



# Preparing for your day procedure Non-Starved

## Preparing for your day procedure:

It is important that you follow any instructions which have been given as part of preparation for an operation or procedure (provided at your consultation, pre-operative assessment or written information sent with patient letters).

## Confirming acceptance of your surgery date

The date that you have been given for surgery is the earliest date that your surgeon is able to offer you.

You need to contact the number printed on your admission letter as soon as possible to either confirm your acceptance or to let us know this date is not suitable

## Admission time

You will be advised of your admission time prior to your admission date.

## Admission on the day of surgery

If you require assistance (e.g. wheelchair) you can contact the porters on the phone located opposite the Courtyard Garden.

It is anticipated that you will be admitted and discharged on the same day and we operate staggered admission times in order to facilitate the smooth flow of patients through ADCU.

Occasionally, it is necessary for some patients to have an unplanned overnight stay or later discharge from another ward. Please ensure you bring a small overnight bag.

Please note: Your admission time is not the time of your operation.

On the day of admission staff will be able to advise you of an approximate time for your operation. Occasionally due to unforeseen circumstances, your procedure time may be subject to change. We ask for your cooperation and patience if this should happen to you. We

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## Information about eating and drinking before you come in to hospital

You can eat and drink as normal on the day before and morning of your procedure.

## Planning ahead:

- You should arrange to be collected when you are ready to be discharged, someone should also stay at home with you for the first 24 hours.
- Bring all your medication (including inhalers) in their original container on the day. When you are discharged, please ensure you ask for your medication is returned to you if this has not already happened.
- Take your regular medication as normal on the day of admission, unless you have been advised otherwise by the hospital.
- Ensure you have at least a seven day supply of Paracetamol and Ibuprofen (if tolerated), or your normal painkillers, at home ready for when you are discharged.
- Be aware that some foods are not always available at the hospital. If you are on a special diet such as gluten free, please bring in some of your own foods.
- Remove make-up, nail varnish and false nails before arrival.
- Bring a dressing gown and slippers, as you will walk to the theatre department if you are able to.
- Bring something to read as you may have to wait some time for your operation.
- Wear sensible footwear and loose clothing that allows room for a large dressing around the procedure site.



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- Try to refrain from smoking for at least 1 week before your operation.
- Remove all jewellery. Wedding rings may be left on unless your procedure is for that particular hand/arm.

Inform ADCU immediately on 0121 685 4080, if you have a cough, cold or other infection 7 to 10 days before your admission. Your procedure will only take place if you are fit and well.

### Inform your Consultants Secretary (number on your letter) if:

- You no longer require or want your operation.
- You are prescribed any antibiotics.
- You have any cuts, sores or damaged areas of skin.

### Your property and valuable items

Storage space is very limited in ADCU and on the ward. Your property will be kept at the bedside when you go to Theatre for your procedure, so please avoid bringing valuable items with you.

### Lockable storage

Lockable storage is available; please ask a member of staff who will assist you.

You are restricted to one item of hand baggage only (i.e a small holdall/sports bag). Your bag cannot exceed 60cm(L) x 40cm(W) x 30cm(H). A bag exceeding the dimensions quotes above, will not fit inside a secure locker.

### Changing facilities

Your privacy and dignity is very important to us. With this in mind, the unit has individual changing cubicles for you to use prior to your procedure. Staff will be available to support you and answer any questions that you might have.

### Infection control

You are encouraged to ask any member of staff

to clean their hands before touching you. Our Infection Control Team works alongside all staff to promote best practice, but there are some things you can do yourself to reduce the risk of infection to you and other patients.

- Eat a healthy balanced diet.
- Take a hot soapy bath or shower on the night before surgery and the morning of surgery including washing your hair.
- Clip your nails.
- Remove any nail polish from fingers and toes.
- Do not shave the area of surgery.
- Only bring in essential items with you so your bed space remains clear.
- There is a no flowers policy at the ROH.
- Always wear slippers or light shoes.
- Do not sit on another patient's bed or chair.

### Pain

When you go home you will be given pain killers if you need them. Information on how to take your painkillers will also be given to you. If your need more pain killers after you have used these, you will need to see your GP who will discuss further pain relief with you.

### Nutrition

Having a varied and balanced diet is important pre and post surgery to aid with recovery and to reduce risks of complications. A good target is to aim for  $\frac{1}{4}$  of your plate being a protein source,  $\frac{1}{4}$  complex carbohydrate (wholegrain rice, wholemeal bread, wholemeal pasta etc.) and  $\frac{1}{2}$  vegetables. When choosing meat protein sources, try to pick lean cuts and prepare products by grilling, baking or steaming rather than frying or roasting. Non-meat sources of protein include eggs, milk products, lentils, beans and tofu. It is also important to incorporate 5 portions of fruit and vegetables



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per day into your diet as these provide essential vitamins, minerals and fibre required for wound healing and to help avoid complications such as constipation.

### What are hospital-associated blood clots?

A hospital-associated blood clot occurs inpatients when they are in hospital, and up to ninety days after a hospital admission.

There are two kinds:

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 no 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.

If left untreated a PE can lead to death.

Health professionals use the term venous thromboembolism (VTE), to cover both DVT and PE. If you develop any of these symptoms either in hospital or after you go home, please get medical advice immediately.

### Are blood clots common?

Blood clots occur in the general population in about one in 1000 people every year. You may have heard about DVT in people who have been on an aeroplane, but you are much more likely to get a blood clot after going into hospital. In fact, about two thirds of all blood clots occur during or after a stay in hospital. Each patient's 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?

**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. These will inflate automatically and provide pressure at regular intervals, increasing blood flow out of your legs.

**Stockings:** In hospital, you might be measured and fitted with anti-embolism stockings for your legs. You should be shown how to wear them and told to report any new pain or discomfort in your feet or legs. You should remove your stockings for a short time every day so that you can have a wash and check for any skin problems.

**Blood thinners:** Most patients at risk will be prescribed a small dose of an anticoagulant (blood thinner). These reduce the chance of having a blood clot by thinning your blood slightly. If you need to take these medicines when you leave hospital, you will be told how long to take them for. The blood thinner most



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often used is a type of heparin, which is given by injection. Please be aware that some 'blood thinners' are derived from animal origins, please discuss with your nurse or doctor if this is a concern to you. There may be reasons why some of the above are not suitable for you. To be effective, these methods of prevention must be used correctly and the course prescribed completed. If you have any questions or concerns, please ask your doctor or nurse.

### 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 and will provide advice on temporary use of other methods if your usual contraceptive is stopped.
- 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
- Ask your doctor or nurse: "What is being done to reduce my risk of clots?"
- Drink plenty of fluid to keep hydrated.

### 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](mailto:roh-tr.research@nhs.net)

### What happens when I go home?

You will be informed about when and where your discharge will take place. Until you return to your usual level of activity, you may need to wear anti-embolism stockings after you go home. Your nurse will tell you how to put them on and what you should check your skin for. If you need to continue anticoagulation injections at home, your nursing team will provide information and teach you how to do this. If you have any concerns make sure you speak to a nurse before you leave. It is important that you complete the prescribed course. If you develop any sign or symptoms of a clot at home, seek medical advice immediately, either from your General Practitioner (GP) or your nearest hospital's emergency department.

### Useful sources of information

- NHS Choices website patient information on blood clots. Visit [www.nhs.uk/thrombosis](http://www.nhs.uk/thrombosis)
- Patient Advice and Liaison Service (PALS) – To make comments or raise concerns about the Trust's services, contact 0121 685 4128
- NHS 111– Offers health information and advice from specially trained nurses over the phone 24 hours a day.

### Car parking

Parking is available at gate entrance A and C, further information about car parking is available on website [www.roh.nhs.uk](http://www.roh.nhs.uk).