Day Surgery Unit
What to expect on the day of your operation

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If you require a copy of this leaflet in large print, braille, or another language please discuss this with a member of staff. They will arrange this for you via the relevant Hospital department.
Introduction

We understand that the day you come into hospital for your operation can be a worrying time for you and those who care for you. We will endeavour to relieve those worries.

You should have completed your medical self-assessment form. We will have provided information about parking, fasting, where to go on the day of admission, about the anaesthesia, and the operation. The purpose of this leaflet is to give you more information about what to expect throughout the day of your operation.

In the Day Surgery Unit (DSU) everything is on the ground floor. It is next to the car park and patients can move easily from reception to the ward area, into theatre, then recovery and back to the ward. Most of the surgery performed at Kingston Hospital happens in the DSU.

This leaflet also suggests some things that you might like to think about when preparing to come to the hospital.

Before your Admission

It is good to be prepared before you are admitted to hospital. This includes arranging for someone to collect you from hospital when you are discharged and for any support you may need at home. If you are worried about this, please talk to us well before the day of your operation, preferably at your pre-assessment appointment.

If you have concerns or questions about your procedure then make a list. Some questions can be answered at your pre-assessment appointment, while others can be answered by your surgeon when you arrive for your operation. You may want to think about bringing a
relative or friend with you to your pre-assessment appointment so that they can also receive the information and help you prepare.

At your pre-assessment appointment, you will be told about which of your medications to take on the day of your operation, and which to stop taking.

**Admission Day**

Please don’t bring valuables to hospital with you. Mobile phones can be brought to hospital but this is at your own risk. We have limited storage space beside each bed or trolley so we advise that you only bring the following essential items:

- Blue badge for parking – if applicable
- Change for parking, newspapers, etc.
- Your medication
- Dressing gown
- Reading glasses if required.

It is very important that you follow the instructions below regarding eating and drinking on the day of your operation. If you don’t, this can complicate the anaesthetic process and could mean that your operation has to be cancelled.

If you are on the *morning list*, then **all food (including milk and fizzy drinks) should be stopped from midnight. You can have water but only until 6am on the day of your operation.**

If you are on the *afternoon list*, then **you can have a light early breakfast such as tea and toast before 7am. You can have water but only until 11am.**
The Admission Ward

When you arrive at Day Surgery Reception, you will be taken to your bed space by a nurse. You will have a chair, a bedside cabinet, and a trolley which will stay on for your operation and recovery.

The ward area is divided into sections which are the main ward, day room, and paediatric bays. The main ward is further divided into male and female sections.

The nurse will ask you some questions to ensure everything is in order and complete a pre-operative checklist. He/she will measure your vital signs of pulse, blood pressure, blood oxygen levels, and measure your blood sugar level if you are diabetic. You may be weighed and your height measured if this has not already been done at your pre-assessment visit.

For children, the paediatric nurse will apply local anaesthetic (‘magic’) cream to your child’s hands to reduce the pain of any injections later. This cream takes about 45 minutes to become effective. The paediatric bay and the day room have a selection of toys and other things to occupy them.

You will need to wear a hospital gown and you may be asked to wear anti-embolism stockings depending on your medical history.

Please let the nurse know if you have any clinical problems with your legs, such as circulation problems or leg ulcers.

Please leave jewellery including rings, earrings, other piercings, hairbands, or hairpins at home. Please make sure you are not wearing nail polish.
You will be seen by members of the surgical team who will be performing your operation. They will explain the planned procedure, its benefits and any possible complications. If your operation specifies the left or right side, this will be confirmed and marked on you with a marker pen. If you have any questions or concerns about the operation, this is the time to raise them. If you have not already done so, you will be asked to sign a consent form once you are satisfied with the explanations you have received.

You will also be seen by a doctor from the anaesthetic team who will ask you questions about your general health and any medication you take. They will discuss the type(s) of anaesthesia best suited to your medical condition and the type of operation planned. Anaesthesia is ‘tailored’ to your needs and they will discuss any possible complications of the preferred technique(s). The anaesthetist may prescribe some pre-operative medication in the form of simple pain killers or antacids. If you have any concerns or worries about the anaesthetic technique, this is the time to raise them.

Please be reassured that both the surgeons and anaesthetists will have checked your self-assessment form, clinical notes, and the results of any investigations performed during your pre assessment. We know it can be annoying to have to repeat the same information to different staff, so we try not to duplicate questions when we can refer to your clinical notes.

Once all this is done, please be aware that you may have to wait some time for your operation. The time of your operation will depend on how long each operation on the list takes before yours. Please be patient with us.
Transfer to the Operating Theatre

When the time comes, you may be walked straight into the operating theatre. You may wear your normal shoes if you are walking, or we can supply you with disposable slippers. These should be removed and stored under the trolley when you get onto the trolley in theatre. We can arrange for you to be wheeled on your trolley if walking is a problem for you.

For children having surgery, one parent is allowed to accompany them into the operating theatre (dressed in blue theatre ‘scrubs’ over their normal clothes) and be next to them as the anaesthetic takes effect. If they have a favourite toy, this can stay with them and be with them when they wake up.

The Theatre Environment

On entering the theatre, you may notice powerful lights in the ceiling, an anaesthetic machine and monitoring system, and several people dressed in blue theatre clothes. They are the team who will be looking after you (or your child) during your (their) operation.

Before you actually arrive in theatre, the theatre team will have had a meeting to discuss all the cases on the list and highlight any special requirements for individual patients. The team consists of theatre nurses, surgeons, anaesthetists and operating department practitioners (ODPs). We use a World Health Organisation checklist to ensure that everything runs smoothly on the day.

In theatre, you will be greeted by the anaesthetist(s), the ODP, and possibly the nurses and your surgeon. It is normal to feel nervous at this time. Please try not to worry.
The ODP is there to assist the anaesthetist(s) throughout your operation. Checks will be performed at this stage to confirm your identity, that you have consented to your operation, the site of surgery, and that the pre-operative checklist has been completed.

You may be having a general anaesthetic and / or a nerve block which numbs the nerve near to the area of your surgery. You will be connected to the anaesthetic monitoring system and the anaesthetist will do an injection to insert a cannula (a small plastic tube) into one of your veins. Children will have had the anaesthetic cream applied to their hands to reduce the pain of this injection. Sometimes we use anaesthetic gases to send children to sleep, instead of doing the injection first, with the parent cuddling the child or just close by. In this case we will insert the cannula into a vein once they are asleep. If you are having a general anaesthetic only, the injection for the cannula is the last thing you should remember before waking up.

A drip will be connected and then the anaesthetic procedure(s) will begin as we discussed with you on the ward. If you are having a nerve blocking procedure, either as your only anaesthetic or combined with your general anaesthetic, the anaesthetist may give you some sedative medication to help you to relax.

You (or your child) will be given pain relief and anti-sickness medication while you (they) are asleep as part of the anaesthesia.

Your anaesthetist will be right next to you (or your child), monitoring your anaesthesia while the surgeon does your operation.

If you are having your procedure carried out under local anaesthetic, your surgeon will administer the anaesthetic injection and check its
effectiveness before starting the operation. Usually the local anaesthetic works within a couple of minutes.

The Recovery Ward
This is where you (or your child) are taken after the operation. Recovery is a four bedded area with full patient monitoring at each bay and specially trained nurses. You will have one-to-one nursing care while you are there. Your nurse will ensure that your pain is controlled and give you more pain relief if it is needed. Your nurse will also treat any nausea or vomiting you may experience.

The recovery ward is where you may begin to remember things as you wake up. You may be aware of a handover discussion about your care between the anaesthetist(s) and the recovery nurse. This is done with a systematic structure to ensure that all the relevant information about what happened in theatre is passed on to help with your on-going care. You will have a clear, lightweight oxygen mask for a few minutes to take away the anaesthetic gases and maintain your oxygen levels. Children do not tolerate this mask for very long and can sometimes cry as they come round. We will either call parents through to recovery, or take your child back to you as soon as we are satisfied that it is safe to do so.

If you have not had a general anaesthetic but a nerve blocking procedure instead, recovery is a place where we can keep a close eye on you after the surgery.

Transfer Back to the Ward
Once you are more awake and comfortable, we will return you to the ward you came from on your trolley. The recovery nurse will provide the ward nurse with information on what has happened in theatre and in
recovery. The ward nurse will continue with your care and monitor your vital signs.

You will be offered light refreshments such as water, tea or coffee (squash for children) and biscuits at this time. Pain killers and other medicines are then made ready for your discharge. We will only discharge you once you are fully awake and any pain and nausea is controlled.

Discharge is usually one or two hours after returning to the ward, but may be shorter or longer depending on the type of surgery and anaesthesia.

**Discharge from Hospital**

You will need to fulfil the following criteria before you will be allowed to go home. We will give you plenty of time to do this.

- Passing adequate amounts of urine
- Pain controlled with regular simple analgesia
- No nausea/vomiting
- Tolerating oral diet and fluids
- Have transport home
- Have someone with you until the following day/overnight

**Summary**

Your journey from referral to discharge involves many different people and processes. We work together to make your experience safe and as supported as we can.

**Acknowledgements**

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**Contact Details and Further Information**

If you have any problems after your discharge home, please contact the Day Surgery Unit Advice Line:

Monday to Friday 8:00am – 7:30pm  
Telephone: 0208 541 5370  
Evenings and Weekends  
Mobile No: 07850 913965

Or contact your GP or come to our A&E Department.

If you have any comments you would like to share to help us improve our service, please feel free to drop us an email at theatrefeedback@kingstonhospital.nhs.uk or write to us at:

Kingston Hospital NHS Foundation Trust  
Galsworthy Road  
Kingston upon Thames  
Surrey  
KT2 7QB  
020 8546 7711

You can get further local information from the Patient Advice & Liaison Service (PALS) on 020 8934 3993 or by email at pals@kingstonhospital.nhs.uk