

Northern Sydney
Local Health District



My Surgery Journey

Getting ready for your procedure
and what you need to know





Northern Sydney
Local Health District



This information booklet has been written with the assistance of our staff from across the District.

The My Surgery Journey Booklet. This publication was developed in partnership with consumers and carers along with the **NSLHD Pride + Network** and has their endorsement.

Acknowledgement of Country

Northern Sydney Local Health District acknowledge the traditional custodians of the Northern Sydney region, the Dharug and Guringai Peoples.

Their spirit can be found across the region and we honour the memory of their ancestors and Elders, past and present.

As we endeavour to serve the health needs within the community, we recognise the importance of the land and the waterways, as an integral part of people's health and wellbeing.

NSLHD - A place where we provide inclusive care

Northern Sydney Local Health District recognizes that every person's surgical journey is unique, and we are committed to providing a safe and inclusive environment for all patients regardless of their sexual orientation, gender identity or expression, or those born with a variation of sex characteristics (sometimes called 'intersex' or 'DSD'). We understand that surgery can be a daunting experience and we want to ensure you that you are not alone. We invite you to discuss your needs with your health care providers, to ensure you are best supported in a way that feels safe and comfortable for you.

About this booklet

Now that you have made the decision for your surgery, you are on the waiting list at one of our hospitals. Your elective surgery booking is made many months in advance. Urgent elective surgery will be booked almost immediately.

Some patients will need to get ready for surgery by coming to one of our Pre-Admission Clinics. This is determined by the information about your general health, what medications you are taking, and the surgical procedure determined. The Pre-Admission Clinic will organise tests and help plan your care after your surgery.

We will tell you if you need to come to the Pre-Admission Clinic.

To safely complete your surgery journey, we need your help to get ready and maximise your wellness and readiness in preparation for surgery. Northern Sydney Local Health District promotes a model of shared responsibility and accountability between you, your surgeon and team. This booklet will answer many questions you may have. You can use it to make notes to discuss with the medical or nursing teams.

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We need to talk

Telephone contact with you

The hospital will contact you in the lead up to your surgery procedure.

When the hospital calls you, the number might be shown as “External Number”, “No Caller ID” or “Caller ID Blocked”. Don’t worry. This is because our hospitals use large computerised telephone systems. Please help us by answering the phone in the days before your surgery.

If you’d prefer contact on your mobile phone, please make sure we know the number. If you change phones; tell us. It helps us if you give us a phone number of a close relative or friend.

SMS text messaging is used across our hospitals as reminders for important dates. Please read the message very carefully.

There are pages in this booklet for you and your family; it provides a checklist to fill out before surgery (page 5) and on your discharge from hospital (page 6). This will help the hospital keep you safe by providing us with as



much up to date information as possible. Please make sure you tell us about the **ALL** the medicines (includes herbal and pharmacy/prescription medications) you take and any medical problems you have. Bring this booklet with you when attending a Pre-Admission Clinic as instructed and on your admission/procedure date.

Need an interpreter?

Professional health care interpreters are available.

If you need help to communicate in your language or if you are deaf please ask a staff member to organise an interpreter for you. Interpreting services are free and confidential. If you need an interpreter to help you contact our service, telephone the free Translating and Interpreting Service (TIS) on **131 450** for assistance. Tell TIS the language you speak and the name and telephone number of our service.



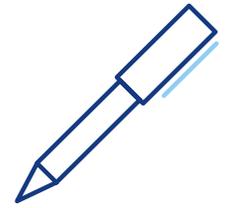
Waiting for elective surgery

Occasionally delays may occur before or on the day of your operation due to other peoples’ urgent medical conditions. Your scheduled time for surgery may change throughout the day due to unplanned or emergency surgery. If you have any concerns or questions, please don’t hesitate to ask the staff.

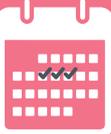
An Initiative of the NSW government is the NSW Surgery Access Line. The contact number is 1800 053 456 where staff will be able to provide you with a confidential and independent information service:

- Regarding booked admissions to NSW public hospitals
- Enquire on your behalf and investigate surgery options that are available to you
- Current waiting time
- Investigate options for earlier treatment either at your local hospital or another hospital with another surgeon.

Questions you need to know

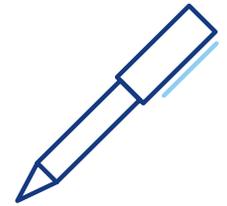


Before you come into hospital a nurse will telephone you to provide you with important information. Please write down your instructions.

	Time to arrive at the Perioperative Unit	
	Time to stop eating	
	What you can drink and time to stop drinking	
	The medicines/tablets you should take on the day of your surgery with some water	
	Taking any blood thinning medicines? What instructions have you been given?	The nurse will confirm the instructions with you
	Taking any diabetes medicines? What instructions have you been given?	The nurse will confirm the instructions with you
	To bring the results of blood tests and x-rays	
	How long you are likely to stay in hospital	
	Discharge times	
	What to bring	
	What to leave at home	

Checklist

Preparing for discharge, questions you should ask your team. Please write down your information.



What do I do about...	You should...
 <p>Pain medicine</p>	<p>Follow the instructions on the packet</p>
 <p>Wounds and dressing</p>	<p>Leave your dressing intact for ___ days. When you shower you should _____</p>
 <p>Activity</p>	<p>Exercise: Lifting: Driving: Working:</p>
 <p>Diet / Food you can eat</p>	<p>Or diet. food.</p>
 <p>Toilet</p>	<p>Be aware that pain tablets prescribed after your operation can make you constipated. Contact your GP for advice.</p>
 <p>Problems such as bleeding, high temperature, moderate to severe pain</p>	<p>Contact on (02) and ask for</p>
 <p>Follow up appointment</p>	<p>You will need to see: Dr: Date: Time: Place:</p>
 <p>If you have any questions, please call:</p>	
 <p>Re-commencing your regular medication. What instructions have you been given?</p>	<p>The nurse will confirm the instructions with you</p>

Arriving at hospital

Please be aware that arriving at hospital LATE may result in your surgery being cancelled.

When you arrive at the hospital, make your way to the Perioperative Unit or Admissions and go to the reception area.

Hornsby Ku-ring-ai Hospital

Level 2 Star Building via Burdett Street.

Royal North Shore Hospital

Enter through the main entrance of the hospital and head towards the orange lifts. Take the orange lift to level 4 and present to the admissions counter where you will be checked in.

Ryde Hospital

Please make your way to the admission room to check in. Admission room is located on the left hand side from the main foyer. After check in you will be directed to Day Surgery Unit.

What will happen while I wait?

You may be asked to sit in the waiting room until it is time to have your operation. Sometimes you will notice people going to have their operation before you. This is due to the schedule of the operating theatre list.

Visitors are welcome, but space is very limited, so we ask you bring no more than two people with you.

A nurse will ask you questions and do some assessments. You will be asked to change into a hospital gown in preparation for your procedure.

What happens after my operation?

If you are going to be discharged on the same day you will come back to the Perioperative Unit where you will be given something to eat and drink.

If you are having day surgery, you will be sent home once you have recovered from your operation. This will usually be between 2-6 hours after your operation. If you require medications for discharge, we will organise this for you before you leave. Please make sure you have a responsible person to take you home and stay with you for the next 24 hours. If this is not possible, please talk to your nurse.

If you are staying in overnight or longer, you will be taken to a hospital ward.

Each of our hospitals have either a waiting area, cafés and lounge areas. Your family is encouraged to sit in the café or lounge while they wait for your surgery. They will not be allowed into the operating theatre. The doors are closed to keep our theatres clean and private.

After surgery some patients may be moved to the Transit or Discharge Lounge. Here patients can wait for medicines or paperwork. The hospital will tell your family if you have been moved to the Discharge Lounge.

Real Time Patient Experience Survey (RTPES)

Feedback from our patients, carers, families, and consumers is important to us.

If you are an adult patient (over the age of 18 years old) who has stayed overnight or longer in Royal North Shore Hospital (RNSH), Ryde Hospital or Hornsby Ku-Ring-Gai (HKH) Hospital a survey will be sent to you via an SMS message.

To gather real time feedback from you, two questions will be asked:

Question 1. How likely are you to recommend this hospital or service to your friends and family (0 to 10 scale)?

Question 2. What is the most important reason for your score?

We will use your feedback to understand and improve patient, carer, families, and consumer experience.

What should I do if I am feeling unwell before my surgery?

If you are unwell within 3 days before your surgery you will need to call the hospital (see Page 22-23 for phone numbers) or contact your local doctor (GP) for advice.

If you are too unwell for surgery, it may be postponed until you are feeling better and it is safer for you to have an anaesthetic.

Also, with early notice, someone else waiting can be contacted to have their surgery.



If you have any of the following please call us:

In the 3 days before your surgery

- Temperature or fever- feeling hot or cold
- Sore throat
- Rash or swelling
- Feel unwell
- A cut, break or tear in your skin
- Any infected wounds
- Diarrhoea or vomiting
- A recent unplanned visit to the Emergency Department or local doctor



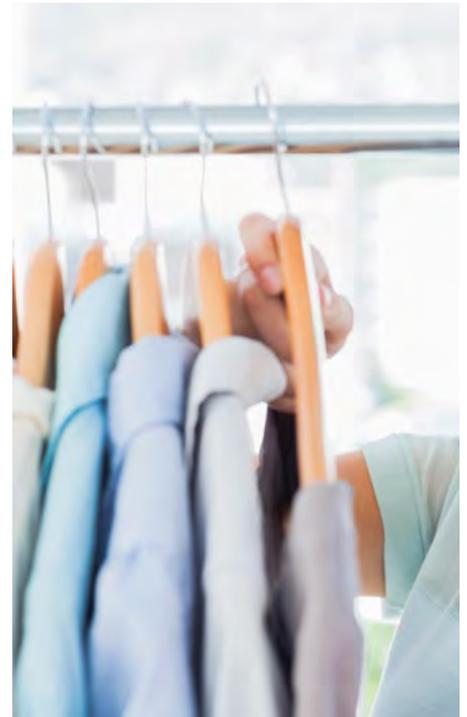
Tell us as soon as possible

- If unable to attend the hospital due to work or family commitments
- A new pregnancy we don't know about
- A new medical problem we don't know about
- You don't have anyone to take you home after the surgery
- You don't have anyone to stay with you after the surgery
- You have changed your mind about the surgery
- You have changed your mind about where you want to have your surgery
- You have any concerns about your surgery



What to bring to hospital:

- Wear comfortable clothing
- Wear safe, non-slip footwear
- Toiletries (soap, toothpaste, toothbrush, hairbrush/comb, razor, tissues)
- Small amount of money, e.g. under \$20
- Current medicines (these will be returned to you when you are discharged) and a list of ALL of your medicines (write a list on Page 5)
- Glasses, hearing aids and non-electric walking aids (labelled with your name)
- All relevant letters, x-rays, scans and blood test results
- Medicare card and (if applicable) private health insurance fund card/book, DVA health card, details of workers compensation, public liability or third party case



What NOT to bring:

(Theft does occur in hospitals)

- Valuables (any jewellery or large amounts of money over \$20)
- Large bags/suitcases or excessive clothing
- Remove as much jewellery as possible – this includes body piercings
- Alcohol or illegal drugs
- No candles or oil burners



The hospital staff cannot accept responsibility for your belongings if they are lost or stolen. Please leave them at home. If you must bring them with you make sure a family member looks after them at all times. You will be away from your ward bed having tests or surgery.



R.E.A.C.H. out to us

If you are worried that you or the person you care for is getting worse while they are in hospital, REACH out to us:

1. Talk to the nurse looking after you or your loved one
2. Ask to speak to the nurse in charge and request a **'Clinical Review'**
3. If there is no response within 30 minutes, or you are still concerned, ask the nurse for the emergency number for your facility and state **"This is a R.E.A.C.H. call"**, then state the patient name and the ward you are on.

Fasting before surgery

The hospital staff will contact you the working day before your surgery. They will tell you exact instructions about when to eat and drink.

Fasting means going without all food and liquid. Sometimes in hospital we call this “**Nil by Mouth**”. It is a medical instruction to stop food and fluids. Experts have researched safe fasting times for patients.

Fasting or being “Nil by Mouth” also applies to patients who have:

Swallowing difficulties

Special nutrition feeding tubes into the nose or stomach. This is called “Nil by Tube”.

Fasting is needed before general anaesthesia or sedation medicine. This will minimise the risk of vomiting and breathing in food or fluid into the lungs.

You are permitted to drink clear fluids (water, clear apple juice or tea/coffee without milk). This should be no more than 1 cup of 250 mL up until one hour before your admission time.

In general before your surgery:

You can have solid food until 6 hours before surgery – this should be a light meal

Do not chew gum or lollies – these count as food

Patients who need tube feeding can continue until 6 hours before surgery.

You must follow the fasting instructions very carefully or your surgery may be cancelled. This is to help keep you safe.

It might help if you have a pen to write these instructions down so you can remember what to do.

Preoperative oral fluids can include

Water	✓
Clear apple juice, other pulp free fruit juice or cordial	✓
Clear lemonade with no pulp	✓
Black tea or coffee with no milk	✓
Commercial rehydration fluids such as “Hydralyte”	✓
Fat free, protein-free nutritional supplements such as “preOp” brand drink	✓
Sports drinks such as “Gatorade” – light colours only	✓
Ice blocks made from any of the above clear fluids	✓
Fat free clear soup like chicken broth	✓

Fasting is needed before general anaesthesia or sedation. Ask what medications you should continue on the day of surgery. Ask when you should fast from.



Falls

Did you know that many patients fall while in hospital? While some falls cause no injuries, others can cause serious harm. Falls can also result in you fearing further falls and make it harder for you to stay independent.

To help prevent falls, bring to hospital any equipment you normally use, such as glasses and walking aids. Also bring all medicines you are currently taking, and any information about them.

While you are in hospital, let the staff know what help you need. **Always use your call bell and wait for a staff member to assist you, this applies to helping other patients as well.** Let us know if you are having any changes in your balance, memory or thinking.



Identification

While in hospital you will wear hospital identification name tags. Please check all the details are correct. It is important that you **do not remove** these tags. We will ask you your name and date of birth many times during your stay. It helps us keep you safe.

You may wish to discuss with our friendly admission team if your social name, and/or gender identity is different to your legal documentation. Whilst we may still need to confirm your legal identity, if we are appropriately informed, we can make every effort to utilise your social name and respect your identity throughout your stay. We want you to feel seen and supported during your stay.



What's on my legs?

Before and after surgery the nurses might help you put on tight fitting stockings. These help to keep blood circulating while you are having your surgery. These stockings are fitted to reduce the threat of a blood clot forming in your legs. We call these clots Deep Vein Thrombosis or DVT is the medical term for a blood clot in the deep vein of leg or groin.

There are 3 main Triggers of blood clots:

1. Not moving for long periods of time. For example, having to stay on bed rest, or travelling on long trips without getting up and walking around.
2. A hospital stay for an extended time. More than 60% of all blood clots are caused by this.
3. Surgery, especially hip and knee surgery and surgery for cancer, puts a patient at higher risk.

There are also some other risk factors:

- Being overweight can increase the chance of developing a clot. You should try to stay active before surgery.
- Cigarette smoking. You should avoid cigarettes.
- Using oestrogen based medicines like the oral contraceptive pill and hormone replacement therapy. Talk to your local doctor before any surgery.
- Being pregnant or having recently given birth
- Older age
- Heart disease
- A family history of blood clots

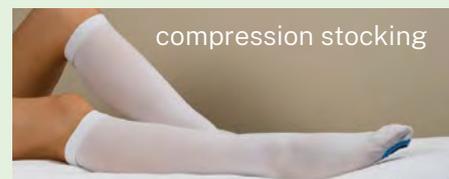
If you have been given compression stockings, wear them day and night while you are in hospital. You can take them off when you have a shower or bath. Some patients will not be provided with stockings as they can make lower leg conditions worse. Please ask your nurse or doctor if you should be wearing compression stockings.

Some patients will have a special lower leg (calf) compression device fitted while they are having surgery. This machine will squeeze the feet and lower legs to help keep blood circulating while in surgery and in the days afterwards.

The symptoms of a Deep Vein Thrombosis (DVT) may include:

- Pain and tenderness in the leg
- Pain on extending the foot
- Swelling of the lower leg, ankle and foot
- Skin that is red and warm

It is very important that you tell us if you notice any of these symptoms.



<http://cec.health.nsw.gov.au/keep-patients-safe/medication-safety-and-quality/vte-prevention>

What is anaesthesia?

Anaesthesia refers to the practice of administering medications either by injection or by inhalation. It produces a complete or partial loss of feeling which allows medical and surgical procedures to be undertaken without causing undue distress or discomfort.

Anaesthesia may be broadly divided into:

- Local anaesthesia
- Regional anaesthesia/analgesia (nerve blocks, epidural, spinal)
- Sedation
- General anaesthesia

These may be used individually or in combination as appropriate. For some types of surgery, several anaesthetic options are available depending on your surgery and to provide adequate pain relief. A specialist anaesthetist, in consultation with you and your surgeon, will offer the best type of anaesthetic for your specific needs.

Local anaesthesia

Local anaesthesia involves the injection of local anaesthetic into the skin surrounding the surgical site. It may be the only type of anaesthesia or it may be combined with sedation or general anaesthesia depending on the extent and length of surgery. It is often used for minor surgery, such as excision of skin lesions. It may not be appropriate if the surgical site is infected.

Regional anaesthesia

Regional anaesthesia involves the injection of local anaesthetic around major nerve bundles to reduce sensation from large areas of the body, such as the thigh, ankle, forearm, hand, shoulder or

abdomen. Regional anaesthesia may be performed using nerve-locating devices such as nerve stimulators or ultrasound. These devices help to more precisely identify and locate nerves for targeted delivery of anaesthetic medications.

Regional anaesthesia may be combined with general anaesthesia or may be used on its own. Once the local anaesthetic is injected, a patient may experience numbness and tingling around the area of the surgical site, which is an indication that the area supplied by these nerves is anaesthetised and will become numb. It may become difficult or impossible to move that part of the body, which may feel very heavy.

How long does regional anaesthesia last?

This depends on which local anaesthetic is used, the region into which it is injected and whether it is maintained by continual infusion or repeated injections. Typically anaesthesia can last from several hours to several days. Generally, the “heaviness” wears off within a few hours but the numbness and tingling may persist much longer. As the local anaesthetic effect wears off, numbness will diminish and surgical pain may return, in which case alternate methods of pain relief including injections or tablets will be prescribed.

Sedation

Sedation is using medications to produce a state of calm or sleep.

General anaesthesia

When a patient undergoes a general anaesthesia they lose sensation and become unconscious. General anaesthesia may be used for a variety of diagnostic or interventional procedures. If you have a general anaesthetic, an anaesthetist will look after you throughout the procedure, and use a range of monitoring devices to ensure your safety.

More information regarding types of anaesthesia and answers to common questions can be found at the Australian and New Zealand College of Anaesthetists www.anzca.edu.au/patients/frequently-asked-questions

Your anaesthetist will assess your medical history and discuss the various options for your anaesthetic with you in detail, and will be able to address any specific questions or concerns you may have.

Pain relief after surgery

Pain is our body's way of telling us that something is wrong.

You may have pain following surgery. This pain should go away after the area operated on has healed. After your surgery, you will be given pain relief as you need it. The most common way to control acute pain is to take pain relieving medicines.

You will be asked to rate your pain when you are resting and moving. Pain is assessed regularly after your surgery.

You will be asked by your nurse or doctor to score how bad your pain is while you are lying still and, more importantly, when you move about or cough. The hospital staff may use a pain scale to help assess the amount of pain you have. You need to give your pain a rating out of 10, which best represents your pain.

You will give a number between 0 (no pain) and 10 (worst possible pain). This describes how much pain you feel in your surgery site or wound. The pictures below will help you rate your pain.

You will be asked to do this regularly to help your nurses and doctors choose the best medicine and dose for you. Although we would like to take away all the pain and discomfort, sometimes pain cannot be removed completely.

Our aim is to make you as comfortable as possible. This especially includes when moving

around and performing activities.

Do not wait until the pain becomes very bad. If pain is treated early the medicine can reduce or make it less. Tell your nurse when you need pain relief or if you did not get better after taking the medicine.

Is pain relief Important?

Yes. As well as making you more comfortable, good pain relief may help in faster recovery, even for those who have major surgery.

Good pain control can help you:

- Be more comfortable after your surgery.
- Get well faster. With less pain, you can start to walk, do your breathing exercises and get your strength back more quickly.
- Improve your results. People whose pain is well controlled do better after surgery with less problems.
- Pain can almost always be relieved, and a variety of methods are available.

These include:

- Tablets
- Occasional injections (needles)
- Patient Controlled Analgesia (PCA) - small doses of pain medicine controlled by you via a drip

- Local anaesthetic given near your wound that stops the feeling of pain
- Epidural analgesia given into your back that blocks the pain over your wound

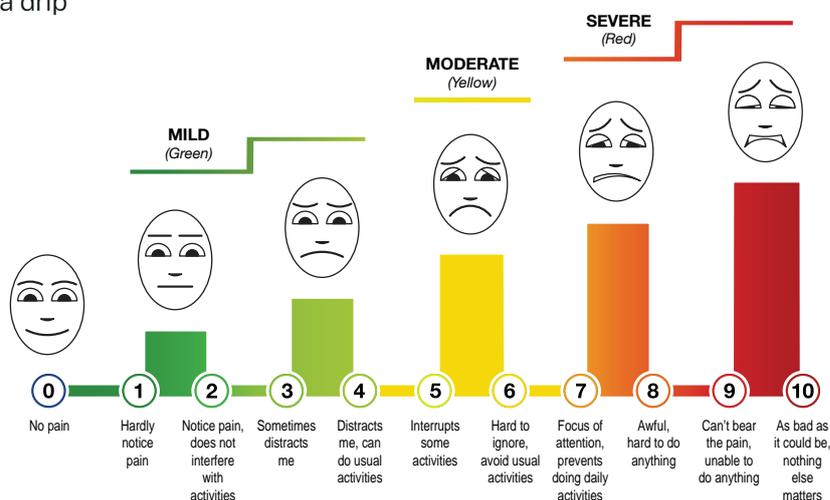
Regular paracetamol is often the best treatment for mild to moderate pain. For more severe acute pain, stronger medicines are given. Morphine, Fentanyl or Oxycodone called opioids.

If you have wound pain we may give you anti-inflammatory drugs. By adding 2 or more medicines that work in different ways, smaller amounts of the strong opioid medicine may be needed. You should always ask your doctor what medicine is safest after surgery.

The aim of good pain control is pain relief without unpleasant side effects.

Anaesthetists are doctors who look after your medicine during your surgery. They also specialise in pain relief. If you have unrelieved pain an anaesthetist or nurse specialised in pain be requested to assess your pain. Do not wait until any pain becomes very bad. If pain is treated early our medicines can make it go away quickly. Tell your nurse when you need pain relief.

Defense and Veterans Pain Rating Scale



Reducing risks of surgical infections

When you are healthy your body has very good ways of fighting infection. One of the first lines of defence is our skin.

Please notify your GP, and or your Surgeon if you have any:

- Wounds
- Recent infected wounds
- Cut/s on your skin
- Broken skin

As any of these put you at greater risk of getting an infection and may result in your surgery being postponed.

When you come into hospital to have surgery, this first line of defence will be broken. This can happen when you have a drip put in. It can also happen as a result of the surgical cut through your skin. When these things happen there is a small chance that your normal germs, or germs from another person or the environment, can get into your body and cause an infection. A risk in any surgery is that the surgical site may become infected with bacteria from your own skin.

It is important to shower the morning of the surgery. Depending on the surgery that you are having some patients will be given a special body wash. If you have been given the special body wash it is important that you follow the instructions given to you. This will usually involve using the body wash the night before the surgery and on the morning of the surgery. If you do not require the special body wash it is important and strongly recommended that you have a shower the morning of your surgery. Use a mild soap to wash all over your body, once finished ensuring a clean towel is used to

dry your body and clean clothes are put on. It is important that no creams, lotions, deodorants are used following showering with either the special body wash or mild soap. Jewellery should be removed.

At the hospital before and after the surgery. It is important that you:

- Do not apply creams, lotions, deodorants prior to the surgery
- Do not shave or wax below the neck (facial shaving is allowed)
- Do not wear make-up, lipstick
- Do not wear nail polish or artificial nails
- Do not use hair spray or gels
- Clean your hands regularly
- Do not touch any dressings that you have or any lines that you might have (drip)

The prevention and control of infection is everyone's responsibility including staff, doctors, patients and visitors. We are committed to providing high quality care in a safe and clean environment.

Expectations of our staff

- Attend to hand hygiene (cleaning their hands) before and after seeing you
- Have clean uniform
- Are not wearing excessive jewellery, have no nail polish or artificial nails and have hair tied back
- That they clean equipment that may be reused on other patients before and after use.

- Gloves are used when in contact with body fluids
- Will wear gowns, gloves and masks if medically indicated

Expectations of hospital environment

- It looks clean and tidy
- There is no dust or rubbish around
- The space where you are in should have nothing left from other patients

What you can do to help prevent infection

- Hand hygiene is important. Wash your hands after going to the bathroom and before eating
- Don't be afraid to ask for help if you need assistance
- Our staff are professional and do not mind being politely questioned or reminded about hand hygiene
- If you have an intravenous drip, it will have a clear dressing
- Do not touch the area if the dressing becomes loose or the area becomes red or painful – tell your nurse and they will check it
- Do not touch your wound or any other devices such as drip or drains. Tell your nurse promptly if it becomes loose
- Keeping the tables and locker uncluttered will assist the cleaning staff to access all surfaces

What visitors can do to help prevent infection

Avoid coming to the hospital if they are feeling unwell.

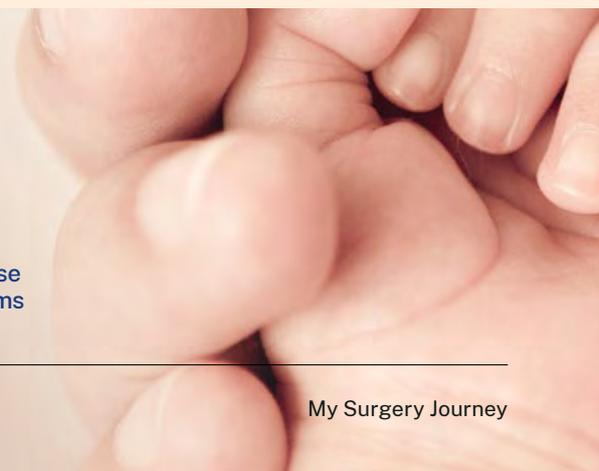
If visitors have suffered from any form of gastro, they should not visit for 48 hours after symptoms have ceased.

Children that are unwell or just recovering from an illness should not be brought to the hospital.

Visitors are welcome to use the hand washing sink or alcohol gel when entering and leaving the wards.

Visitors should not touch the patient's wounds or device.

Visitors should not sit on the beds or use the patient bathrooms. Public bathrooms are available on each floor.



What if something goes wrong after surgery?

After your surgery you will recover at home. You must have an adult stay with you the night after your surgery. If you don't have a family member or friend able to pick you up and stay with you please tell the hospital staff before your surgery. We want you to have your surgery but we also want you to be safe afterwards. You might also need someone to help you in the days and weeks after surgery. This could be a family member, friend or even a neighbour.

If you feel unwell, have severe pain or notice something doesn't look quite right, you need to see a doctor. This could be your local doctor (GP), specialist or you might need to go to your nearest emergency department.

Go to your nearest emergency department or dial 000 if you notice:

- Uncontrollable bleeding
- Chest pain or chest tightness
- Difficulty breathing
- A change in alertness or unable to wake up
- Sudden onset of weakness, numbness or paralysis of the face, arm or leg
- Sudden collapse or unexplained fall
- Unexplained fainting in adults
- Blood that appears when vomiting, coughing or with bowel movements
- Do not drive yourself to the emergency department

Contact your local doctor or specialist if you notice:

- Redness around your wound
- Slowly increasing pain not controlled with your usual medicine
- Increasing swelling around the surgery area
- A bad smell or pus coming from the wound
- Broken stitches or the wound opens up
- Feeling hot or cold, or having a fever
- Constipation or trouble with bowel movements
- Anything that is worrying you or your family after surgery

Healthdirect Australia
1800 022 222

healthdirect

Healthdirect Australia is a 24-hour telephone health advice line staffed by registered nurses that provide fast and simple expert advice on any health issue and what to do next.

You can contact HealthDirect using a telephone interpreter, call TIS on **131 450**. Tell TIS the language you speak and the HealthDirect telephone number.

Healthdirect Australia can be used when:

- Someone is sick and you're not sure what to do
- You want expert advice about a health issue and what to do next
- You need to know where to find after-hours health services or pharmacies



Staying active before your surgery

Keeping fit and strong before your surgery will help your recovery. More active people also have less risk of problems during surgery. If you need to stay in hospital until your surgery ask to see a physiotherapist for help.



You will need advice about what exercise is best for you. This depends on the type of surgery you are having and how soon it is. It can be beneficial to see an exercise physiologist or physiotherapist before starting exercises. Ask your local doctor or surgeon about what to be most careful. It is important to be comfortable with the type of exercise you do. If something increases your pain you should stop doing it.

Australian Physical Activity Guidelines

Everyone is different, but we should all aim to do some regular exercise. It helps to improve your fitness, control weight and keep your muscles and joints healthy before surgery. Staying active before your surgery will help you to avoid putting on weight. Being at a healthy weight before surgery lowers your risk of problems. It also helps you to have a faster recovery.

Try to:

- Be active on most days. Doing any physical activity is better than doing none
- Build up to 30 minutes or more of moderate intensity physical activity each day
- Do muscle strengthening activities on at least 2 days each week

If you are having a hip or knee replacement surgery: You must attend your joint education session prior to surgery. Make sure you get your Education Booklet: Your guide to preparation and recovery.

Date of Joint Education Session:

Exercising before joint surgery keeps your muscles strong and your joints lubricated, moving and more stable.

Reducing weight will also put less stress on your joints.

Do activities that put less pressure on your joints like:

- Swimming or exercises in water
- Stretching and gentle strengthening
- Balance exercises
- Cycling

Exercise when your pain medicines are having their biggest effect.

If you are having a hernia, bowel or stomach surgery:

Walking or swimming at a comfortable effort is helpful and safe for most people, before your surgery. Check with your surgeon.

Do not try:

Heavy lifting or pushing that makes you strain or hold your breath. Stomach muscle exercises like sit-ups or planks.

Staying active before your surgery will help to avoid putting on weight.

For more information or support go to:

Active and Healthy

Get Healthy Information & Coaching Service

Exercise and Sports Science Australia

Australian Physiotherapy Association

Exercise Right

www.activeandhealthy.nsw.gov.au

www.gethealthynsw.com.au

www.essa.org.au

www.physiotherapy.asn.au

www.exerciseright.com.au

To find out more scan QR code



What should I be eating leading up to my surgery?



Good nutrition is important for health. It is very important in the time leading up to your surgery, to eat the best foods you can. Your body is in its best state to deal with the stress of surgery when you eat a healthy, balanced diet. It may also help with a faster recovery process.

Poor nutrition can lead to poor outcomes after surgery. Patients who do not eat well are more likely to have problems after surgery. Your wounds may take longer to heal; you may get infections and have a longer stay in hospital.

What Does a Healthy Diet Look Like?

Eating from the five food groups is important to ensure your body gets all the nutrients it needs. This includes protein, vitamins and minerals.

It is best to be eating a wide variety of healthy foods. It is also important to drink plenty of water and avoid drinking too much alcohol. More than two alcoholic drinks a day can increase your risks.

Older people should eat nutritious foods and keep physically active to help maintain muscle strength.

Staying in a healthy weight range is also important. Speak with your local doctor about seeing a dietitian if you are concerned about your weight. Being overweight increases the chance of diabetes. Diabetes can cause difficulties before, during and after surgery. Have you talked to your local doctor about your risk?

What if I'm having trouble eating?

Poor food intake can lead to problems after surgery. Your wounds may take longer to heal; you may get infections and have a longer stay in hospital.

If you are having difficulty eating due to a poor appetite, or have recently lost weight without trying, please let your local doctor or nurse know. A visit with a dietitian might help you. If you are underweight, increasing both protein and total energy (kilojoules or calories) may help you gain weight.

Please note - if you have been advised to follow a specialised diet by your doctor or dietitian please continue as per their advice.

Protein and Energy in food:

Protein is used for growth and repair of body tissues and muscles. To increase protein and energy and help your recovery, try the following:

- Include protein foods as part of every meal and snack
- Eat three (3) meals and three (3) nourishing snacks each day
- If your appetite is poor; serve meals on small plates
- Eat with family and friends or in pleasant surroundings
- If you are not hungry at meal times try to have a nourishing milk drink or dairy dessert. Not eating may make you feel sick in the stomach
- Avoid filling up on low calorie foods such as tea, coffee, water, vegetable juices, diet drinks and clear soups

It is important to keep up healthy food and drinks after surgery to help your wound to heal.



For more information or support go to:

Australian Dietary Guidelines

www.eatforhealth.gov.au

Dietitians Association of Australia

www.daa.asn.au

Get Healthy Information & Coaching Service

www.gethealthynsw.com.au

To find out more scan QR code



Blood/Iron

KEY POINTS SUMMARY

- You need enough iron to make red blood cells to carry oxygen to your body.
- You can increase your iron stores through diet, tablet medication or an infusion through the vein.
- Please tell your doctor if you are on any blood-thinning medications, which can include complementary therapies.

Your body uses iron to make red blood cells, which are important for carrying oxygen around your body. This is particularly important to help you recover from an operation.

If your iron levels or red blood cells are low, you can feel:

- Tired
- Dizzy
- Short of breath
- Funny heart beats or pain in the chest

In the same way you wouldn't go on a road trip with an empty tank of petrol, it is important to fill up your iron stores before major surgery!

Iron

You can help increase your iron stores by:

Iron rich foods

- The best sources are red meat, chicken, pork and fish.
- Other good sources are leafy vegetables, nuts and whole grain cereals.

Oral iron tablets/supplements

- These can be purchased over-the-counter.
- Often combined with Vitamin C to help the iron get absorbed by the body.
- Side effects can include gastrointestinal upset, stools turning black and allergic reactions.

Iron infusion

- Injection of iron into the vein over 15-30 minutes.
- Side effects can include headaches, dizziness, nausea, skin reactions or staining and allergic reactions.

Blood Loss

We can minimise the amount of blood you lose by preparing your blood in the weeks leading up to surgery and during your operation. Please tell your doctor about:

- Current or past medical problems.
- Current or recent medications/supplements/complementary therapies.

With this information your healthcare team may recommend additional options to reduce the amount of blood loss in the operation or the requirement for a blood transfusion.

Blood Transfusion

Despite our best efforts, it is possible you may still need a blood transfusion. Please tell your doctor if for personal or religious reasons you refuse to have a blood transfusion. There are different types of blood products, and you will be prescribed the type that your body needs to work better.

A blood transfusion involves:

- Your doctor explaining the reasons, benefits and risks of the transfusion to you.
- You sign a consent form and have a blood test to see what your blood type is.
- Injection of blood into the vein over a few hours.
- Side effects can include skin reactions, fever, breathing difficulties and allergic reactions.

It is important for you to tell us if you:

- Notice any details are wrong when we check your name and date of birth.
- Feel unwell at any time during or after your transfusion.

Your healthcare team want to:

- Help your blood to work better.
- Reduce your chance of bleeding.
- Reduce your chance of needing a blood transfusion.

This will help you have:

- Lower risk of complications.
- Faster recovery after surgery.
- Shorter stay in hospital.

RECEPTION +

Aboriginal and Torres Strait Islander Health Service

We acknowledge the traditional custodians of the Northern Sydney region, the Guringai and Darug peoples.



Coming to Hospital

NSLHD facilities are culturally safe places, and we encourage you to identify if you are Aboriginal and/or Torres Strait Islander. Our Aboriginal and Torres Strait Islander Health team can meet with you soon after arrival if needed.

An Aboriginal Liaison Officer (ALO) can be requested to provide social, emotional, and cultural support to you, your family or carer whilst accessing services and facilities across Northern Sydney Local Health District. The ALO can accompany patients when talking to health professional to assist and understand medical procedures and link them in with appropriate services and support programs (including discharge).



Aboriginal and Torres Strait
Islander Health Service



Bungee Bidgel Details



Hey you mob, tell them we're here!

#everybodysbusiness



Surgery and hospital stays

What to expect and how to access supports.

Possible feelings, thoughts and emotions you may have

- Anxiety around the surgery, outcomes and your future.
- Concerns about family, home, work and other responsibilities while you are in hospital.
- If you are a Carer, you may be worried about who will help meet your loved one's needs while you are in hospital.

Prior to coming to hospital, you may try to lessen your feelings of anxiety and uncertainty associated with surgery and your hospital stay by speaking to your GP about your fears and concerns. You might also discuss concerns with your family or via free telephone counselling services such as **Beyond Blue 1300 224 636, Lifeline 13 11 14, Mensline 1300 789 978**. There is also information available of the NSLHD website which may assist you in preparing for your hospital stay and Partner in my Care and Aboriginal and Torres Strait Islander support line www.13yarn.org.au

Supports during your hospital stay

Social Workers are available on the ward and can assist with access to Community care on discharge home.

If you would like to discuss the hospital stay prior to admission, which is important if your family member has a cognitive impairment, memory or thinking problem, please let the nurse know during your pre-admission appointment. The Carer Support Service team can discuss patient needs with you for their hospital stay and ensure planning is put in place.

Going home after surgery

You will require supports to be in place at home. If you have had a general anaesthetic or sedation, you will be unable to drive home independently and will require family or transport supports in place. If this is not possible, please speak to hospital staff. Please arrange for a family member/friend stay with you the first night, as you may still be experiencing effects of the sedation, including light-headedness and drowsiness. This may impact your ability to perform usual tasks and places you at a greater risk of falls and injuries.



Are you providing care for a family member, partner or friend?

If you or your family member need assistance to plan and manage your hospital admission, please contact the Carer Support Service so we can discuss how we can support you. **Phone the Carer Support Service on 9462 9488.** Our website also provides other information for Carers: www.nscarersupport.com.au

To find out more scan QR code



Smoking and Vaping

Our hospital are Smoke & Vape (e-cigarette) Free for your health and the health of others. There is no smoking or vaping allowed inside any of the buildings or on hospital grounds by patients, visitors or staff. This includes the hospital stairwells, toilets or outside the front of our buildings.

If you are a smoker or vaper, for the sake of your own health, you are encouraged to think about quitting. Please talk to your local doctor about the choices that are available to support your decision to quit.

To avoid complications you should avoid smoking or vaping.

Think about quitting at least 60 days before any surgery. For more information refer to: www.anzca.edu.au/patient-information/anaesthesia-information-for-patients-and-carers/anaesthesia-and-smoking

The Quitline (Call 137 848) can answer any questions you may have. It is confidential and free. Quitline staff speak a number of languages including Arabic, Cantonese, Mandarin and Vietnamese. If you require other languages this can be arranged using a telephone interpreter service. The staff can also speak with you using a telephone interpreter.

Visit www.icanquit.com.au for online support and resources.

For the sake of your own health, you are encouraged to quit smoking and vaping before surgery.

Alcohol

If you drink alcohol regularly, talk with your medical team. It can affect your recovery from surgery. Heavy alcohol use can cause bleeding during surgery and affect healing afterwards. More than 2 alcoholic drinks each day increases your risk.

If concerned, be prepared for hospital and contact the Get Healthy Information & Coaching Service for free support to reduce your drinking. Call **1300 806 258** or visit www.gethealthynsw.com.au

Illicit drugs

If you use illicit drugs, please tell your medical team. This can affect your anaesthetic during surgery and your recovery afterwards. Drugs can change the way your body responds to pain medicines after surgery. We have specialist teams to help people who use drugs.

We need to know. We want you to tell us.

Getting to Hospital



Hornsby

Getting There

- The Emergency Department is located on Palmerston Rd. Patient drop-off is available at the entrance near Emergency at Gate 1 on Palmerston Rd and the entrance to STAR Building at Gate 9 on Burdett St.
- Public buses (Route 575) from both Hornsby and Turramurra train stations stop on Palmerston Rd near the multi-storey car park.

- Hornsby train station is an 18 minute, 1.3km walk via Burdett St or Waitara train station is an 16 minute, 1.3km walk via Balmoral St.

Parking

- A multi-storey car park and some additional spaces are available via Gate 2 on Palmerston Rd. There are also patient and visitor only parking via Gate 1 (near Emergency) on Palmerston Rd and Gate 5 on Derby Rd. There is a fee to park, rates are displayed at the entry gates.
- A small amount of short-term parking is available at Gate 9 on Burdett St.
- Disabled parking is available at each of Gates 1, 2, 5 and 9.
- There is also free parking on the streets around Hornsby Ku-ring-gai Hospital, but many of these spaces are time limited, check signposts for restrictions.

Important Numbers

02 9477 9123 Hornsby 24 hour switchboard

02 9485 6347 for surgery preparation, medication or illness advice



Ryde

Getting There

- The Emergency and main entrance with a space for patient drop off is via Denistone Road, Eastwood.
- Public bus – 515 from Eastwood Station stops outside our Rehabilitation Unit in Fourth Ave and the hospital main entrance in Denistone Road.
- Eastwood or Denistone train stations (T1 North Shore, Northern and Western line).

- Denistone is a 600m walk to the hospital
- Eastwood is 1200m walk but has a gentler gradient.
- Shop Ryder – free local bus service Wednesday to Saturday 8.30am – 2.00pm. Timetable available on the City of Ryde website.

Parking

- Hospital car park is free. Entrance to the car park is via Denistone Road. Next to the Ambulance Station.
- Disabled parking is available outside the main entrance. Surrounding street parking is timed parking.
- Free untimed parking is available on the streets a little further from Ryde Hospital. Please check the signposts indicating restrictions.

Important Numbers

02 9858 7888 Ryde 24 hour switchboard

02 9878 7177 for surgery preparation, medication or illness advice



Royal North Shore Hospital

Getting There

- The main entrance with a space for patient drop off is via Reserve Road, St Leonards, off the Pacific Hwy.
- Public buses stop on the Pacific Hwy and Reserve Rd just south of the hospital.
- St Leonards train station is an 8 minute, 700m walk.

Parking

- There are two multistorey car parks. P1 is accessed from the Gore Hill Freeway (north) and P2 from the Pacific Hwy (south). Both are located on Reserve Rd. Both car parks can be accessed from Westbourne St, coming off the Pacific Hwy (west).

- There is a fee to park with the price displayed at the entrance. Disabled and concession parking up to 3 hours is free - check at the entry and at the Wilsons Parking ticket office on Level 4 of P2 for more information.
- Very little free parking is available on the streets around Royal North Shore Hospital. Please check the signposts as there are strict time limits.

Important Number

02 9926 7111 RNSH 24 hour switchboard – your call will be redirected appropriately to the patients/relative/carers concern or question for surgery preparation, medication or illness advice.

Elective surgery bookings are made many months in advance

Occasionally delays may occur on the day of your operation due to other peoples' urgent medical conditions. Your booking time for surgery may change throughout the day due to unplanned or emergency surgery. If you have any concerns or questions, please don't hesitate to ask the staff.

Our hospitals have cafés and lounge areas. Your family is encouraged to sit in the café or lounge while they wait for your surgery. They will not be allowed into the operating theatre. The doors are closed to keep our theatres clean and private.

After surgery some patients may be moved to the Transit or Discharge Lounge. Here patients can wait for medicines or paperwork. The hospital will tell your family if you have been moved to the Discharge Lounge.



NSW Health provides a link for public hospital parking and directions www.parking.health.nsw.gov.au

