NHS
The Royal Orthopaedic Hospital
NHS Foundation Trust

Pre-operative Assessement Clinic

Preparing for your surgery

Welcome to the Pre-operative Assessment Clinic

Pre-op is a 'health check' to ensure that you're fit and ready for surgery. Following your assessment, if you are well enough, you will be given a date for your surgery. Sometimes it is necessary to alter this planned surgery date. You will be notified of any changes, either by letter or telephone.

Inform us if your health changes

If your health changes, please inform us as soon as possible so we can make changes to your treatment plan

0121 685 4362

Here are the health changes to look out for:

Breathing and heart problems
- If an existing chest or heart problem becomes worsened
- If you become increasingly breathless
- If you develop a sore throat, a cold, 'flu' or an unusual chesty cough
- If you suffer any fainting or blackouts

Urinary problems
- Your urine becomes unusually smelly or cloudy
- If you start to experience pain, burning sensation or pass blood in your urine
- You find you are passing urine more often than normal

Teeth
- If you develop bleeding gums, toothache, loose or broken teeth
- If you require any urgent dental treatment

Bowels
- If you develop an upset stomach, diarrhoea
- If you pass blood in your stool

Other
- If you develop rashes, cuts spots etc. near the area to be operated on,
- Your legs become unusually swollen
- You develop ulcers on your legs or feet

Following our advice for your safety

It is important that you follow any instructions which have been given as part of preparation for an operation or procedure. These instructions are provided at your consultation or as part of the pre-operative assessment process.

Admission: eating and drinking

Admission on the day **BEFORE** surgery	Admission on **THE DAY OF** surgery
Eat and drink normally on the day of your admission. Drink enough to ensure you are well hydrated in the weeks before and after your surgery. This will help your wound to heal well, make you less tired and help you to recover more quickly. If you are normally on a restricted fluid intake, please consult medical staff before changing your fluid intake. Please check your admission letter carefully and note the admission date and admission time.	You can drink plain water up to **one hour** before your admission time. You must not have any food for **five hours** before your admission time (this includes sweets, gum, mints, tea, coffee, milk, fizzy drinks or juices). Drinking enough water will help your wound to heal and will reduce your risk of pressure ulcers and blood clots. It is only safe to treat you if you have followed these instructions. Please check your admission letter carefully and note the admission date and admission time.

Your anaesthetic

The Consultant Anaesthetist, Anaesthetic Registrar, Anaesthetic Speciality doctor or Physicians' assistant will meet you before your operation on the day of your surgery. They will discuss the anaesthetic suitable for you. Your medical history and wishes will be taken into consideration in agreeing the best anaesthetic for you. You will have the opportunity to discuss any remaining questions you might have. Treatments include:

General Anaesthetic
A general anaesthetic gives a state of controlled unconsciousness during which you feel nothing. You will receive:

- Anaesthetic drugs (an injection into the cannula placed in your vein or a gas to breathe)
- Strong pain relief drugs (morphine or something similar)
- Oxygen to breathe
- Sometimes, a drug to relax your muscles

At the end of your surgery the anaesthetic drugs wear off and your consciousness gradually returns. A general anaesthetic alone does not provide pain relief after the operation. You will need strong pain relieving medicines, which can make some people feel drowsy and nauseous.

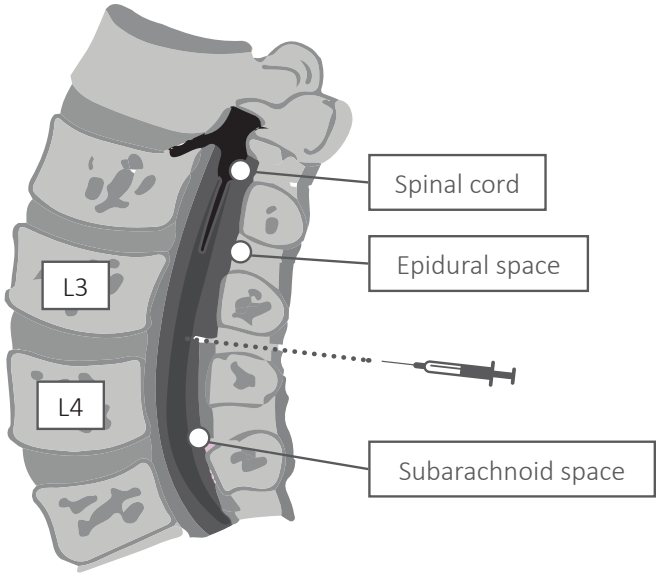
Sedation
Sedation is different from a general anaesthetic. It is achieved by injecting small increments of a sedative drug into the cannula we place in your vein. It makes you relaxed and sleepy during the operation, but you are not unconscious. Sedation can either be light or deep, depending on your preferences. Light sedation means you are relaxed but awake. Deep sedation means you are more likely to be asleep and less likely to recall what happened during the operation.

Regional anaesthetic (RA)
For some types of surgery it is not necessary to have a general anaesthetic and you can have your surgery under regional anaesthesia and sedation. Local anaesthetic is injected near to nerves and the part of your body that you will be operated on will go numb. This enables the surgeon to perform the operation.

You remain conscious but with sedation you will feel relaxed or even sleepy during the operation. You will feel movements but no pain. You cannot see the operation, as there are screens between you and the surgical field. There is always an anaesthetist or assistant with you if you have any questions.

You may bring your portable music player to listen to music. If you wish you can have more sedation to feel sleepy. Different types of regional anaesthesia include:

- spinal anaesthetic
- epidural anaesthetic
- nerve block



Epidural anaesthetic
We will numb the skin over your lower back. For an epidural anaesthetic we inject local anaesthetic into the epidural space that surrounds your spinal cord (see picture). The local anaesthetic will anaesthetise the nerves leaving the spinal cord. You will feel numb from the waist downwards.

A thin plastic tube (epidural catheter) may be placed in the epidural space for 36-72 hours. It is connected to a local anaesthetic infusion for pain relief to continue after your surgery.

Spinal anaesthetic
We will numb the skin over your lower back. For a spinal anaesthetic we inject local anaesthetic into the fluid around the spinal cord and nerves (see picture). The local anaesthetic will anaesthetize the nerves leaving the spinal cord and you feel numb from the waist downwards.

Nerve block
Depending upon the site of surgery we will give you an injection on your arm or leg above the level of the planned surgery. We know where to inject the local anaesthetic with the help of an ultrasound machine and/or a very small electrical current that passes through the needle. We inject local anaesthetic around the nerves. This causes the appropriate area to go temporarily numb. It also ensures good pain relief after your surgery.

Understanding anaesthetic risks

Modern equipment, techniques, training and drugs have made anaesthesia a safe procedure. The risk of serious complications is very low. It cannot be removed completely but our anaesthetic team takes all precautions to reduce risks. The following scale is to help you understand how likely it is that a side effect or complication might occur:

Very common	1 in 10
Common	1 in 100
Uncommon	1 in 1000
Rare	1 in 10,000
Very rare	1 in 1,000,000

Very common and common side effects or complications
- Sickness (treated with anti-sickness drugs)
- Sore throat or bruising to lips or tongue (treated with pain relief drugs)

- Drowsiness, headache, shivering, blurred vision (may be treated with fluids or drugs)
- Difficult breathing at first (this usually improves rapidly)
- Confusion and memory loss are common in older people, but are usually temporary
- Pain around injections sites, general aches and pains
- You may have difficulty passing water. Sometimes you will require a catheter (a soft plastic tube in your bladder) for a short period of time to drain the urine.

Specific to regional anaesthesia
Following a spinal or epidural anaesthetic you will not be able to move your legs. Following a nerve block the limb that has been numbed for the duration of the local anaesthetic you may experience:

- A sensation of pins and needles in the anaesthetized limb (s)
- Occasionally regional anaesthesia is not fully effective and we will offer you alternative options for anaesthesia or pain relief
- Prolonged numbness or weakness. This recovers fully in 99%

Uncommon side effects or complications
- Heart attack or stroke
- Damage to teeth
- Chest infection
- Awareness (becoming conscious during a general anaesthetic)

Rare or very rare side effects or complications
- Serious allergic reactions to drugs
- Damage to nerves
- Damage to eyes as a result of pressure or clots depending on the position
- Vomit or stomach contents entering your lungs
- Death

You can request further anaesthetic information leaflets about your pre-operative preparation and the anaesthetic procedures in greater detail. Leaflets available are:

1. Anaesthetics explained
2. General Anaesthetic and Sedation
3. Regional Anaesthetic (RA)

For further information on anaesthetics visit:
www.rcoa.ac.uk

Advice on pressure ulcers

What is a pressure ulcer?
A pressure ulcer is damage that occurs on the skin and underlying tissue, caused by unrelieved pressure to that area of the body. The tiny blood vessels are squeezed, reducing the supply of nutrients and oxygen to the area. If this happens for too long, the tissue is damaged and a pressure ulcer forms. Reddening of the skin that disappears when pressure is removed, and is normal is not a pressure ulcer. Pressure ulcers are caused by three things:

1. Pressure (from the body weight pressing down on the skin for too long)
2. Shearing (when the layers of the skin slide over one another. This can happen when a person slides down in a bed or chair)
3. Friction (rubbing the skin)

What does a pressure ulcer look like?
Pressure ulcers are more likely to appear on parts of the body which take your weight, and where bones are close to the surface. The most common places for pressure ulcers to occur are the bottom, heel, hip, elbow,

ankle, shoulder, back and the back of the head. The first sign is usually a change in skin colour, slightly redder or darker than usual. Look for skin that doesn't go back to its normal colour after you have taken the weight off. Notice any swelling, blistering, shiny areas, dry patches or cracks. In dark skin look for hard or warm areas and/or swelling. If not treated quickly a blister or graze may appear, which in time may result in a break in the skin.

What can I do to prevent a pressure ulcer?
In general, prevention is achieved through regular activity, good nutrition, and keeping the skin clean and dry. Pressure ulcers can develop very quickly in some people, if the person is unable to move – sometimes within a few hours. Pressure ulcers may cause pain or mean a longer stay in hospital. Severe ulcers can destroy the muscle underneath the skin and take a long time to heal. Here's how to prevent pressure ulcers:

- **Surface:** Make sure bedding .free from creases and clothing does not have thick seams, studs and buttons. Ensure shoes and socks that are
- **Skin inspection:** Keep skin clean and dry from sweat and urine and use moisturisers to prevent dryness. Avoid rubbing the skin and use a PH balanced skin wash to avoid removing natural skin oils.
- **Keep moving:** One of the best ways of preventing a pressure ulcer is to reduce or relieve pressure on the vulnerable areas. This is done by moving around and changing position as much as possible at least every 2hours, ask your health care professional to advise.
- **Incontinence:** If you suffer from incontinence use incontinent pads that fit well with your own pants. Urine and faeces can dry the skin out. A ph balanced foam cleanser can be used to resolve this and barrier cream to protect you skin. Ask the doctor or nurse for advice.
- **Nutrition and hydration:** Eat and balanced healthy diet include all food groups. If you are not eating well or have lost weight recently you may need referral to a dietician, speak to a healthcare professional. Ensure you remain well hydrated as dehydrated skin is more prone to pressure ulcer formation.

Who to contact if you think you think you are developing a pressure ulcer
In spite of best efforts at prevention, pressure ulcers do sometimes develop. Report skin redness or breaks in the skin to your nurse or doctor.

Infection Control

We would like to assure you that we take infection control extremely seriously at the Royal Orthopaedic Hospital (ROH) NHS Foundation Trust. In order to reduce your risk of infection whilst you are a patient at the ROH, we advise:

Prior to admission;
Take a hot soapy shower the day of your operation. Remove any nail polish and wash your hair. This reduces the amount of bacteria (bugs) that may be on your skin.
On admission;
1. Please only bring essential items with you so that your bed space is clutter free mak-ing sure it remains easy to clean.
2. If a member of staff forgets to wash their hands, don't be afraid to ask them to-they will not mind.
3. Ask visitors not to sit on your bed or your chair.
4. Always wear slippers or light shoes.
5. Inform a nurse if your dressing is wet or loose.
6. Never share your toiletries.
7. Never get too close to other patients on the ward and never sit on their beds.

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What are hospital associated blood clots?

1. **Deep vein thrombosis (DVT)**: a DVT is a blood clot (also known as a thrombosis) that forms in a deep vein, most commonly in your leg or pelvis. It may cause non symptoms at all or cause swelling, redness and pain.
2. **Pulmonary embolism (PE)**: If a clot becomes dislodged and passes through your blood vessels it can reach your lungs, this is called a PE. Symptoms include coughing (with blood stained phlegm), chest pain and breathlessness. It left untreated a PE can lead to death.

Are blood clots common?
Blood clots occur in the general population in about one in 1000 people every year. About two thirds of all blood clots occur during or after a stay in hospital. Each patients risk is assessed on admission to hospital. If you are at risk, your doctor or nurse will talk with you about what will be done to offer you protection against clots.

Who is at risk?
Any unwell adult admitted to hospital is at risk. Other examples of factors that put people at greater risk include:

- having an operation
- a previous clot
- a recent diagnosis of cancer
- certain "sticky blood" conditions such as antiphospholipid syndrome or Factor V Leiden
- being overweight
- being immobile
- oestrogen-containing contraceptives and hormone replacement.
- significant injury or trauma
- during and after pregnancy

What can be done to reduce my risk?

- **Stockings:** In hospital, you might be measured and fitted with anti-embolismstocking for your legs
- **Inflatable sleeves:** You may be asked to wear calf or foot pumps; special inflatable sleeves around your legs or feet while you are in bed or sat still in a chair.
- **Blood thinners:** Most patients at risk will prescribed a small dose of an anticoagulant (blood –thinner). These reduce the change of having a blood clot by thinning your blood slightly. The blood thinner most

often used is given by injection. Please be aware that some "blood-thinners" are derived from animal origins.

What can I do to help myself?

If possible, before coming into hospital:

- Talk to your doctor about contraceptive or hormone replacement therapy. Your doctor may consider stopping them in the weeks before an operation
- Keep a healthy weight.
- Do regular exercise

When in hospital:

- Keep moving or walking and get out of bed as soon as you are able after an operation-ask your nurse or physiotherapist for more information
- Drink plenty of fluid to keep hydrated.

Advice on preventing falls while in hospital

Falls in hospital are the most commonly reported patient accidents. People may fall in hospital for a variety of reasons including:

- General weakness or balance problems
- Sudden changes in health
- Poor eyesight
- The effects of medications
- Slipping due to inappropriate footwear
- Disorientation due to unfamiliar surroundings

What can you do to reduce your risk of falls?

Vision

- Wear your glasses
- Use your night light
- Keep everything you need within easy reach, including your nurse call bell

Balance and movement

- Use your nurse call bell to get help and wait for someone to attend to you
- Avoid stretching or bending to reach things
- Wear non-slip, well-fitting shoes or slippers
- Only use walking aids that you have been assessed as safe to use by the physiotherapist
- Avoid wearing clothes which may cause you to trip (e.g. dressing gowns with unsecured belt)

Medication

Some tablets and medicines can also put you at a higher risk of falling, by causing dizziness. These include tranquillisers, anti-depressants, sleeping tablets and some heart tablets and pain medications. Please:

- Call for assistance if you feel weak or dizzy
- Get up from your bed or chair slowly. If you have had surgery your body may take longer to adjust
- If any medicine is making you feel dizzy, please talk to your nurse

Pacing yourself

- Don't try to do too much at once
- Look where you are going
- Slowing down will help you to maintain an upright posture
- Drink plenty. Staying hydrated can help reduce your risk of falls

What do we do to reduce your risk of falls?

- Train staff in falls management and prevention
- Give advice in a simple and practical way
- Respond quickly to hazards brought to our attention
- Ensure that the hospital environment is as safe as possible
- Assess each patients risk of falling and delivering care to manage any risks
- Provide anti slip, anti-embolism stockings.

Advice for relatives, carers and other visitors

Please report to staff any possible problems you may have seen such as:

- Spills of liquids on the floor
- Trailing wires or cables
- Obstacles around the bed-space or ward area

We would also ask that you:

- Leave the patient's room/bed-space tidy by replacing your chairs
- Take any unnecessary items home to reduce bed-side clutter
- Replace bed tables and call bells moved during your visit
- Ask nursing staff to replace bedrails if in use
- Report to nursing staff any concern you may have if you think your relative or friend is disorientated or not themselves

Preparing for home

Many hints and tips on these pages may be useful at home too. Ensure the home environment is ready for your discharge from hospital:

- Remove any rugs
- Beware of any possible loose or broken paving stones in your garden or path
- Beware of any drain covers, small steps or other obstacles
- Plan ahead so there is no need to hurry
- Always take your medications as directed
- See a podiatrist or other foot health practitioner. Keep your feet healthy
- Should you start to have falls, please discuss this with your GP. You may need referral to a local falls prevention service in your area

Using bedrails in hospital

We occasionally use bedrails to prevent patients from accidentally rolling or falling from the bed.

How bedrails are used

All of our beds have standard bedrails attached. These are routinely kept in a down position but can be raised to reduce the risk of patients rolling, slipping, sliding or falling from the bed; which could potentially result in an injury. You will always have the bedrails up if you are recovering from anaesthetic, sedation or if you are being moved on your bed between departments. Bedrails are not suitable for every patient and can only be used if the benefits outweigh the risks.

What are the benefits of using bedrails?

- Some patients may be at risk of falling out of bed because of illness, poor balance or treatment which makes them drowsy
- Some patients may need to be nursed on a special air filled mattress
- Patients may be used to sleeping in a double bed and therefore feel safer with the bedrails raised
- Our beds have an electrical control which allows the bed the be raised / lowered and altered into a sitting or lying position for comfort.

You may be at risk of falling when you use the controls yourself to change the position. We ask that you keep your bed at the most comfortable lowest height, remembering at all times any precautions you may have to take if you have had hip or back surgery.

What are the risks of using bedrails?

- Bedrails can be dangerous for some patients
- Patients who are confused can mobilise without help can climb over the rail and fall from height
- Bedrails could be a barrier to independence for some patients and cause minor injuries
- There is a small risk of patients becoming trapped

Bedrails will be discouraged if you are independent as they will limit your freedom to get yourself in and out of bed and could put you at unnecessary risk.

Who decides if you need a bedrail?

If you are well enough, you will **always** decide for yourself. If we feel you are too ill to make this choice, the doctors, nurses and therapy staff who are responsible for your care will decide after assessing the risks and benefits to you after talking to your family, relatives or carers.

There may be alternatives to using bedrails for some patients, but not always. For example, an alternative might be to provide you with a bed that lowers to just above the floor, or to position your bed in a part of the ward where there is an increased level of supervision by the nursing and medical staff. It is important that you always have easy reach to your nurse call bell and other items you may need to avoid over stretching. There are many ways that we can reduce your risk of a fall and our staff are always happy to talk through all of the issues with you. If you have any questions about the use of bedrails or preventing a fall in hospital, please ask the ward staff.

Advice for relatives, carers and friends

For the safety of our patients, it would help us if relatives reported to staff any changes that may affect the patient. We would also ask that you:

- Replace nurse call bells if moved during visiting- this must be within easy reach to the patient
- Ask nursing staff to replace the bedrail if it has been moved into the down position during visiting
- Ensure bed tables are replaced in reach of the patient if you move them during visiting.

Research

You may be contacted to discuss research at The Royal Orthopaedic Hospital, which takes place to improve patient care and develop new treatments. The Royal Orthopaedic Hospital routinely collects and stores leftover tissue from surgery, that would otherwise be disposed of, in a Research Tissue Bank so that it can be anonymously provided to support ethically approved research studies. Research is completely voluntary and opting out will not affect any of the care you receive. Should you wish to opt out of any research activities, please let us know by contacting the research team via email on roh-tr.research@nhs.net

Confidentiality

We are committed to keeping your information safe and secure, and to protecting your confidentiality. For more information about how we do this please visit our website **www.roh.nhs.uk** or by contacting the Patient Advice and Liaison (PALS) on **0121 685 4128**.

More information and support

- If you need more information about your pre-operative assessment please call **0121 685 4362**
- If you need general information, please contact PALS on **0121 685 4128**
- If you would like an easy read copy of this leaflet or require it in a different language please call **0121 685 4128** or email **roh-tr.pals@nhs.net**