daily basis. You will regularly see the ward manager or matron conducting ward rounds to ensure that the ward and environment is clean. If you have any concerns about cleanliness, please speak to your nurse, ward manager or the matron who will be happy to help.

Preparing psychologically and emotionally before your surgery

Surgery can be a stressful experience and feeling a range of emotions before surgery is perfectly normal and to be expected. Surgery doesn't take place in isolation and can commonly have a knock-on effect on other aspects of your life including your ability to work, complete daily tasks and manage responsibilities to loved ones. Fortunately, there are strategies you can start putting in place to help keep you strong and mentally prepared, improving your chances of a successful outcome.

It's helpful to set reasonable expectations. Speaking to your team and attending education events can help to give you a sense of how long you might expect to be in hospital and how long recovery might take. Expecting too much too soon can leave you feeling disappointed or like a failure if you cannot quite reach the standards you usually hold yourself to.

In preparing for surgery, people can often put their normal lives on hold. Try and maintain as much of your normal routine as possible, particularly the things you enjoy or that are relaxing for you. Surgery is a part of your life but does not have to take over your life. There is plenty about going through a surgery that can feel out of your control, so do as much as you can to plan and prepare in advance to minimise the uncertainty in the run-up to your surgery.

Resist the urge to isolate yourself and shut people out, as supportive relationships are known to help people cope better with a surgery. Similarly, when we feel anxious or overwhelmed, it can be easy to shut down and avoid difficult things (like preparing for surgery). Avoiding uncomfortable things is understandable but will tend to increase your anxiety in those last few days in the run-up to surgery when you should be taking care of yourself.

Keep your motivation alive by setting some goals for what you would like to achieve when the surgery is all over. Having things to look forward to can help keep you on track. Remember that you are having the surgery for a reason and it is important to remain connected to this.

If you are likely to find being in hospital challenging, it can help to have some things that can soothe or comfort you. Keep it simple, as you won't be able to bring much in. Pictures on a phone or something enjoyable to occupy your mind can be particularly useful.

Think in advance about what you might find tough and what you could do in advance to

help. For instance, preparing meals in advance for when you get back home. This can be particularly important if you think you might find it hard being away from your usual daily routine.

Additional support

If there is anything else you would like to ask before your admission, or if you do have any special needs, please call the number on your admissions letter before your admission so that we can help you. Alternatively if you have been to pre-operative assessment you can also contact them for help.

The day of your admission for surgery

Coming into hospital for treatment can be a stressful experience. In this section we tell you what to expect when you are admitted to hospital so that you feel less anxious and are more prepared.

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Surgical Admissions Lounge (SAL) – what to do when you arrive

Picture of SAL



When you arrive at the hospital please go straight to the Surgical Admissions Lounge (SAL), on the first floor of St James Wing, unless you have been given different instructions on your admission letter. Once you have arrived at the admissions area, a member of the reception staff will check your details. You will be asked to take a seat in the waiting area until the nurse is ready to call you through for admission. You will meet the surgeon and the anaesthetist before you go to surgery and you will be asked to sign/check your consent form for your surgery. If you have any questions for your clinical team, please ask at any point.

You will have an admission time of 7.00 am, 11.00 am or 3.00pm but you may not go to theatre until later in the day. You will be asked to sit in the SAL waiting area until it is time to prepare you for your operation. Where possible, the nursing staff will tell you how long this is likely to be.

The order in which patients have their operation can change on the day. This can be due to a number of factors including changes in a patient's clinical condition. Sometimes, this may mean waiting some time before going to theatre. You can ask your surgeon, or the nursing staff, when you're likely to be going to theatre. Please do not eat or drink unless one of the nursing staff says that you may.

Key members of staff

Most of our nursing staff wear uniform to help indicate their role. The 'who's who in nursing and midwifery' page will help you identify the staff you will meet.

All staff should wear an easily visible identification badge. This badge displays a photo, name and role. Some staff members may also have an additional name badge. Please ask any member of staff to show you their ID if you cannot see it when they approach you.

Accompanying visitors

Our admission facilities are not big enough to accommodate more than one accompanying person for each patient. Please arrange for only one visitor to stay with you after you have been dropped off for your admission.

Surgical gowns

When you get ready for your surgery, we will ask you to put on a surgical gown. Unless you have been told otherwise, please remove your underwear (you can request disposable underwear if you wish). The gown ties at the back. In the Surgical Admissions Lounge you will be given a robe to wear over your gown whilst walking to theatre to ensure you are fully

covered. These robes do not go with you to the ward following your operation therefore we advise that if you would like to have a dressing gown and slippers for the ward that you bring these with you. You may also be measured for and asked to wear anti-embolism stockings. These are to help reduce the risk of blood clots in your legs and can be kept on after surgery until you are back to your usual level of activity.

Going to theatre

Walking to theatre

If you are able to, a member of the nursing team will walk with you to theatre. This is standard practice. If you are unable to walk to theatre we will take you either in a wheelchair or on a bed/trolley. Your next of kin can walk with you to the theatre entrance.

You can wear your glasses, hearing aids and dentures until you are in the anaesthetic room, but we ask that contact lenses are removed beforehand.

Arrival in theatre

When you arrive in theatre, you may be asked to sit in the waiting area until the theatre staff is ready for you. We will then take you into the anaesthetic room and ask you to lie down on an operating table, where you will be anaesthetised before being transferred into the theatre.

Being asked questions

You may wonder why you are asked the same question a number of times, such as confirming your name. Don't worry; this is an important safety check to ensure all of your details and important information about your treatment is correct.

Theatre recovery

Following your operation we will transfer you to a recovery area in theatre. This area may contain both male and female patients who, like you, will be recovering from their operation.

Maintaining your privacy and dignity during this time is our priority:

excellent
kind
responsible
respectful

St George's University Hospitals **NHS**
NHS Foundation Trust

Visible leadership – who's who in nursing and midwifery

Your nursing and midwifery teams' roles and responsibilities

This information is for patients and visitors of St George's University Hospitals to help you identify nursing and midwifery staff working across our services. All our staff have uniforms to make it clear what their roles and responsibilities are.

Chief Nurse and Director of Infection Prevention and Control

Navy blue with white spots

The Chief Nurse is the senior nursing and midwifery position at the Trust and is professionally responsible for nursing and midwifery within the organisation, maintaining standards of patient care and infection control.



Deputy Chief Nurse / Divisional Director or Head of Nursing / Director or Head of Midwifery

Purple with white piping

Some of our most senior nurses and midwives who provide leadership and management of a wide range of services and in some cases trust wide leadership.



Matron

Teal with white piping



Matrons are responsible for the operational management and professional leadership of their clinical areas and staff. They are also responsible for ensuring the delivery of high standards of care in their clinical areas.

Senior Sisters / Senior Charge Nurse

Red with white piping



Senior Sisters and Senior Charge Nurses are the Ward leaders. They lead and co-ordinate the nursing and midwifery teams in their areas and are responsible for the management and organisation of the ward or department.

Clinical Nursing or Midwifery Specialist / Practice Educator / Consultant Nurse or Midwife

Navy blue with white piping



The Practice Educator co-ordinates educational activities and supports senior clinical staff in maintaining professional standards. Clinical Nurse Specialists work as part of the multi professional team and are clinical experts in nursing practice within a specialty area.

Junior Sisters / Junior Charge Nurse

Grey with red piping



Junior Sisters and Junior Charge Nurses support and deputise for the Senior Sister / Senior Charge Nurse on their ward or department. They also manage staff and other resources, as well as carrying out the day-to-day management and co-ordination of the ward or department.

Senior Staff Nurse

Grey with white piping



Senior Staff Nurses manage the junior staff on the ward or department, motivating the team to ensure excellent care, providing support and delegating duties as appropriate. They will frequently support the day-to-day management of a ward or department.

Staff Midwife

Royal blue with white piping



Registered midwives provide care to women and babies during the antenatal, intrapartum and postnatal period.

Staff Nurse

Female: Blue candy stripe, white piping
Male: White, blue candy stripe epaulettes



As well as providing excellent nursing care, Staff Nurses are responsible for the support and mentoring of more junior staff. As their skills and competencies develop, Staff Nurses also begin to actively participate in contributing to the management of the ward or department on a regular basis.

Healthcare Assistant/ Midwifery Support Workers

Female: Lilac candy stripe, white piping
Male: White, lilac candy stripe epaulettes



Healthcare Assistants (HCAs) and Midwifery Support Workers (MSWs), sometimes known as Healthcare Support Workers (HSWs), work under the supervision of the registered nursing and midwifery staff, supporting the multidisciplinary team in delivering patient care.

- ▶ Staff will ensure that you are covered at all times with a gown/blanket.
- ▶ We may need to check your wound dressings or examine you. At no time will this be undertaken without the use of curtains or screens to ensure your privacy and dignity is maintained.
- ▶ Throughout your stay in recovery the same member of staff will be allocated to your care until you are taken back to your ward.

You and your anaesthetic

This section gives information on anaesthesia and to help you prepare for your anaesthetic. You can also get further information from your anaesthetist when you see them before the operation.

Anaesthesia stops you feeling pain and other sensations. It can be given as local or regional anaesthesia that does not make you unconscious but does numb part of your body so you are free from pain. Most major surgeries are performed under a General Anaesthesia (GA). This gives a state of controlled unconsciousness. You are unconscious and feel nothing.

Anaesthetists

Anaesthetists are doctors with specialist training who:

- ▶ Discuss types of anaesthesia with you and find out what you would like, helping you to make choices and participate in the plan for your anaesthetic and pain control;
- ▶ Discuss the risks of anaesthesia with you;
- ▶ Are responsible for giving your anaesthetic and for your wellbeing and safety throughout your surgery;
- ▶ Manage any blood transfusions you may need;
- ▶ Plan your care, if needed, in the Intensive Care Unit;

- ▶ Make your experience as pleasant and pain free as possible.

Before your anaesthetic

You will be asked some questions to check your health before your operation. This may be at a pre-assessment clinic, by filling in a questionnaire, by talking to doctors on the ward or when you meet your anaesthetist. It is important for you to bring a list of:

- ▶ All the tablets, medicines, herbal remedies or supplements you are taking, both prescribed and those that you have purchased over the counter;
- ▶ Any allergies you may have.

On the day of your operation

We will give you clear instructions about fasting in your admission letter. It is important to follow these. If there is food or liquid in your stomach during your anaesthetic, it could come up to the back of your throat and be inhaled causing damage to your lungs. If you are taking medicines, you should continue to take them as usual, unless your anaesthetist or surgeon has asked you not to. If you take medications to stop you getting blood clots (anticoagulants), aspirin, drugs for diabetes or herbal remedies, you will have been given specific instructions at your pre-op appointment.

Your anaesthetist will meet you before your operation in the SAL and will:

- ▶ Ask you about your health;
- ▶ Discuss with you which types of anaesthetic can be used;
- ▶ Discuss with you the benefits, risks and your preferences;
- ▶ Decide with you which anaesthetic would be best for you;
- ▶ Make the decision for you, if you would prefer that.

The surgical procedure will not go ahead until you understand and agree to it. You have the right to refuse if you do not want any treatment suggested. The choice of anaesthetic depends on:

- ▶ Your operation;
- ▶ Your answers to the questions you have been asked;
- ▶ Your physical condition;
- ▶ Your preferences and the reasons for them;
- ▶ Your anaesthetist's recommendations for you and the reasons for them;
- ▶ The equipment, staff and other resources at your hospital.

If you are having a local or regional anaesthetic you will also need to decide whether you would prefer to:

- ▶ Be fully alert;
- ▶ Be relaxed and sleepy (sedation);
- ▶ Have a general anaesthetic as well.

Sedation is the use of small amounts of anaesthetic or similar drugs to produce a 'sleepy-like' state.

The operating department ('theatres')

Most anaesthetics are started in the anaesthetic room which is located next to the operating theatre. The anaesthetist will attach machines which measure your heart rate, blood pressure and oxygen levels. When anaesthesia has started, you will go through to the operating theatre for the operation.

General anaesthetics

The main way that we start a general anaesthetic is to inject it into a vein through a fine plastic tube (known as a cannula) inserted into your hand or forearm. Once you are unconscious, 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 regain consciousness. After the operation, you will be taken to the recovery room.

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.

Understanding risk

In modern anaesthesia, serious problems are uncommon. Risk cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years. To understand the risk, you must know:

- ▶ How likely it is to happen;
- ▶ How serious it could be;
- ▶ How it can be treated.

The risk to you as an individual will depend on:

- ▶ Whether you have any other illnesses;
- ▶ Personal factors, such as smoking or being overweight;
- ▶ Surgery which is complicated, long or done in an emergency.

Side effects and complications

Listed below are a number of side effects that may be experienced. Please ask your anaesthetist if you require more information.

RA = This may occur with a Regional Anaesthetic.

GA = This may occur with a General Anaesthetic.

Very common and common side effects

RA GA	Feeling sick and vomiting after surgery
GA	Sore throat
RA GA	Dizziness, blurred vision
RA GA	Headache
RA GA	Itching
RA GA	Aches, pains and backache
RA GA	Pain during injection of drugs
RA GA	Bruising and soreness
GA	Confusion or memory loss

Uncommon side effects and complications

GA	Chest infection
RA GA	Bladder problems
GA	Muscle pains
RA GA	Slow breathing (depressed respiration)
GA	Damage to teeth, lips or tongue
RA GA	An existing medical condition getting worse
GA	Awareness (becoming conscious during your operation)

Rare or very rare complications

GA	Damage to the eyes
RA GA	Serious allergy to drugs
RA GA	Nerve damage
RA GA	Death
RA GA	Equipment failure

Deaths caused by anaesthesia are very rare, and are usually caused by a combination of four or five complications together. There are around five deaths for every million anaesthetics in the UK.

Questions you may like to ask your anaesthetist

- Who will give my anaesthetic to me?
- Do I have to have a general anaesthetic?
- What type of anaesthetic do you recommend?
- What are the risks of this type of anaesthetic?
- Do I have any special risks?
- How will I feel afterwards?

Your stay in hospital

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This section helps explain what happens after your treatment. There are two main types of admission for elective patients (i.e. those who are booked for their admission) and these are daycase and inpatient. A daycase patient has their admission, treatment and discharge all within the same day. An inpatient stays overnight in hospital for one or more days.

Our wards

The following section describes the type of events and items that will be helpful to know during your stay on a ward. Depending on your specific clinical condition(s), it is likely that you will be cared for on a specialist ward.

On arrival on the ward, if you are unsure of anything, please ask a member of staff who will explain about the ward routine and show you the location of the dayroom, toilets and bathrooms.

Single (same) sex accommodation

We realise that coming into hospital can be a stressful and anxious time. The NHS Constitution states that all patients should feel that their privacy and dignity are respected during their time in hospital. Generally you will spend your post treatment time on a ward. We aim to look after men and women in separate areas, which could be a whole ward or a bay within a ward. There may be times when

same sex accommodation is not possible, for example, where close monitoring or highly specialised care is required.

Moving between beds/wards

While we try to keep patients in the same location throughout their stay, on occasion it's necessary to move from one bed area to another. There are many reasons for this including:

- ▶ Moving from a higher dependency bed to a step-down area where more appropriate 'getting ready for going home' care can be provided;
- ▶ Moving patients to prevent and control infections;
- ▶ The need to move patients to protect 'same sex' areas.

If you are asked to move between bed spaces, please be patient and we will explain the reason.

Privacy and dignity

Your privacy and dignity are very important to us. Everyone has a right to be treated with dignity and respect. It is our responsibility to ensure that this happens whilst you are in our care.

Visiting hours

Family and friends are welcome to visit you. We ask that you restrict visitors to two people at a time and that any children are closely supervised for their safety (and out of consideration for other patients).

Visiting is generally between 3.00 pm and 8.00 pm. Most areas have slightly different arrangements so please check the exact times with ward staff. If your family or friends need to visit outside these times, speak to the ward staff but please remember that they cannot visit at mealtimes. Mealtimes are usually 12.00 pm to 1.15 pm and 5.00 pm to 6.15 pm.

For infection control reasons, we don't allow

flowers in some wards. Please ask the nurses on your ward if flowers are allowed.

Food and drink

Meal times on the ward are as follows:

Breakfast	8.00 am – 9.00 am
Lunch	12.00 pm – 1.15 pm
Dinner	5.00 pm – 6.15 pm

We will give you a menu and ask you to choose your meals. The house keeper will help you choose if needed. Please inform us of any special dietary needs you may have, if you feel you have lost weight or your appetite has recently been affected. We can then refer you to a dietitian if you would like help, advice or support.

All wards operate a protected meal-times service. This means everyone other than nursing staff, catering staff and volunteers are asked to avoid entering the ward or visiting during a set period of time over lunch and supper. All other ward activities (except emergency treatment) stop so that staff are available to serve food and help patients who need it. The service also creates a more relaxed and calm atmosphere, allowing patients to enjoy their meals without distractions.

A red tray is used at mealtimes to alert all staff that you may need help with your meal or that the nursing staff needs to monitor your meals to assess your nutritional status. The red tray can only be taken from you once a nurse has been with you or assessed the amount of food eaten.

The catering department can offer a range of meals including Caribbean, Kosher, Halal and Vegan/Vegetarian. If you would like to speak to a member of the catering team, please ask the ward staff to ring the department.

Food is available 24 hours a day from the ward kitchen service or the snack box service. The ward kitchen service is available to provide hot and cold drinks and light refreshments including

cake and biscuits throughout the day.

The snack box service is available to those patients who have missed a meal because they have been having treatment or tests or for those patients who were admitted without having had the opportunity of a meal. It is also available to those patients who would like a lighter alternative to our usual menu.

Visitors are asked not to bring in high-risk food products for patients, such as cooked meats and meat products; cream products such as cream cakes and trifles; fish products; eggs or hot take-away items.

The following items may be brought in: non-alcoholic canned or bottled drinks; pre-packed dry foods such as biscuits. Food placed in the ward fridge must be labelled with the patient's name and the date it was brought in. It will be discarded if not eaten within 24 hours.

Food that needs reheating can be brought in but the hospital takes no responsibility for the safety of the food once reheated. This will need to be done by your family/friends once a waiver has been signed.

Noise on the ward and quiet times at night

We recognise the importance of sleep and rest in the recovery of our patients. We aim to keep all disturbances, such as noise at night and the use of the main ward lights, to a minimum. The main ward lights should be turned out at 11.00 pm.

When the main lights are switched off, there is a reading lamp next to your bed that either you may use or may be used by the nurses if you require late night care.

You may wish to bring in ear plugs and eye masks but they are available on all wards upon request.

If you are disturbed during the night or have difficulty sleeping please speak to one of the staff who will discuss with you options to improve your sleep and rest.

Security of your personal belongings

Unfortunately we cannot accept responsibility or liability for any loss or damage to personal property on the hospital site. We therefore encourage you not to bring any large amounts of money or valuables into hospital. You may need to keep a small amount of money for newspapers and magazines.

If you feel you must keep valuables with you, our wards have a property safe that can accommodate small items and for larger amounts we have a safe available in security department. Please inform the staff if you want to use this facility whilst you are away from the ward for treatments/procedures and arrangements will be made for the safekeeping of your valuables. At all other times any valuables will be your responsibility to keep safe.

Using mobile phones

You are allowed to use a mobile phone on the ward, however, please be sensitive to other patients and staff around you. Mobile phones must not be used for photographing, filming staff or patients due to confidentiality concerns.

Ward rounds and asking questions

The doctors and nurses want to make sure that you understand your care and treatment options. They will involve you as much as you want in the decisions about your treatment.

The doctors undertake regular ward rounds to monitor your progress; the ward rounds are an opportunity for the doctors and nurses to talk to you about your care and treatment and for you to ask questions. However, if you have any questions at any other time please approach a member of staff.

If you or your relatives wish to speak to a specific doctor individually, this can be arranged through the ward manager, senior sister or nurse in charge.

Ward matron

Ward matrons are available to speak to you during your stay. They want to engage with patients, visitors and staff to make improvements to our service. The feedback they receive helps the matrons to address any areas of concern in real time and gather views on how to improve all aspects of our care and service in the future.

If you or your relatives wish to speak to the matron please ask the staff for their contact details.

After your operation – getting going on the ward

We will encourage you to be up and moving as soon as possible after surgery. This may be as soon as the same day of your surgery or the day after. This is important as it will help prevent chest infections and blood clots in your legs.

Washing and showering

It is quite safe to get your wound wet 48 hours after the operation unless you are advised otherwise. Do not add anything to the water and do not put any creams, ointments or talcum powder on the operation site. In cases where it is important to keep the wound covered, you will be provided with a supply of dressings for this purpose. If you have surgical

clips in the wound it is advised that you shower rather than having a bath

Clothing

After an operation you will find loose clothing is generally the most comfortable; depending on your surgery and how long you are expected to be in hospital for, wearing your own loose clothing the following day after surgery will help you to feel better.

Understanding how to manage your pain

When coming into hospital, many people are understandably worried about pain. However, with your help we can work together to keep your pain to a minimum.

The aim of pain relief

We aim to control your pain to a level that allows you to do the things you need to do to get better. It is particularly important that you are able to move around, cough and breathe deeply as this reduces the risk of complications such as:

- ▶ Bed sores;
- ▶ Stiff muscles and joints;
- ▶ Chest infections;
- ▶ Blood clots in your legs.

Asking for pain relief

Good pain relief is important and some people need more pain relief than others. Please ask for pain relief before you get too uncomfortable. It is easier to control the pain by taking pain relief sooner rather than later. If you find that you still have pain after taking your pain relief, please tell a nurse so that we can consider a different approach to managing your pain.

Pain myths

- ▶ **‘Aren’t pain medicines addictive?’**
Despite what you may have heard or read, when pain medications such as morphine are taken to relieve pain, the chances of addiction are extremely small.
- ▶ **‘Enduring pain builds strength and character’**
This is not always true. ‘Toughing it out’ may not make you better at dealing with pain. Pain can wear you down and pain that prevents you from coughing or moving may delay your recovery. Pain should be treated as soon as possible, so you must let someone know when your pain starts as this is when it is most effectively treated.
- ▶ **‘Complaining of pain will distract my doctor from treating me’**
This is not the case. It has been shown that people recover faster and suffer fewer complications when they have less pain. Therefore it is crucial that you talk about your pain to help your doctor treat you in the most effective way and help you recover faster.

Pain relief after your operation

After an operation it is normal to feel some pain or discomfort for a few days while the healing process gets underway. This should not be severe pain. 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:

- ▶ **Oral medications**
If you are able to drink you will be given painkillers by mouth, it will be discussed with you what is recommended. It is important to tell the nurses/doctors if you have any drug allergies.
- ▶ **Suppositories**
These small capsule painkillers are inserted into your bottom and are very effective. This is a useful option when you are unable to drink. You may be able to administer this yourself if you prefer.
- ▶ **Injections**
A nurse will inject the painkiller into your arm, thigh or bottom. It will take about 20mins to work and may make you feel drowsy. Some people experience a feeling of sickness, so please do tell the nurse if you do, as another drug can be given to stop this.
- ▶ **Patient Controlled Analgesia (PCA)**
This type of pain relief allows you to have control over when and how much painkiller you receive. You will have a machine with a strong painkiller inside by your bed. It is connected to your drip by a tube. By pressing a button you will receive a small amount of painkiller into your bloodstream. PCA’s may not always be appropriate for your individual case.
- ▶ **Local anaesthetics**
These types of anaesthesia can be very useful for relieving pain after surgery.
- ▶ **Epidural analgesia**
This involves the insertion of a very fine tube (catheter) into your back, through which painkillers can be administered. This may be done before your operation, or once you are asleep. The epidural may make your legs feel numb, but this can be quite normal. Occasionally you may have difficulty

Rating your pain

While you are in hospital, we will ask you regularly to rate your pain. This will give us an idea of how much pain you are in and assess whether your medications/treatments are effective. We will ask you to verbally rate your pain at rest and on movement as either none, mild, moderate, or severe. There is no right or wrong answer, only you know the amount of pain you are in.

0	1	2	3	4
No pain at rest/movement	Mild pain at rest/movement	Moderate pain on movement	Severe pain on movement	Continuous pain at rest/pain on movement.

This method of rating pain does not suit everyone. If this is the case, don’t worry as we have different ways of assessing your pain. You can discuss this with your doctor or nurse.

passing urine, but if this occurs we can help you. The epidural catheter will normally be kept in for a few days, depending on the type of operation you have had. The nurse will regularly ask you about your pain, and will adjust your painkiller accordingly.

Alternative methods

In some cases it may be appropriate to use a T.E.N.S (Transcutaneous Electrical Nerve Stimulation) machine. This is a safe method of applying a small electrical current to relieve pain in a particular area.

Some people find listening to music, reading, colouring, crosswords and relaxation techniques help to reduce pain as an addition to the methods mentioned above.

Are there any side effects?

As with any medications some people may get side-effects. Common ones include drowsiness, feeling sick and constipation. It is important to remember that these can be easily treated and need not delay you going home.

Coping psychologically and emotionally whilst in hospital

Being in hospital can be challenging for a range of reasons, but here are some strategies that might help you manage any difficulties with anxiety or low mood and to keep you strong in focusing upon your recovery and discharge.

To help you relax, focusing on breathing from your abdomen can help you to calm down. Put your hand on your tummy and try and breathe so your tummy moves in and out. You may even find it helpful to have some relaxing music or relaxation exercises to listen to whilst on the ward.

If you don't feel up to visitors then explain this to them and kindly ask them to come back later or the following day. It is difficult for 'well' people to understand just how unwell you feel. It can be exhausting to even just listen to people talking around your bed. It can even help to nominate a loved one to manage your communication with concerned family and friends, so that you can focus on your recovery and avoid feeling bombarded with the same questions from many individuals.

If you have any particular questions then you have the right to ask these of your medical team. It is your body and you have the right to know as much as you feel comfortable with. Often it can feel overwhelming talking to doctors, so it is a good idea to write your questions down so that you don't forget them. Don't worry about appearing 'stupid'. There is nothing wrong with asking for things to be explained clearly. Ask them to draw a diagram if that would help you to understand.

Help us to help you and don't suffer in silence. Report any unmanageable pain, or discomfort to your healthcare team. You can also use relaxation and distraction techniques to manage physical symptoms like pain and nausea.

Once you start to feel a little better it can help you to set goals. For example, eating your first food, being able to sit up in bed, getting to stand, and going for a short walk are all significant achievements. Remember there might be setbacks along the way and always pace yourself by listening to your body.

Going home after surgery

This section provides you with information about leaving hospital and any arrangements for follow-up care and support that you may need.

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Planning to go home

Once a timeframe is agreed, it is important that you consider the following:

- ▶ Do you have suitable clothing and footwear to travel home?
- ▶ Do you have a key to access your property?
- ▶ Has any equipment you may need on leaving hospital to assist your continuing care been delivered to your home?
- ▶ Have you arranged for someone to pick you up and take you home? Please remember that you are responsible for providing your own transport unless there is a specific medical need where an ambulance is required.

We will aim to have everything in place so that you are able to leave the ward by 11am on the day of leaving hospital. However, you may be taken to our 'discharge lounge' at the front of the hospital if you are still awaiting your discharge letter or medications before going home. This is to allow other patients to arrive on the ward in a timely fashion following their surgery.

If there are any difficulties in returning to your home, we will assess you and discuss with you and your family/carer, what options can be considered. The options can include:

- ▶ A care package provided in your home (either short or long term);
- ▶ Adaptations or equipment in your home;
- ▶ Moving to supported living accommodation;

- ▶ Community based rehabilitation care;
- ▶ Longer term accommodation in a residential or nursing home.

If it is decided that longer term accommodation in a residential home is the best option for you, we will provide you with information about homes with a vacancy. You have the right to choose a home but if the home of your choice does not have any vacancies, you will not be able to stay in hospital while you wait. In these circumstances, we will help you find a suitable alternative until your preferred option becomes available.

If you are homeless, please advise the nurse caring for you or the nurse in charge of the ward as soon as possible to allow us to arrange a referral to a homeless hostel, as once you are medically fit, you will not be able to stay in a hospital bed.

Transport and being picked up after surgery

When you leave hospital after a ward stay, you will generally be able to make your own way home via public transport or your own arranged transport. If, because of a medical condition, you require hospital transport when you leave, the ward team will arrange this for you.

If you are having daycase surgery or where you have had an anaesthetic the same day as you go home, you will need to arrange transport home accompanied by a responsible adult who can stay with you overnight. If you have not arranged for this to happen your operation may be cancelled.

Day of going home

On most wards you will be able to leave when the clinical staff says you are fit to go home. This can be at different times of the day depending upon test results and assessments. There are large numbers of patients admitted and sent home each day; we may ask you to vacate your bed early on the morning you go home. In this instance, the ward staff will ask you to sit in the 'discharge lounge' to wait for your medications, relatives, or your transport.

Medication

We will give you, or your family/carer, a supply and explanation of your current medication. If you have any questions or concerns about your medication, please speak to the nurse caring for you.

Your nurse will discuss pain control with you before you go home. If you find that your pain is not controlled when you are following the advice you have been given, please contact your GP.

Sick notes

Please give the ward staff 24 hours notice if you require a sick note. The sick note will cover you for your inpatient stay plus seven days after leaving hospital. You will need to arrange an appointment with your GP if you require a further sick note.

Discharge summary

The discharge summary is a document that is sent to your GP. It details the reason for your hospital stay, any tests you have undergone and any further treatment or appointments you may require. A copy of your discharge summary will be sent to your GP within 24 hours of your discharge. You may also be given a copy before you go home.

Follow-up care/outpatient appointments

If you need a follow-up appointment, we normally arrange this before you leave the ward. If this is not possible, we will send you a letter

advising you of the date and time of your follow-up appointment. This will usually take place in the outpatients area where you came for your initial clinic appointment with the consultant.

Recovering after leaving hospital

You may feel rather tired and lethargic for as long as a week following your admission. Do not worry if this happens to you as it is quite normal. However, do consider this possibility if you are thinking of returning to work.

Many people are surprised by the length of time it takes them to recover fully from their surgery, even if it is fairly minor. Do not be afraid to ask for advice. However small your worry may seem, the nursing staff will be pleased to help you, and a few words can often save a great deal of anxiety.

General anaesthetic/sedation

Although you may feel that you are back to normal quite quickly after your operation/procedure, the anaesthetic agents affect your reactions and co-ordination for up to 48 hours (24 hours following sedation). It is for this reason that if you are having daycase surgery you must be accompanied home by a responsible adult and rest, in bed if you wish, for the remainder of the day. For at least the first 24 hours following the procedure you should ensure that a responsible adult is with you and that you are not alone looking after young children.

If your co-ordination and reactions are affected we advise that you drink plenty of fluid (a glass or a cup per hour if you can) and eat small amounts of light, easily digested food until the following day. Avoid rich, heavy or spicy meals. Remember not to drink alcohol for at least 24 hours after a general anaesthetic.

Important: When you return home and for at least 48 hours after your operation:

- ▶ You must not drive (you will not be covered by your insurance if you have an accident);
- ▶ You must not ride a bicycle;
- ▶ You must not operate machinery (this includes cookers, irons and other domestic appliances);
- ▶ You must not sign any important documents;
- ▶ You must not return to work.

Wound healing

All wounds progress through several stages of healing and you will be able to see changes yourself as time progresses. The following are frequently experienced:

- ▶ Sensations such as tingling, numbness or itching;
- ▶ A slightly hard lumpy feeling as the new tissue forms;
- ▶ Slight pulling around the stitches as the wound heals.

Wound care/dressing and district nurse visits

If you require a district nurse visit, the following will happen:

- ▶ We will send a referral document detailing your wound/dressing requirements to your local District Nursing Service. We will normally hear back from your district nurse with a date and time that they will come to see you before you go home. However, if we don't they will contact you directly to advise you of when they will come to you at your home.
- ▶ We will give you a small supply of any dressing(s) before you leave hospital.

Movement

It is important to continue to be active following your discharge from hospital. You should continue to build up your walking and activity levels sensibly. It is important to find the right balance between activity and rest. Until you are fully recovered, you may find that some household jobs are tiring and cause discomfort. Many people are surprised by the length of time it takes them to recover fully from their surgery. It may be useful to ask for help from relatives or friends for a week or two. Otherwise take steps to reduce the strain such as sitting down to do the ironing or washing up.

We will tell you if you need to do specific exercises to help your recovery, we will refer you for out-patient or community physiotherapy if necessary.

Work

Returning to work depends on the type of surgery you have had and the nature of your job. It is advisable to feel completely recovered before returning to work, particularly if you have an active job. Many people feel tired and find concentration difficult to start with. Your nurse will give you specific advice before you leave.

Driving

The time at which it is safe to drive again will vary, depending on the surgery you have had. Ask your doctor for specific advice and remember should you have an accident you may not be covered by your insurance if you drive when it is not safe to do so. Your movement and strength must be up to coping with an emergency stop as well as normal driving.

Sexual activity

You may resume your usual sexual relationships once you feel comfortable to do so. However, if your operation is related to this area of the

body, specific advice will be given by your nurse.

If you have any concerns about resuming your usual method of contraception, especially if you are on the pill, please ask for advice.

Bowels

Changes in diet, activity and the use of some pain relieving medicines can lead to irregular bowel habits but this usually returns to normal with time. Straining can be uncomfortable, particularly after rectal surgery, and it may be helpful to take a mild laxative. If you are in any doubt about this, please ask for further advice.

Sleeping

Difficulties in sleeping can be caused by changes in your normal routine and restricted movements. Some people are awakened by pain which is caused by sudden movement. If this does occur, it may be helpful to take some pain relief before bedtime.

What should I do if I have any concerns once I'm home?

If you have any medical concerns within 24 to 48 hours of leaving hospital, call the number the ward staff provided to you when you were sent home. If you have a medical complication after 48 hours, please call your GP. If the following occurs, contact the ward:

- ▶ Increase in your temperature and feeling unwell, sweaty or clammy;
- ▶ The amount of pain around your wound increases;
- ▶ The amount of redness and/or swelling increases;
- ▶ There is any unexpected discharge/bleeding from your wound.

In an emergency attend an A&E Department. Call an ambulance if necessary.

Psychological and emotional adjustment after surgery

Having made it through surgery, many can find that the period after leaving hospital challenging mentally. Allow time to adjust. It may be that you can now do more than you could before your hospital stay or it might be that you cannot do as much. Either way requires an adjustment especially if you are left with a new scar or have been fitted with something new like a pacemaker or stoma. Surgery can mean a loss of functioning for some and you may also need to give yourself time to grieve and process this loss.

Pace yourself and keep expectations realistic. You may want to get better and back to your 'normal' self as quickly as possible, but if you've put the work in to setting reasonable expectations at the start. Take the time to appreciate what you have been through and give yourself the opportunity to heal both physically and emotionally. It may take longer than you would ideally like but rushing it along won't be helpful.

After surgery is when we are most vulnerable to becoming lower in mood and shutting down. This is the most important time to keep channels of communication open with family and friends.

You may experience a range of emotions after your surgery, especially if you have not got much to stimulate you during your recovery and spend a lot of time with your thoughts. Ask your team for help or support if your emotions start to impact your day-to-day functioning.

If you are used to being busy, being more sedentary can be challenging. Plan some things to look forward to in advance. Alongside focusing on your recovery, be kind to yourself and treat yourself to some enjoyable things to balance out the challenges of your recovery.

Leaving hospital does not mean you have to cope on your own. There is still a support system in place for you at the hospital so if you have concerns, do communicate with the ward you were treated on.

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Interpretation and translation services

Interpretation and translation services are accessed by staff on behalf of patients. Patients can request an interpreter at any stage of their care pathway.

If you need interpretation services (including British Sign Language) please request this as soon as you receive your admissions letter. To arrange interpretation services please call the number on your admissions letter and ask for an interpreter to be arranged.

Please note that generally you cannot use a friend or family member to interpret for you, particularly when discussing consent.

Teaching and research

St George's Hospital in Tooting – one of the country's principal teaching hospitals – is shared with St George's, University of London, which trains medical students and carries out advanced medical research. St George's Hospital also hosts the St George's, University of London and Kingston University Faculty of Health and Social Care Sciences, which is responsible for training a wide range of healthcare professionals from across the region. As a part of this there may be a variety of students- medical, nursing and allied health professionals- that may be present or involved in your care. You may also be asked to take part in research studies. This is entirely voluntary and your decision will not affect your treatment.

No smoking policy

The NHS has a responsibility for the nation's health. Protect yourself, patients, visitors and staff by adhering to our no smoking policy. Smoking is not permitted within any of our hospital buildings or grounds.

The St George's Stop Smoking Service can be contacted on Tel: **0800 389 7921** or **0777 502 0248**
email: stopsmoking.team@wandsworth.gov.uk

Female doctors

Unfortunately we cannot guarantee that a female doctor will be present or available at the time of your appointment. The doctors will ensure that there is an appropriate chaperone as required.

Here to help

We have a number of volunteers who may be available on your arrival to assist you in reaching your destination. Please ask for help if needed. The volunteers will be wearing a badge and stand at main entrances or key hospital junctions.

Chaplaincy and spiritual care

The Chaplaincy-Spiritual Care team is a multi-faith team providing care and support to patients, staff, visitors and volunteers. They offer time and space to explore your thoughts and feelings, offering a caring, sensitive and non-judgmental ear.

Spiritual care doesn't have to be religious. It is about valuing and respecting who people are, whatever their religion, culture, background, gender or sexuality. The Spiritual Care Centre is on the Ground Floor of Grosvenor Wing. It is open 24 hours a day as a dedicated space for personal prayer, collective worship, breathing space for self-care and a source of solace for challenging times.

You can contact us on 020 8725 3285 to be in touch with Chaplains for the Church of England, Free Church and Muslim community; or on 020 8725 3069 to reach the Roman Catholic Chaplain. If you are an in-patient you may also ask your nurse on the ward to contact us on your behalf.

Suggestions, concerns and complaints

- If you would like to provide feedback you can:
- ▶ Ask to speak to the ward or department manager.
 - ▶ Use our complaints/compliments email: complaints.compliments@stgeorges.nhs.uk
 - ▶ Log onto the NHS Choices website www.nhs.uk – click on 'Comments'.

- If you would like to discuss a concern or make a complaint:
- ▶ Ask to speak to the ward or department manager – they may be able to help straight away.
 - ▶ Contact our Patient Advice and Liaison Service (PALS) – Tel: **020 8725 2453**
 - ▶ Email: pals@stgeorges.nhs.uk or you can visit the PALS office 9.30am to 4.30pm, Monday to Friday. PALS are situated in the main corridor between Grosvenor and Lanesborough Wing near the lift foyer.
- We welcome your feedback so we can continue to improve our services.

Contact information for the wards

WARD NAME	WARD TEL NUMBER
Pre-op Centre (Willow Annex)	020 8266 6909
Surgical Admissions Lounge (SAL)	020 8725 5710
Benjamin Weir	020 8725 1508
Brodie	020 8725 4647
Caroline	020 8725 1292
Cardiothoracic Intensive Care (CTICU)	020 8725 1505
Champney's	020 8725 1080
Cheselden	020 8725 3188
Florence Nightingale	020 8725 3190
Gray	020 8725 3194
General Intensive Care (GICU)	020 8725 1307
Gunning	020 8725 3218
Holdsworth	020 8725 3216
Keate	020 8725 3226
McKissock	020 8725 4644
Neuro Intensive Care (NICU)	020 8725 4195
Vernon	020 8725 3197

How do I get to St George’s Hospital?

Contact details

Address:
Blackshaw Road, Tooting,
London SW17 0QT
Telephone number:
Switchboard:
020 8672 1255

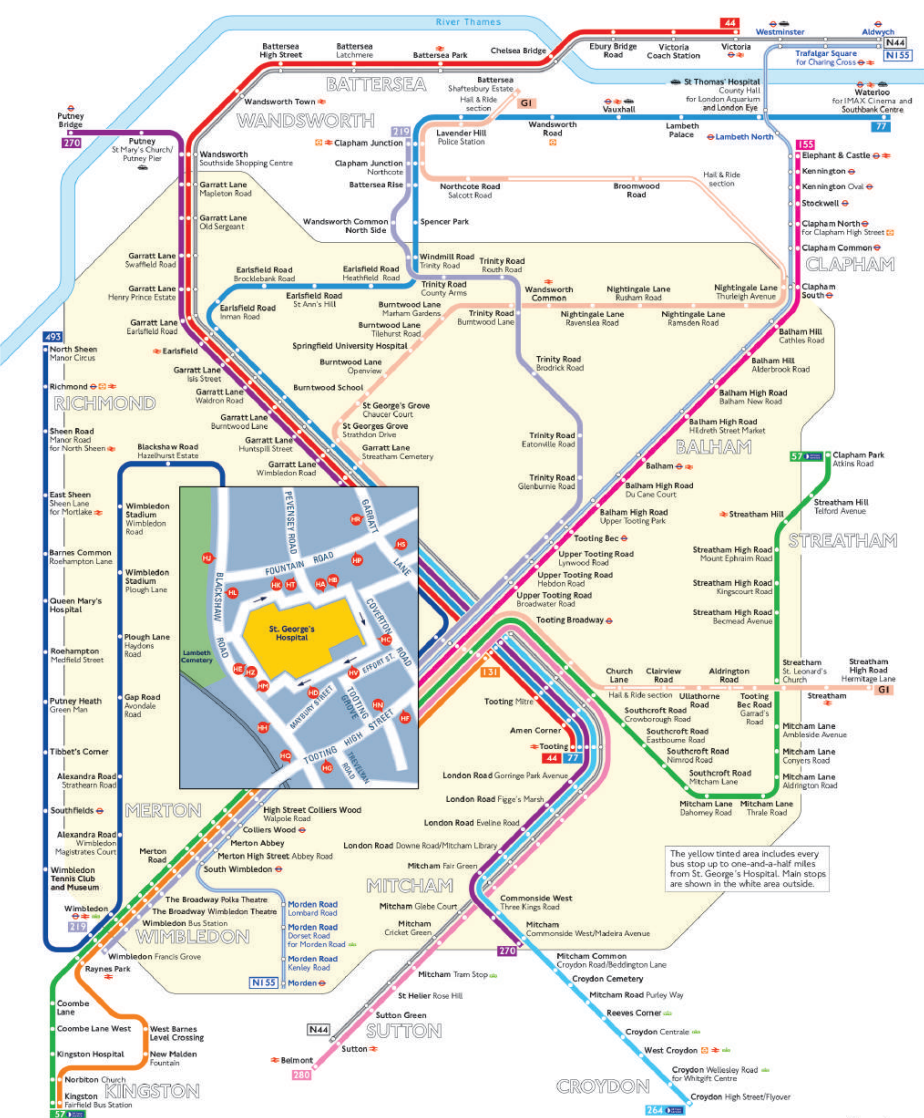
Travel information

We may have sent you a leaflet ‘Travelling to St George’s’. If you would like a copy and did not receive one, please telephone the number on your letter and ask for one. The hospital main entrance is on Blackshaw Road. Other pedestrian entrances can also be found in Cranmer Terrace, Effort Street (6am to 10pm) and Gambole Road (7am to 6pm). If you need assistance on arrival, please tell the reception staff. They can arrange for a porter to help you, though please understand you may have to wait for this.

By public transport

Tooting Broadway underground station on the Northern Line is a ten minute walk from the main pedestrian entrance on Effort Street, or a short ride on bus routes **493** or **G1**. National Rail services from Tooting station are linked to the hospital by bus routes **44, 77, 264, 270, 280** and **N44**.

Buses from St George’s Hospital



Key

- Connections with London Underground
- Connections with London Overground
- Connections with National Rail
- Connections with Tramlink
- Connections with river boats

Red discs show the bus stop you need for your chosen bus service. The disc **A** appears on the top of the bus stop in the street (see map of town centre in centre of diagram).

Route finder		
Day buses including 24-hour services		
Bus route	Towards	Bus stops
44	Tooting	44
57	Victoria	57
77	Clapham Park	77
131	Kingston	131
155	Tooting Broadway	155
219	Elephant & Castle	219
264	Clapham Junction	264
270	Wimbledon	270
280	Croydon	280
493	Mitcham	493
G1	Putney Bridge	G1
	Belmont	
	Richmond	
	Battersea	
	Streatham	
Night buses		
Bus route	Towards	Bus stops
N44	Aldwych	N44
N155	Sutton	N155
	Aldwych	
	Morden	

Bus

Bus routes 493 and G1 enter the grounds of St George’s Hospital. Several other bus routes serve roads within a short walk of the hospital. Routes 44, 77, 270, N44 stop on Garratt Lane, routes 57, 131, 219, and N155 stop on Tooting High Street, and routes 155, 264 and 280 stop on Blackshaw Road. Low-floor, wheelchair accessible buses run on all routes.

By car

If you are driving to the hospital, entry points are Blackshaw Road, off the A24 Tooting High Street, or Fountain Road, off the A217 Garrett Lane.

Car parking

Car parking is pay upon exit and the tariff is as follows:

Up to one hour	£2.50
Up to two hours	£5.00
Up to three hours	£7.50
Up to four hours	£10.00
Up to five hours	£12.50
Up to six hours	£15.00
Up to seven hours	£17.50
Up to eight hours	£20.00
Over eight hours (daily fixed rate)	£25.00

Parking is free between **22:00** and **06:00**. Card payment transactions at Security Desk only; (Ground floor, Grosvenor wing, near Marks and Spencers). As an inpatient, you can designate one person to benefit from concessionary car parking charges. Please contact the ward for details. St George’s Healthcare NHS Trust operates a civil penalty parking notice scheme on the St George’s Hospital site. Please check sign for parking restrictions.

Blue badge holders may park free in:

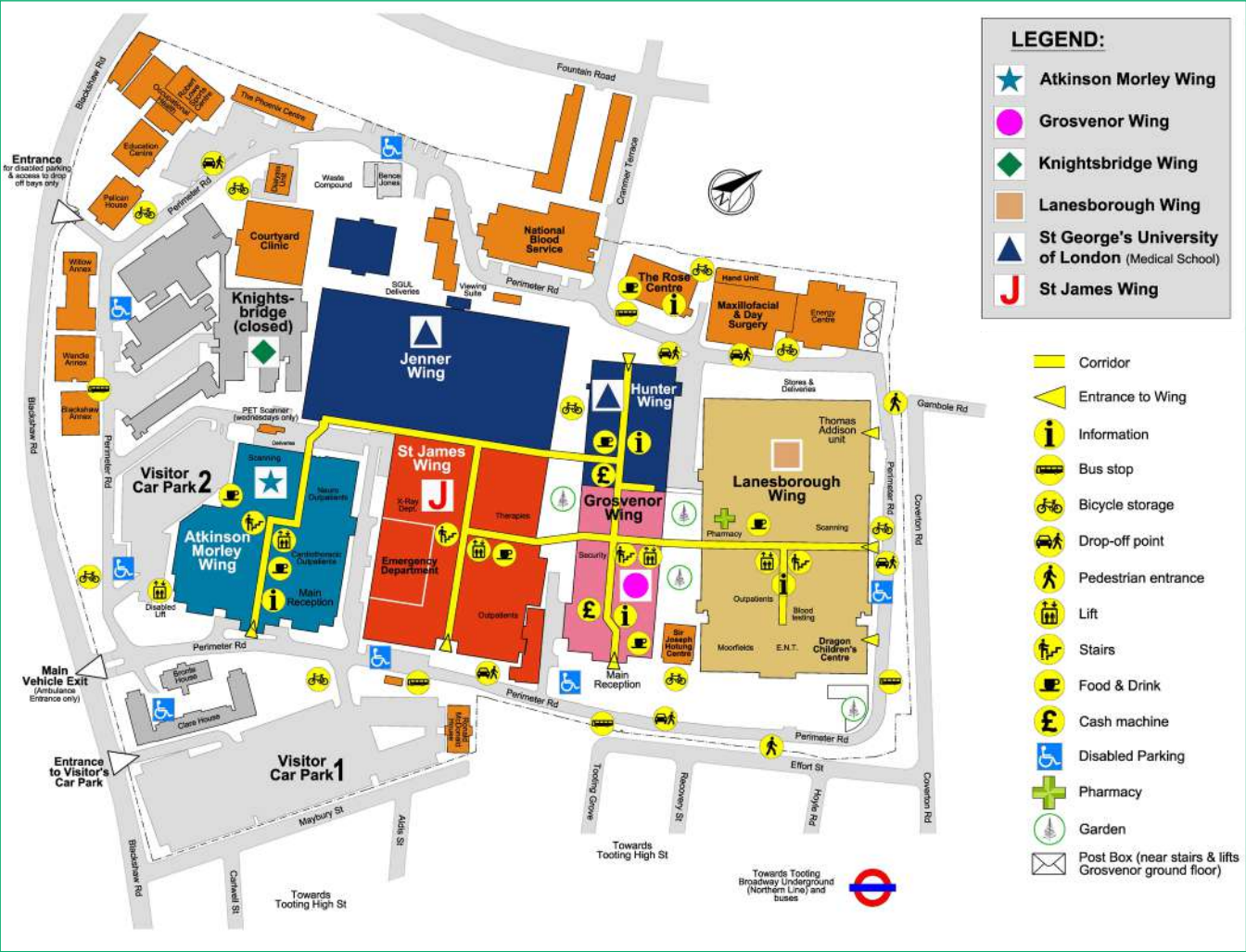
- Any of the reserved disabled spaces available near the entrances of the hospital wings – please display your badge;
- Any white-painted bay on the hospital perimeter road - please display your badge;
- The public car parks. The badge holder must take the car park ticket and blue badge to the security desk in Grosvenor Wing or the reception desk in Atkinson Morley Wing before they leave the hospital. The staff will tell the badge holder how to exit the car park without paying. It is not necessary to display your badge when in the car parks.

If you need help on arrival, please tell the reception staff. They can arrange for a porter to help you, though please understand you may have to wait for this.

Cycles

Free cycle parking facilities can be found at a number of locations on the hospital Perimeter Road. St George’s Hospital appears in Local Cycling Guides 10 and 14. You can order a free copy of these guides online at tfl.gov.uk/cycling or by calling **0843 222 1234**.

St Georges Hospital Site



St George's University Hospitals **NHS**
NHS Foundation Trust

In partnership with

MACMILLAN
CANCER SUPPORT



WE LISTEN.
WE CHANGE.
WE CARE.

Driving excellence in cancer care, together

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