



Coming into hospital

Information for patients

Your pre-operative assessment nurse is: _____

Your expected length of stay in hospital will be _____ days.

Your date of discharge will be _____.

Please stop the following medications as indicated. Continue all other medications as usual.

Medication	When to stop

If you have been asked to have a blood test please ensure this occurs as surgery may not proceed without it. If there is a problem with your medications, or if you do not follow the fasting instructions correctly, it may result in your operation being cancelled or postponed.

Useful numbers

- Pre-operative assessment 0118 322 6546
- Pre-op (ENT only) 0118 322 7146
- Pre-op (Gynae only) 0118 322 5375
- Pre-op (Eyes only) 0118 322 6908 / 7173
- Orthopaedic waiting list 0118 322 7428 / 7379 / 7569 / 8974 / 8432
- General surgery waiting list 0118 322 7774 / 8158
- Urology waiting list 0118 322 7330
- Ear Nose Throat (ENT) waiting list 0118 322 7139
- Gynaecology waiting list 0118 322 7184 / 7185
- Eyes waiting list 0118 322 7173
- Central Cancellation Line 0118 322 8557

IMPORTANT: please read the following carefully:

This folder contains important information about your trip to hospital for surgery.

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Some patients find the idea of an anaesthetic worrying, particularly if it is the first time. To help prepare you, the Trust has made a short film available at the following link www.royalberkshire.nhs.uk/trust-videos.htm - click on 'Your Anaesthetic'

The film will show you what your experience will be like and aims to answer some of your questions. Many patients have found it helpful and we would recommend that you watch it.

Before you come into hospital

Here are some things that you can do to prepare yourself for your operation and reduce the likelihood of difficulties with the anaesthetic.

- **If you smoke**, you should consider giving up for several weeks before the operation. Please discuss this with your assessment nurse. You can be referred to a smoking cessation clinic if you wish. Your smoking status is recorded.
- **If you are very overweight**, many of the risks of having an anaesthetic are increased. Reducing your weight will help. Your GP or practice nurse will be able to give you advice about this.
- **If you have loose or broken teeth, or crowns that are not secure**, you may want to visit your dentist for treatment. The anaesthetist may need to put a tube in your throat to help you breathe, and if your teeth are not secure, they may be damaged.
- **If you have a long-term medical problem** such as diabetes, asthma or bronchitis, thyroid problems, heart problems or high blood pressure (hypertension), you should ask your GP if you need a check-up.

If you are unwell

We only want to operate on people who are as fit as possible as this reduces the chance of post-operative complications.

Please contact preoperative assessment clinic if either of the following apply:

- If you have a cold, flu or diarrhoea. It may be wise to postpone your operation for around two to four weeks.
- You have been in contact with someone who is MRSA positive (after your visit to preoperative assessment).

If your surgery is urgent your condition should be discussed with your anaesthetist and surgeon to decide whether it would be appropriate to go ahead with the operation, as a delay may not be desirable.

If you change your mind

- You do not want to have your operation any more.
- You do not think you need an operation any more.

Please contact the relevant waiting list office giving as much notice as possible. The numbers you need are on the inside cover of this booklet. Alternatively, you can telephone the Central Cancellation number: 0118 322 8557.

What do I need to prepare at home before I have my operation?

You may be away from your home either for a few days or just a short time. However when you first get back home you may well not feel up to doing normal tasks, so it is worth planning ahead. Below are some ideas of things that you might want to consider.

Tell your neighbours and friends that you will be going into hospital.

- Have a list of telephone numbers of family and friends to bring to hospital with you.
- If you are living alone and will be away a few days remember to cancel your papers etc.
- Make sure your pets are cared for whilst you are away.
- Do not leave food that will spoil in your fridge.
- If you have a freezer it may be a good idea to freeze some bread, milk and other food.

Remember:

- Make sure that you have some 'over the counter' painkillers such as Paracetamol and Ibuprofen at home. If you need something stronger after your operation or procedure then it will be provided.
- Make sure that you have enough of your prescription medicines to last you for a time after your surgery, at least 2 weeks. Any remaining medication you bring to hospital will be returned to you when you are discharged.
- Identify someone who can collect and take you home on the morning of your discharge because you will not be able to drive home.

Very important:

- Do not wear make up, nail varnish, false nails or jewellery (other than your wedding ring) when you come in for your operation.

What to bring with you – clothes

Sometimes, wards may not be as warm as you are used to at home. Staying warm is important because not only will you feel more comfortable but it can also lower the risk of post-operative complications. This should be taken into account when packing to come in to hospital. Below is a list of items you might want to consider bringing in. Obviously, the colder the weather is outside the warmer the clothing you will need to bring into hospital. If you feel cold at any time please tell the nursing staff who will arrange for an extra blanket.

What else to bring with you

As storage space is very limited, please only bring the bare essentials and bring a small bag. In addition to the clothes mentioned earlier, here is a list of items that you need to consider bringing, depending on how long you are likely to stay in.

- **All medicines**, including inhalers, creams, eye drops etc. you are taking in their original packaging - not in a dosett or nomad box. Your nurse will instruct you on which of your medicines you can continue to take whilst in hospital.
- A warm dressing gown (or thin dressing gown and fleece)
- Vest, socks and slippers
- Comfortable warm daywear clothes, underwear*
- Nightwear*
- Lightweight, comfortable shoes that are easy to put on or take off
- Spectacles and hearing aid, if relevant*
- Walking aids - frames, sticks, crutches
- Shaving and wash kit, towel*
- Denture box and cleaner, if relevant
- Sanitary towels or tampons if necessary
- Tissues/freshening wipes
- Books, magazines, pens and paper
- Money for newspapers, telephones and Hospedia television*
- Bottle of squash*

*Day case patients do not need to pack these items

You will have a small bedside cabinet for your personal items with a lockable cupboard for your medicines (your nurse will hold the key for this).

We strongly advise that you do not bring in jewellery or large sums of money. If this can't be helped, please hand such items to the ward staff. Your valuables will be locked in a safe and you will be given a receipt for them.

If you wear dentures, spectacles and/or hearing aids, please keep them safe while you are in hospital. The Trust is not liable and does not take responsibility for loss or damage to your personal property.

Next of kin – why it is important to nominate someone

We will ask all competent adult patients to nominate their next of kin formally on admission to hospital. This is not simply a contact number but has potential significance as the nominated

person must be willing to best reflect what they believe would have been your wishes in the event of your incapacity or death. It is to this person that we would turn to for advice/guidance/help about your care if you were unable to respond yourself. For example, this might be because you are unconscious or unable to communicate due to illness or injury. In the event of your death, it is your next of kin who would be consulted about bereavement issues such as making funeral arrangements or arranging a hospital post-mortem.

Interpreting and signing

As part of our commitment to ensure equal access for all patients, we can provide a qualified interpreter in many languages. Please ask the pre operative nurses to arrange for a registered sign language or lipspeaking interpreter to communicate on your behalf on the day of your admission if necessary. Many of the new wards and reception areas at the Royal Berkshire Hospital have induction loops to assist people wearing hearing aids. Look for this sign to indicate that a ward or department has an induction loop.



Religious and cultural needs

Here at the Trust we try to have a sympathetic understanding of the needs of each individual patient. This means respecting different religious and cultural beliefs and customs. Please let the preoperative nurse or ward staff know if you have a particular religious, cultural or dietary requirement that you feel it is important to maintain during your stay in hospital.

Moving to another ward

During your time in hospital you may stay in different wards. The ward staff will tell you and your family or carers if we plan to transfer you to another ward.

Smoking

In the interests of all patients, visitors and staff, smoking is not allowed anywhere in the hospital or the hospital grounds. For help and advice on giving up, contact Smokefreelife Berkshire on 0800 622 6360 or visit www.smokefreelifeberkshire.com

Car parking

Public parking is Pay on foot (take a ticket on entry and pay at a paypoint machine in the car park before leaving). Current car park charges can be found on the Trust website at www.royalberkshire.nhs.uk/patients-and-visitors/. Parking for cars displaying a disabled blue badge is free of charge. Please note that the roads are regularly patrolled and parking tickets issued if staying over the allotted time.

Multi-storey car park: Levels 0, 1, 2 and 3 are for the public. Level 2 has disabled spaces and leads straight to the reception in main entrance on Craven Road. It is the best access to the hospital. There are also disabled parking spaces on Level 0.

North block car park: Long and short stay parking is available next to North block entrance. There are a limited number of disabled spaces. Access to the Berkshire Cancer Centre is good, but difficult to other areas for those with impaired mobility. We recommend that disabled patients visiting other departments use the multi-storey car park.

South block car park: This is a staff car park. However, there are short stay, disabled and drop-off points next to South block entrance, which is where Outpatients 1 and 2 are located.

West Drive/Battle block: There are three disabled spaces and a drop-off point near Audiology, off Redlands Road.

There are automatic doors leading from the car park to the main hospital on Levels 0, 1 and 2. We recommend disabled drivers and their carers use the main multi-storey car park situated off Craven Road. Level 2 has 20 disabled spaces and leads straight to the reception area, providing the best access to all wards and departments. Level 3 has no disabled spaces but you may use your blue badge. Wheelchairs may be found near reception and there are also two electric buggies driven by volunteers available to transport patients around the hospital between 8.30am and 4.30pm Monday to Friday. If you require assistance between the car park and the hospital, please speak to a receptionist.

Car park pay points

Pay stations (to validate your ticket and allow you to exit the car park) are located on levels 0 and 2. Currently, cash only is accepted in the pay machines, which do give change. Income generated from car parking charges is used for the benefit of patient care.

Ethnicity and diversity monitoring

At some stage during your stay, you may be asked some questions about your ethnic background and other personal information for monitoring purposes. Your answers will help us to develop our services to meet the needs of the whole community.

The Trust website

The Trust website www.royalberkshire.nhs.uk provides online access to information for patients and their visitors and carers, including ward details, leaflets and where to get help.

The information in this leaflet can also be made available in other languages and formats upon request. Please contact the Patient Relations Team on 0118 322 8338, or email talktous@royalberkshire.nhs.uk

When can I last eat and drink before my operation?

You will be asked to fast (not eat or drink) for a few hours before your operation. This is important to reduce some of the complications that can sometimes occur in patients that have not fasted. It is important however that you eat and drink up to the times given by the hospital and not fast for longer than necessary.

The day before your operation

- Keep any alcohol to a minimum
- Avoid fatty and heavy foods.

You will be given a time of admission to arrive at the hospital. Please check in the table below what time you can eat and drink until you are admitted.

Night before surgery admission

- If you are coming in the night before your operation you may eat normally until you come to hospital. The ward staff will tell you when your fasting period will begin.

07.00 or 7.30am admission time

- You can eat until 2.30am. Feel free to have supper prior to going to bed to reduce the time you are fasted.
- You can have clear fluids* until 6.30am on your morning of admission.
- We recommend you **do** have a drink of water at 6.30 am.

11.00 or 12.30pm admission time

- You can eat until 7.30am (this means you may have a light breakfast** on the day of your admission)
- You may drink clear fluids* until 11.30am on the day of your admission.
- We recommend you **do** have a drink of water at 11.30am.

NB: Do not suck sweets or chew gum on the day of your operation.

* Clear fluids include: Water, black tea and black coffee, well-diluted squash (but not fruit juice) - you should be able to read newsprint through it. There is no restriction on the amount of clear fluid as long as you stop at the times given above.

** Light breakfast such as a bowl of cereal or 1- 2 pieces of toast.

Preparing for an operation

Long waiting times for surgery are a thing of the past and we aim to operate on all patients within 18 weeks of referral from your GP. In order to make this happen we need your co-operation.

Once the process is started we need to avoid any circumstances which may result in a delay or cancellation of your operation. If you need routine surgery please ensure that you take into consideration any annual leave, work or family commitments you may have which may mean you cannot attend for your operation within the 18 weeks following referral. Please inform the waiting list office of any commitments you have.

If for any reason you are found to have a medical problem that needs treating prior to surgery it may not be possible for you to have your operation within 18 weeks. Please consider the following:

How can I get fit for my operation?

Having an operation is like entering an athletic event and requires you to be as fit as possible for your surgery; the type of operation determines the endurance required. This leaflet is designed to give you some advice in how to prepare for your operation. Your GP will be able to help you.

Smoking

We all know now that smoking affects our long term health, but it also increases the risk of developing complications around the time of an operation. These include breathing problems and chest infections, heart and circulation problems and poor wound healing.

- Stopping smoking more than 8 weeks before an operation reduces the risk of developing breathing problems to a minimum, almost as low as non smokers, and improves wound healing.
- However, stopping smoking less than 8 weeks prior to surgery will not reduce, and probably increases the risk of chest infection after surgery. Cutting down on the amount you smoke will help.
- If you are unable to stop at least 8 weeks before, then stopping smoking up to 3 days before surgery reduces the amount of carbon monoxide in the blood allowing more oxygen to be transported in the blood stream.

If you would like to stop smoking then there is a drop in clinic by outpatients 2, on level 2 of the hospital, a Smokefreelife Berkshire stand near the main reception desk in the Royal Berkshire Hospital or visit www.smokefreelifeberkshire.com

Losing weight

In the long term obesity increases the chance of developing high blood pressure, heart disease and diabetes. Being significantly overweight or morbidly obese (almost twice your healthy body weight) also increases the chance of having post-operative complications particularly when associated with diseases caused by obesity. Increased size makes both the anaesthetic and surgery technically more difficult with a higher chance of having heart or breathing problems during or after the operation. There is also a greater chance of bleeding, longer hospital stay, wound infection and DVT (blood clot in the leg which may move to the lung which can be life threatening).

If your surgery is not urgent it is very important to try to lose weight before your operation to reduce the risks to your health of complications around the time of your operation.

If your Body Mass Index (a height weight ratio) is greater than 35 your surgery will be done at the Royal Berkshire Hospital NOT West Berkshire Community Hospital.

If you would like help losing weight you could contact www.weightwatchers.co.uk or go to your GP.

Diet

Taking a balanced diet (and sometimes medication called a statin which may be prescribed by your GP) can aid lowering of bad cholesterol.

General dietary tips include:

- 5 daily portions of fruit and vegetables.
- Daily fibre (cereal, brown bread/pasts/rice, pulses and beans).
- Cut out fried foods, pastries, pies, sweets, biscuits, cakes, fizzy drinks.
- Grill, boil or steam food rather than fry.
- Reduce intake dairy produce, particularly cheese and eggs.
- Increase fish intake.
- Increase your daily intake of water, ideally 2 litres (unless against medical advice).
- Avoid excessive alcohol intake. It is recommended that men drink up to 21 units, women up to 14 units per week. 1 unit = half a glass beer/larger, small glass of wine or 1 measure of spirit.

Fitness

Less than 1 in 3 adults exercise regularly and yet we all understand that it is important for our health. Although you may find it difficult to exercise due to the problem which requires surgery, do try to find ways of introducing some form of exercise into your daily routine. Ideally adults should carry out exercise that raises the heart rate and makes you breathe harder for around 30 minutes five times a week. Examples of exercise are a brisk walk, swimming or cycling. If you are not used to exercise, try breaking this down into three 10

minute sessions. You could also consider getting a pedometer and increasing the number of steps you do in a day.

Cutting down on alcohol

We do not expect you to stop drinking altogether but if you tend to drink heavily, i.e. more than the recommended 3 units per day for men and more than 2 units per day for women, you are more at risk of having problems under anaesthetic or in the first few days after your operation. Such problems might be alcohol withdrawal, infection, heart problems or bleeding. If you drink the night before surgery you are more at risk of dehydration, anaesthetic complications and slower recovery from surgery.

Recreational drugs

We are often unaware that patients have used recreational drugs prior to surgery; however, they interact with anaesthetics causing various complications during and after surgery and affecting recovery. In order to avoid these complications please ensure that no drugs are taken within the week prior to surgery, as some drugs take this long to be completely cleared from the body. Please inform your nurse or doctor if you do take or have taken recreational drugs.

If you would like help with alcohol or drugs, then try the following:

www.alcoholics-anonymous.org.uk or call 0845 769 7555

www.ukna.org or call 0845 373 3366

Long term diseases

If you have a condition such as high blood pressure, heart disease, diabetes, asthma, chronic bronchitis or emphysema please see your GP or specialist nurse to ensure that your condition is under control, or to arrange further investigations to improve your symptoms. Good control of all these conditions will reduce the risk of having to postpone your operation, or developing problems afterwards.

Please ask

In order to be properly prepared for your operation it is important that you fully understand what will happen to you and any possible risks and side effects of the procedure you are undergoing. You will be asked to sign a consent form saying you understand the operation and giving the clinical staff permission to carry out the treatment so if you have any questions or concerns it is important that you talk through them first. Please ask the doctor, nurse or therapist about your treatment, aftercare or any other issues that concern you – they will be happy to discuss these with you.

Other useful information:

www.youranaesthetic.info

www.patient.co.uk

www.nhs.uk/Livewell

www.drinkcheck.nhs.uk

cancelling your surgery

Each cancellation on the day of surgery costs the Trust around £2000.

There may be a variety of reasons that you do not turn up for surgery on the day, for example:

- You do not want the surgery any more at all.
- You do not want the surgery on the date you have been offered.
- You are feeling unwell with a severe cold / other illness and your operation is a few days away.

And it's not just about the money; there are others waiting for surgery and if you give us plenty of notice we can offer your cancelled slot to someone else.

We want to make it as easy as possible for people to cancel their operation so we have set up a central cancellation number to call. If any of the above apply to you or there is another reason for postponing surgery on the date you have been given, please call: 0118 322 8557.

Help us run theatres more efficiently by letting us know in advance if you do not want your surgery!



Consenting to treatment at the Royal Berkshire NHS Foundation Trust

Before a health professional – e.g. doctor, nurse or therapist – examines or treats you, they need your consent or permission.

What is consent?

You can give your permission in different ways – by doing something to show you agree with treatment, e.g. offering your arm for an injection; by verbally agreeing to something; or by signing a form. A written record of your decision (a signed form) is usually needed if your treatment involves sedation, general anaesthesia or surgery (where there is a fine balance between the benefits and risks or where there are likely to be serious consequences). If you later change your mind, before the procedure, you are entitled to withdraw your consent, even after signing.

Can everyone give consent?

Some people, e.g. younger children or people who are mentally incapacitated, cannot give consent because they do not fully understand what they are agreeing to. Someone else will then have to give consent on their behalf, e.g. parents for children under 18.

For adults (those over 18), under the Mental Health Capacity Act 2005, if a serious medical treatment is being considered and you cannot understand the care being offered, you will be unable to give consent. The doctor proposing treatment will need to act in your best interest and will consult with those involved in your welfare. If there is no one else with an interest in your welfare to consult, the health professional will need to contact an Independent Mental Capacity Act Advocate (IMCA). The IMCA will then participate in the decision-making process to support you. If the treatment is urgent or in response to an emergency, the law says that a doctor can treat you without referral to an IMCA, if it will help you. You can find out more about consent and IMCAs by visiting the Department of Health website www.dh.gov.uk/consent and www.dh.gov.uk/MentalCapacityAct.

The Mental Capacity Act 2005 also allows you to appoint a Lasting Power of Attorney (LPA) to make decisions about your healthcare should you become incapacitated and unable to consent to care for yourself. This has to be awarded when you are competent, and needs to be registered with the Court of Protection. Further information is available from the Office of the Public Guardian www.publicguardian.gov.uk. This is different from a Power of Attorney, which does not give the power to be involved in decisions about your medical care.

What about emergency treatment?

In an emergency, you may not be able to agree to treatment. The healthcare staff will still treat you without consent but they can only do this if it will save your life or stop you suffering serious harm and there is no known LPA in place.

What should I know before giving my consent / permission?

Health professionals must ensure you have enough information about your condition and treatment to enable you to decide which the best option for you is. They will usually have given you a written patient information leaflet at a previous appointment and, before they carry out any examination or treatment, will also write information on the consent form which you then sign. They will offer you a copy to keep. In your appointment they should also have discussed the various treatment options available for your condition with you.

Although they may well recommend a particular option, you are free to choose another if you feel that is right for you or you may choose not to have any treatment at all – that is up to you. People's attitudes vary on things like the amount of pain they are prepared to accept. That goes for the amount of information too. If you would rather not know about certain aspects, discuss your worries with whoever is treating you.

What sort of information do I need before deciding?

In order to make a decision about accepting treatment options you will need to know more about them – what will the treatment involve? What are the benefits? What are the risks? What are the alternatives? What will happen if I don't have any treatment?

We will give you a list of suggested questions you may want to ask your health professional later in this leaflet but please ask anything you want. The person you ask should do his or her best to answer, but if they do not know they should find someone else who is able to discuss your concerns. It might be a good idea to bring a friend or relative along with you to support you and prompt questions, as there will be a lot to remember and you may feel very anxious.

Who will treat me?

Amongst the health professionals treating you may be a 'doctor in training'- medically qualified, but now doing more specialist training. They range from recently qualified doctors, to doctors almost ready to be consultants. They will only carry out procedures for which they have been appropriately trained. Someone senior will supervise – either in person accompanying a less experienced doctor in training, or available to advise someone more experienced.

What about anaesthesia?

There is information about both general and regional anaesthesia in this pack entitled 'You and your anaesthetic'. You will also have an opportunity to talk with the anaesthetist when he or she assesses your general health shortly before your treatment, if an anaesthetic is required. Some patients will be invited to have an anaesthetic appointment before their admission to hospital, to talk about the risks and benefits of the anaesthetic. This is usually for people with several medical problems or who are having major surgery. You will already have discussed your medical history, medications and allergies with the pre-operative assessment nurse.

Will samples be taken during the procedure?

Some kinds of operation involve removing a part of the body (such as a gall bladder or a tooth). You would always be told about this in advance. Other operations may mean taking samples as part of your care. These samples may be blood or small sections of tissue, for example of an unexplained lump. Such samples may be further checked by health professionals to ensure the best possible standards. Again, you should be told in advance if samples are likely to be taken. Sometimes, samples taken during operations may also be used for teaching, research or public health monitoring in the future interests of all NHS patients.

Photographs and videos

As part of your treatment, some kind of photographic record may be made – for example, X-rays, clinical photographs or sometimes a video. You will always be told if this is going to happen. The photograph or recording will be kept with your notes and will be held in confidence as part of your medical record. This means that it will normally be seen only by those involved in providing your care or those who need to check the quality of care you have received.

The use of photographs and recordings is also extremely important for other NHS work, such as teaching or medical research. However, we will not use yours in a way that might allow you to be identified or recognised, without your express permission.

Giving your consent – a summary

It is your decision! It is up to you to choose whether or not to consent to the treatment that is being proposed. Ask as many questions as you like, and remember to tell the team about anything that concerns you or about any medication, allergies or past history, which might affect your general health.

Some suggested questions to ask:

- What are the main treatment options?
- What are the benefits of each of the options?

- What are the risks, if any, of each of the options?
- What is the success rate for the different options – nationally, for this unit, or for the specific surgeon?
- Why do you think an operation, if suggested, is necessary?
- What are the risks if I decide to do nothing?
- How can I expect to feel after the procedure?
- When am I likely to get back to work?

Questions may also be about how the treatment might affect your future state of health or style of life e.g.

- Will I need long term care?
- Will my mobility be affected?
- Will I still be able to drive?
- Will it affect the kind of work I do?
- Will it affect my personal / sexual relationships?
- Will I be able to take part in my favourite sport / exercises?
- Will I be able to follow my usual diet?

Healthcare professionals should welcome your views and discuss any issues so that they can work in partnership with you for the best outcome.

Please make a note of any questions or concerns you have or any important points that you may want to find out more about later.

With acknowledgement to Heatherwood and Wexham Park Hospitals NHS Trust leaflet 'Information for patients consenting to treatment'.

You and your anaesthetic: information to help patients prepare for an anaesthetic

This leaflet has been made using information from the Royal College of Anaesthetists information

What is anaesthesia?

Anaesthesia stops you feeling pain and other sensations.

It can be given in various ways and does not always make you unconscious.

- Local anaesthesia involves injections which numb a small part of your body. You stay conscious but free from pain.
- Regional anaesthesia (RA) is the term used to describe numbing only a part of the body, usually an arm or lower half of the body. This is done by injecting a local anaesthetic near the appropriate group of nerves. This may be either a nerve block or an epidural / spinal. A nerve block can be done in different places for example, base of neck or shoulder to numb the arm, or groin or back of the leg to numb the leg. An epidural or spinal is an injection in the back to numb your stomach or legs. You may feel pushing or pulling during your operation but it should not be painful. Sometimes regional anaesthesia is performed in addition to a general anaesthetic in order to provide pain relief after your operation.
- General anaesthesia (GA) is when a patient is given drugs to make them unconscious for surgery. It is the most common form of anaesthetic.
- Sedation is the use of small amounts of anaesthetic or similar drugs to produce a sleepy-like state. It makes you physically and mentally relaxed. However you may still have some awareness and recall of events. Sedation is not the same as a general anaesthetic.

Anaesthetists

Anaesthetists are doctors with specialist training who:

- discuss types of anaesthesia with you and find out what you would like, helping you to make choices;
- discuss the risks of anaesthesia with you;
- agree a plan with you for your anaesthetic and pain control;
- are responsible for giving your anaesthetic and for your wellbeing and safety throughout your surgery;

- manage any blood transfusions you may need;
- plan your care, if needed, in the Intensive Care Unit;
- make your experience as calm and pain free as possible.

Your anaesthetist will meet you before your operation and will:

- ask you about your health;
- discuss with you which types of anaesthetic can be used;
- discuss with you the benefits, risks and your preferences;
- decide with you which anaesthetic would be best for you;
- decide for you, if you would prefer that.

Nothing will happen to you until you understand and agree with what has been planned for you. You have the right to refuse if you do not want the treatment suggested or if you want more information or more time to decide.

The choice of anaesthetic depends on:

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

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

- be fully alert;
- be relaxed and sleepy (sedation);
- have a general anaesthetic as well.

When you are called for your operation

- A member of staff will go with you to the theatre.
- You can wear your glasses, hearing aids and dentures until you are in the anaesthetic room. If you are having a local or regional anaesthetic, you may keep them on.

- Jewellery and decorative piercing should ideally be removed, especially tongue piercings. If you cannot remove your jewellery, it can be covered with tape to prevent damage to it or to your skin.
- Jewellery may need to be removed if it will interfere with the site of surgery.
- Theatre staff will check your identification bracelet, your name and date of birth, and will ask you about other details in your medical records as a final check that you are having the right operation.

The operating department ('theatres')

Your anaesthetic will start in the anaesthetic room.

The anaesthetist will attach machines which measure your heart rate, blood pressure and oxygen levels.

For many anaesthetics, including some types of local anaesthetic, a needle is used to put a cannula (thin plastic tube) into a vein in the back of your hand or arm.

Local and regional anaesthetics (LA)

Your anaesthetist will ask you to keep quite still while the injections are given.

- You may notice a warm tingling feeling as the anaesthetic begins to take effect.
- Your operation will only go ahead when you and your anaesthetist are sure that the area is numb.
- If you are not having sedation you will remain alert and aware of your surroundings. A screen shields the operating site, so you will not see the operation unless you want to.
- Your anaesthetist is always near to you and you can speak to him or her whenever you want to.

General anaesthetics (GA)

There are two ways of starting a general anaesthetic:

- anaesthetic drugs may be injected into a vein through the cannula (this is generally used for adults);
- you can breathe anaesthetic gases and oxygen through a mask.

Once you are unconscious, an anaesthetist stays with you at all times and continues to give you drugs to keep you anaesthetised.

As soon as the operation is finished, the drugs will be stopped or reversed so that you regain consciousness.

After the operation, you will be taken to the recovery room.
Recovery staff will be with you at all times.
When they are satisfied that you have recovered safely from your
anaesthetic you will be taken back to the ward.

Pain relief afterwards

Good pain relief is important and some people need more pain relief than others. It is much easier to relieve pain if it is dealt with before it gets bad. Pain relief can be increased, given more often, or given in different combinations.

Occasionally, pain is a warning sign that all is not well, so you should ask for help when you feel pain.

There is more detailed information available in the section 'pain relief following surgery'.

What will I feel like afterwards?

How you feel will depend on the type of anaesthetic and operation you have had, how much pain relieving medicine you need and your general health.

Side effects and complications

In modern anaesthesia, serious problems are uncommon.

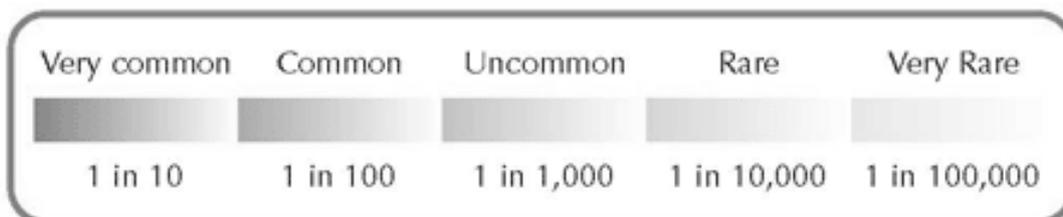
Risk cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years. Points you need to consider are:

- how likely it is to happen?
- how serious it could be?
- how it can be treated?

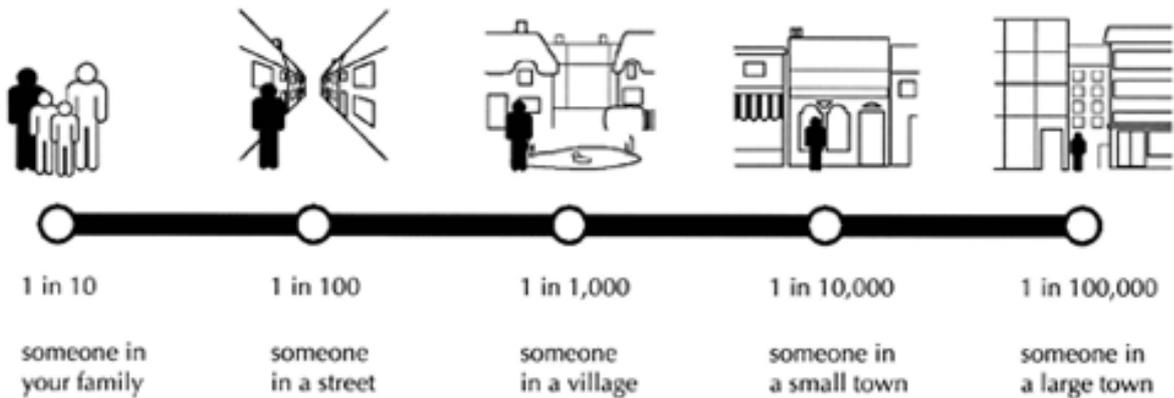
The risk to you as an individual will depend on:

- whether you have any other illness
- personal factors, such as smoking or being overweight
- surgery which is complicated, long or done in an emergency.

We have linked numbers to words like this:



The following diagram may help you decide how you feel about a risk:



Side effects and complications

RA = This may occur with a regional anaesthetic.

GA = This may occur with a general anaesthetic.

Very common and common side effects

- RA GA Feeling sick and vomiting after surgery
- GA Sore throat
- RA GA Dizziness, blurred vision
- RA GA Headache
- RA GA Bladder problems
- GA Damage to lips or tongue (usually minor)
- RA GA Itching
- RA GA Aches, pains and backache
- RA GA Pain during injection of drugs
- RA GA Bruising and soreness
- GA Confusion or memory loss

Uncommon side effects and complications

- GA Chest infection
- GA Muscle pains
- RA GA Slow breathing (depressed respiration)
- GA Damage to teeth
- RA GA An existing medical condition getting worse
- GA Awareness (becoming conscious during your operation)

Rare or very rare complications

- GA Damage to the eyes and blindness
- RA GA Heart attack or stroke
- RA GA Serious allergy to drugs
- RA GA Nerve damage
- RA GA Death
- RA GA Equipment failure

Deaths caused by anaesthesia are very rare. There are probably about five deaths for every million anaesthetics in the UK.

Please read this information leaflet and if you would like more information before you come into hospital try to look at the website www.youranaesthetic.info which has more detail than on this information sheet. You will be seen by the anaesthetist before your operation when you will be given the chance to ask any questions. Together you and the anaesthetist will decide the best anaesthetic for you for your operation.

The information in this leaflet can also be made available in other languages and formats upon request. Please contact the Patient Relations Team on 0118 322 8338, or email talktous@royalberkshire.nhs.uk

Pain relief following surgery – your questions answered

Will I have pain after my operation?

Although surgical and pain relieving techniques have improved enormously some patients do report feeling pain. It is the role of nursing and medical staff to help reduce any pain you experience to a level that you find acceptable.

How will my pain be controlled?

There are a number of ways to control pain caused by surgery, for example, pain killing drugs given as:

- Tablet or liquids, or injections
- Epidural analgesia (please ask for an epidural leaflet)
- Patient controlled analgesia (PCA)
- Nerve blocks

Nursing staff will also help to relieve pain and discomfort by providing you with pillows and helping you change position, etc.

Your nurse may show you a pain chart with a numbered scale to help assess your pain and the methods used to relieve it. If you are able, you will be asked to score your pain using this chart.

What method would be best for me?

The method selected will depend on several things, e.g. the type of operation you have had, past pain history and whether you can swallow tablets. The doctor and nurse will discuss choices with you and help decide on the best method and timing of these.

How often can I have painkillers?

You will be given painkillers regularly every three to four hours and you can ask for more painkillers. If you have pain or discomfort at any time, tell the nursing staff so that they can give you a painkiller. It may be necessary to change the drug used, or the way it is given, to make sure that it is effective.

What side effects should I expect?

Some patients experience side effects such as drowsiness, sickness or constipation when taking painkillers. Let the nursing staff know if you experience these or any other side effects so that they can be relieved.

If I have painkillers that mask the pain, how will I know if I am injuring myself?

It is very unlikely that you will injure yourself. Moving around helps the healing process and is therefore unlikely to cause any damage. Painkillers are given so that you can move around more freely.

Will I become addicted to the drugs?

This is extremely unlikely with short term use. In fact, studies have shown that when pain killers are used to relieve pain following surgery, the risk of addiction is one patient in 10,000.

What can I do to relieve my pain?

It is important that you tell the nursing and medical staff when you have pain so that they can respond straight away. It is also important to tell them whether the pain relief has worked.

PCA (Patient controlled analgesia)

This is given for moderate to severe pain. A syringe is attached to a cannula (a small tube in your skin or vein). The syringe pump is programmed to make sure you get the right amount of pain relief but you cannot give yourself more than is safe. When you need pain relief, press the PCA button and the pump will automatically give you a dose of medicine. This method allows you to take pain relief as you need it. PCA medicine is only to be controlled by the patient. No one else, including a family member, should press the PCA button.

Nerve blocks

A nerve block is an injection that numbs a part of the body for example an arm or leg. It is used for pain relief both during and after an operation and lasts up to 18 hours. Sometimes a small plastic tube (catheter) is placed at the same time to give longer lasting pain relief. Sometimes the nerve block is used as the main anaesthetic in which case you would be given medicine as well to make you relaxed and sleepy.

The advantages of a nerve block are that it usually gives good pain relief, it reduces the amount of other strong pain medicines and so there are fewer side effects from these medicines. The possible side effects of the injection include the part of your body that is blocked feeling numb, heavy and difficult to move. The chance of any nerve damage is very low.

For further information try the following website address:

www.britishpainsociety.org

Venous Thromboembolism (VTE)

Introduction

What is VTE?

Blood circulation is essential for life and usually flows without interruption. If the blood vessels (veins) are damaged, the blood can begin to clot. Sometimes, blood clots form where they shouldn't and they end up slowing up the blood flow or stopping it altogether. Clots are most likely to happen if blood flow is slow, if there is an injury to the veins or if something affects the clotting ability of the blood.

VTE (venous thromboembolism) is the name given to blood clots that form in the deep veins, usually in the legs or groin. These clots are also referred to as deep vein thrombosis or DVT.

Why does it matter?

If a part of the clot breaks off, it can travel through the blood and lodge in the arteries (main blood vessels) of the lung. This is known as a pulmonary embolism or PE and can be very serious. VTE is a major cause of illness or death in patients who spend time in hospital. It is 5 times more common in causing death than a hospital acquired infection. It is also easily preventable. This leaflet explains who is at higher risk of VTE and what can be done to prevent it.

Who is at risk?

You are more at risk of developing VTE in hospital if one or more of the following applies to you:

- You are undergoing major surgery.
- You are aged over 60.
- You have long periods of not moving or reduced mobility.
- You are on certain medications such as HRT, oral contraception (the Pill), tamoxifen, raloxifene, chemotherapy.
- You are pregnant or have given birth within the last 6 weeks.
- You have cancer or are receiving cancer treatment.
- You are overweight (obese).
- You have had a previous VTE or there is a family history of VTE.
- You are dehydrated.
- You have an inherited or acquired blood clotting problem.
- You have a serious medical illness or a disease of the blood.
- You have more than one medical condition, such as heart disease, diabetes or respiratory illness.
- You have travelled long-haul (for journeys where you sit for longer than 4 hours) within 48 hours before and 4 weeks after hospital admission (or 10 days after abdominal

surgery). If you are flying before or after your planned surgery, it is best to check with your surgeon and your travel company before confirming any arrangements.

How can it be prevented?

In your pre-operative assessment and on admission, your individual risk of developing a VTE is assessed and you will be given appropriate preventative measures, according to the level or risk of forming a clot or bleeding. You may get one or more different treatments.

These include:

- Medication
- Anti embolism stockings
- Compression devices
- Mobilising and exercises
- Drink plenty of fluids

Medications: Anticoagulants (drugs that prevent clotting) may be used, either in tablet or injection (heparin) form. Some patients may need to continue with the medication after they leave hospital and your nurse will explain how to do this if this is necessary.

Anti embolism stockings: You may be fitted with stockings to reduce damage to leg veins and encourage the return of blood to the heart while you are immobile. You may need to wear these for a time after surgery – your nurse will advise you on this.

Compression device: These are inflatable sleeves fitted around your foot or calf that inflate and deflate at regular intervals to encourage circulation

Please ask your doctor or nurse about what VTE preventative treatments you will be/are receiving.

Ways in which you can help prevent VTE:

- Eat a balanced diet
- If you are overweight, try and lose some before you come into hospital, if it is a planned admission.
- Drink plenty of fluid: Dehydration is a risk factor for VTE.
- Mobilising and exercises: Movement is important and aids recovery after surgery. Mobilising as soon as you feel well enough or doing foot exercises at least 10 times an hour while you are inactive helps pump blood around the body.

How do I know if I have DVT / PE?

Many people with VTE have no symptoms at all. The commonest symptoms include:

- Pain, tenderness and swelling of the calf
- Mild fever, with heat in the area of thrombosis

- Redness
- Shortness of breath
- Chest pain when you breathe

Is there a treatment for VTE?

Occasionally, a DVT needs no treatment. If treatment is needed, then blood thinning medicines are given, usually for 3 to 6 months.

More information

Speak to your nurse or doctor if you have any concerns or questions.

If you are worried that you have VTE and are suffering any of the symptoms listed in this leaflet, you should seek medical advice from your GP or the nearest Emergency department.

www.nice.org.uk/guidance/cg92

www.nhs.uk/Conditions/Thrombosis/Pages/Introduction.aspx

MRSA

What is MRSA?

MRSA stands for Meticillin resistant *Staphylococcus aureus*. This means that Meticillin (a type of antibiotic) does not kill these bacteria (germs), making infections with MRSA harder to treat. However, the majority of patients who develop MRSA are successfully treated successfully with other antibiotics.

Most people with MRSA carry it without it causing any harm to themselves or their family.

Who is at risk?

Those who are already ill, or have a condition that increases their risk of infection; those who have had a surgical operation; the elderly; or those who have had medical devices inserted in to their body, e.g. urinary catheters or central lines. These procedures can allow the bacteria to get from the skin into the body.

How is it caught?

The bacterium is usually passed from person to person by hand to hand contact. More rarely, it can also travel through the air if the person has MRSA is their sputum (phlegm) or on skin scales (dry flakes of skin)

How do I know that I have MRSA?

Swabs from you nose, throat, axilla (armpit), groin and or open wounds may be taken. It may also be necessary to take specimens of blood, urine or sputum. These will be processed in the laboratory.

Can it be treated?

Many people have MRSA living harmlessly on their skin without causing any problems. This is known as 'colonisation'. In order to minimise the risk of infection, some people are given nasal cream and a body and hair-wash solution to reduce the number of bacteria on their skin prior to certain procedures e.g. surgery.

Infection occurs when MRSA gets from your skin to somewhere else in your body where it can cause a problem. If this occurs the doctor will prescribe appropriate antibiotics.

Why are patients nursed in isolation?

This helps to prevent the spread of the bacteria to other patients at risk of infection.

Doctors, nurses and clinical staff will wear gloves and aprons when caring for you. If you have MRSA it is unlikely that you will be prevented from having treatments and tests, such as X-rays and physiotherapy, or operations if necessary.

How can the spread of MRSA be reduced?

It is important that thorough hand decontamination is carried out by all staff and visitors.

Can visitors catch MRSA?

Healthy people are at very little risk from MRSA. All visitors should clean their hands with alcohol rub when they enter or leave the ward. If your friend or relative has MRSA, you do not need to put on gloves or aprons. Never touch a wound or medical device, such as a drip or catheter.

Going home from hospital

If you are otherwise well enough, your going home date will not be delayed. As healthy people are at very little risk from MRSA you can carry out your usual social activities and there are no special precautions that you should take. Hand washing and keeping the house clean in the usual way is all that you need. Clothing and bed linen should be washed as usual following washing instructions.

Coming back to hospital

If you come back in to hospital, it is important to tell the nurses and doctors that you have had MRSA. We may then isolate you and screen you for MRSA (by taking swabs).

How do I find out more?

More information is available from your doctor or nurse. Other people that can answer your questions include the Consultant in Communicable Disease Control (CCDC) at the local Health Authority and members of the Infection Control Team at the hospital.

NHS South Central Strategic Health Authority

Tel: 01635 275500

Infection Control Team

0118 322 6914

Patient Advice & Liaison Service/Patient Relations

0118 322 8338

Single sex accommodation

The Royal Berkshire NHS Foundation Trust is committed to ensuring that all patients are treated with dignity and respect and that their privacy is maintained at all times.

We believe that providing single sex accommodation is an effective way of helping to achieve this goal.

Single sex accommodation may be provided in two ways:

1. Single sex wards (i.e. the whole ward is occupied by either men or women but not both)
2. Single sex bays or rooms within mixed wards (i.e. bays or rooms which accommodate either men or women, but not both; with designated single sex toilets and washing facilities within or adjacent to the bay or room).

In exceptional circumstances where a patient needs urgent or specialist care in areas such as the Emergency Department, Intensive Care Unit, Cardiac Care Unit or recovery, mixing men and women may be unavoidable. We will work to resolve such situations as quickly as possible and will keep patients and their families informed of our actions. During these times, our priority will be to maintain patients' privacy and dignity.

In line with the national programme we are working to have all wards as single sex.

The Trust has a Privacy and Dignity Policy. This is available to view on the Trust website www.royalberkshire.nhs.uk.

If you have any concerns about privacy and dignity, please speak to the ward sister/charge nurse in the first instance or the matron for the area. Alternatively, you can contact PALS or the Patient Relations Team on 0118 322 8338. You can also email in any concerns or comments to talktous@royalberkshire.nhs.uk.

For more information about the Trust, visit our website at www.royalberkshire.nhs.uk

Planning for your hospital discharge

The most common question many patients ask is: “When can I go home?” In an effort to streamline the discharge process so that patients and their families can plan more effectively, we have established a standard time – 10.00am – for all hospital discharges.

Before you are discharged, members of your health care team will discuss discharge plans with you and provide information on follow-up appointments, medications and other instructions necessary to follow at home. To enable you and your family members to make arrangements, your doctor or nurse will discuss with you the date of planned discharge. If you are unable to leave the hospital by 10.00am on the day of discharge, you will be encouraged to wait in our Discharge Lounge until you are collected.

The Discharge Lounge is open Monday – Friday, 9am until 6pm. The lounge is a comfortable and convenient place for patients who have been discharged from the ward and are waiting for medications, for family to collect them or for hospital transport home.

The Discharge Lounge offers:

- Comfortable chairs
- Refreshments (hot meals and sandwiches if your stay coincides with meal times)
- Toilets
- Selection of newspapers, magazines
- Radio and television.

Talk to us

If you have a comment about the service we provide – positive or negative – talk to us. Your feedback will help us to improve and develop our service. There are different ways of getting your views heard in our Trust. This information will direct you to the right person to help you. Raising an issue will not adversely affect your care or treatment.

First step – talk to us!

We prefer to sort out issues as they arise as often they can be dealt with quickly and effectively. Please speak to a member of staff in the relevant ward or department.

If they can't help you or you would rather talk to a senior member of staff, ask to speak to the Ward Sister/Manager or Matron.

Or, speak to PALS

PALS (Patient Advice & Liaison Service) is a service that can offer you support and guide you through the different Trust services.

Ring 0118 322 8338

Email talktous@royalberkshire.nhs.uk

Visit the PALS office on Level 2 main entrance or ask a member of staff, the receptionists or the switchboard to contact them.

If you are still not happy... after speaking with ward staff or PALS, or you feel that you have an issue that cannot be resolved informally, you should write to the Patient Relations Department, giving full details of what you would like us to investigate.

Write to us or send us an email:

The Patient Relations Department
Royal Berkshire NHS Foundation Trust
London Road, Reading, Berkshire RG1 5AN
talktous@royalberkshire.nhs.uk

The NHS has a procedure for dealing with complaints received from patients, relatives, friends and carers. We take all complaints seriously and will take action where appropriate. Further details are available in the Trust leaflet called How to make a complaint.

Friends and Family Test

Before you leave hospital you will be asked one question ‘How likely are you to recommend this ward/day unit to friends and family if they needed similar care or treatment?’ Your answer will help us to monitor our services and to make improvements where necessary so please spare a few moments of your time to answer this question and to explain why you gave the score you did.

You can also post any feedback or suggestions you may have into one of the comments boxes around the hospital, using the back of the ‘Talk to us’ leaflet. If you would like a response to your feedback, please include your contact details.

You will be able to see what patients think of the service on individual wards by looking at the big Patient Experience noticeboards displayed on every ward.

Don’t forget to ask

Remember, if you have any questions about your treatment, aftercare or any other matters, please ask your doctor, nurse or other health professional – they will be happy to help! Things you might want to discuss include:

- Is this the right treatment for me? *What are the risks and benefits? What will happen if I don’t have any treatment?*
- I’m worried about my care. *Can you talk to me about my concerns?*
- Is there somewhere private we can go to discuss my condition/treatment?
- I’m worried about my medication and any side effects. *Please explain them to me.*
- Do you have any written information that I can take home? *Remind me of instructions, after care advice, support organisations.*
- Can I have this information in a different language or format? *I need information in different languages and formats to suit my needs.*

Notes

Royal Berkshire NHS Foundation Trust
London Road
Reading
Berkshire RG1 5AN
0118 322 5111 (Switchboard)

Making your stay with us safe

9 simple steps to keep yourself safe during your stay in hospital

Safe surgery

- Before you have your operation we will do a series of checks – tell us if you have any concerns or questions.
- Tell us if any of your details are wrong.
- Tell us which part of your body we are operating on.
- Tell us if the site of your surgery is not marked correctly.



Preventing falls

- Wear the red hospital socks, laced up or snug fitting shoes or slippers with rubber soles.
- Use your usual walking aids.
- If you need any assistance, tell us.



Pressure ulcers

- If you can, try to keep mobile, even in bed, and call us if you are uncomfortable.
- We are happy to help you change position, and can provide a special mattress or cushion for support.



Preventing blood clots

- Wear your hospital stockings if advised and move as often as you can.
- Try to do simple leg and ankle exercises.
- Drink fluids as recommended.
- Take blood thinning tablets or injections as advised.



Identification

- Tell us if any of your personal information is wrong (ID band, address, GP, next of kin).
- Tell us if you have any allergies and we will give you a red ID band.



Preventing infection

- Wash / cleanse your hands before and after visiting the toilet, and before all meals.
- Ask our staff if they have washed their hands before any contact with you.
- Tell us if you have diarrhoea or vomiting.



Any concerns

- We are here to help you – talk to us if you have any worries or concerns about your treatment, or what will happen when you leave hospital.

Patient Relations Team
0118 322 8338
talktous@royalberkshire.nhs.uk



Your medicines

- Tell us if you have an allergy, or if you do not understand what your medicines are for.
- Talk to your doctor, nurse or pharmacist about any concerns you may have.
- Ask about any possible side effects.



Leaving hospital

Before you leave, make sure you:

- Have your discharge letter.
- Have your medicines and they have been explained to you.
- Know who to contact if you have any questions or concerns.
- Know when your next appointment is.

Medicines Helpline 0118 322 7642
Mon-Fri 1pm-3pm
medicines.information@royalberkshire.nhs.uk

