



Planned surgery

A guide for patients and their carers



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Introduction

This booklet belongs to: _____

Please read this booklet carefully and bring it with you to your pre-operative clinic appointment. You may find it helpful to refer to this booklet throughout your treatment.

This booklet provides you with information on having an operation at The Christie. It aims to explain the process of your surgery and answer your questions. Not all of the information may be relevant to you, so a member of staff can direct you to the most helpful parts and answer any questions you may have.

You were assessed in the pre-operative clinic on _____
by _____

You were advised to _____

Pre-operative clinic

Contact number: 0161 918 2168

Please note: You may be in the pre-operative department for up to 3 hours.

Christie website

For more information about The Christie and our services, please visit **www.christie.nhs.uk** or visit the cancer information centres at Withington, Oldham or Salford.

Preparing for surgery

Having an operation puts a major strain on your body so we want you to be in the best possible health. You can improve your health by: staying active, eating well, stopping or reducing smoking and stopping or reducing your alcohol intake.

Staying active

Before your operation, you should aim to stay active. This can be everyday activities like walking and housework, or exercise like a fitness class. Aim for 20-30 minutes of extra activity 5 times a week. If you have a lower starting level of fitness you can begin with 3-5 minutes and increase this over a few days.



Eating well

By eating well, you are giving your body the nutrients it needs to help rebuild damaged tissue, fight infection and cope with any side effects of your operation. Try to eat a balanced and nutritious diet leading up to your surgery. You can do this by eating 3 meals a day, and snacks if required. Your meals should include protein, carbohydrate, fruit and vegetables.

Protein is essential for growth and repair of your body. You should eat a protein source at each meal, for example chicken, fish, eggs, milk, beans, lentils or nuts. Red meats are an excellent source of iron and can be beneficial to include in your diet. When eating red meats, limit the amount to no more than about 3 portions a week totalling 350-500g cooked weight or around 525-750g raw weight. Avoid processed meats such as ham or bacon as they are lower in protein.

Carbohydrate is the main source of energy for the body to promote healing after your operation. Eat a starchy food with each of your meals, for example bread, cereals, rice, crackers or pasta. Choose wholegrain varieties where possible.

If you have been advised to follow a low fibre diet by your doctor or dietitian, please ask for a copy of The Christie booklet 'Eating well when following a low fibre diet' from the ward, your specialist nurse or the cancer information centre.

Fruit and vegetables are a good source of vitamins, minerals and antioxidants that can help your body to defend itself against infections and help support your immune system. You should aim to eat a variety of fruit and vegetables, including fresh, tinned, dried or juiced. If you are experiencing wind or bloating you may find limiting some fruit and vegetables helps with your symptoms.

Unless you have been told otherwise by your doctor, do not try to lose weight prior to surgery. Weight loss, especially over a short period of time, can cause you to lose muscle mass and have reduced strength, low energy levels and a lack of nutrients you need for your body to recover.

If you are struggling to eat or maintain your weight, see The Christie booklet 'Eating – help yourself'. The booklet contains useful advice on how to make changes to your diet and tips on how to enrich your diet at a time when you may be concerned about losing your appetite or losing weight. If after following the advice in this booklet you are still concerned about losing weight you should ask your doctor or specialist nurse to refer you to a dietitian for further advice.

Stopping smoking

Smoking affects wound healing, phlegm production and can increase your risk of an infection after an operation. We have a smoking cessation team who can offer advice, support and treatment to help you reduce or stop smoking. The sooner you receive support, the better effect this will have on your recovery.

Please note – The Christie is a smoke-free site.

Stopping drinking

Alcohol can lower your immune system and increase your risk of an infection after an operation. We have an alcohol advice team who can support you to reduce your intake.

Contact the smoking cessation and alcohol service on **07392 278 408**.

Alternatively, you can visit www.drinkaware.co.uk

Or call the NHS smoke free helpline on **0300 123 1044**.

For more information on how you can get in best health prior to surgery please visit our online surgery school www.christie.nhs.uk/surgeryschool

Enhanced Recovery After Surgery (ERAS)

The Enhanced Recovery programme aims to get you home as quickly and safely as possible by reducing your risk of complications after an operation. If you are on the ERAS programme you will be supported by a team of nurses who will advise you how to get in best health before your operation. They will also see you after your operation to assist you with your rehabilitation.

What to bring in with you

There is limited space at the bedside so please only bring in what you need for your expected length of stay. We advise bags that are the same size allowed as hand luggage on a plane. If you need more clothes and belongings during your admission, we ask that your friends and family bring these in when required. It is important that we keep the clinical environment clutter-free to prevent falls and improve cleanliness.

Below are some items you might need to bring with you:

- comfortable loose-fitting day/lounge wear
- a dressing gown
- slippers/comfortable shoes
- toiletries
- medications (including inhalers, creams, eyedrops and insulin)
- glasses and hearing aids
- earplugs and eye mask

Please let a member of staff know if your medication is in a blister pack.

If you forget basic toiletries, we can supply toothbrushes, toothpaste and soap. We also have a hair dryer on the ward. Please do not bring your own towels as we supply these.

Electronic devices and wi-fi

You may want to bring in some form of entertainment such as a mobile device, books and magazines.

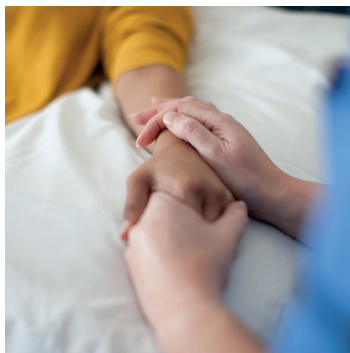
Christie guest wi-fi is available free of charge. Please ask a member of staff for the password. When using a mobile device, please keep noise to a minimum and use

headphones to respect other patients. You may be asked by staff to stop using your device late at night in order to keep the ward environment quiet and allow patients to rest. Any wires or chargers must be in good condition.

Please keep valuables to a minimum. The Trust will not be held accountable for any loss, damage or theft of valuable items.

Psychological and emotional health and well-being

Having an operation can be a very daunting and difficult time. You may experience a range of difficult emotions. We have a psycho-oncology service which specialises in helping you to cope with the emotional and psychological challenges you may be facing. The team is made up of counsellors, psychologists, nurses and doctors offering emotional support, counselling and psychological treatment. If you think you would benefit from one of these services then please speak to a member of staff that can refer you or signpost you to the appropriate support you need.



Complementary health and well-being service

Complementary therapy is offered alongside cancer treatments, and is free to patients and their carers. Complementary therapy practitioners use an holistic approach and have a 'toolkit' of skills to support your emotional, psychological and physical well-being.

Some therapies help relaxation and help provide an overall sense of well-being. Others may provide relief from symptoms such as: anxiety, pain, sleeping difficulties, nausea and vomiting, peripheral neuropathy (numbness and tingling).

Therapies include:

- aromatherapy
- hypnotherapy
- massage
- adapted reflexology
- relaxation and visualisation techniques

Please note that therapies are tailored to individuals and may not be suitable for everyone.

For more information please ask for a copy of The Christie booklet 'Complementary health and well-being' from the information centre.

Maggie's centre

Maggie's Manchester is based opposite The Christie on Kinnaird Road. The centre provides a full programme of free practical and emotional support, including psychological support, benefits advice, nutrition and head care workshops, relaxation and stress management. It is open Monday to Friday, 9:00am - 5:00pm. No referral is required, so just drop in. Contact Maggie's Manchester on **0161 641 4848** or email manchester@maggiescentres.org

Early discharge planning

If you are planning to stay somewhere other than your own home after your operation then you may need to register as a temporary resident at the nearest GP surgery. Please do this before your admission. This means you can receive the appropriate support when you are discharged. Please inform your nurse that you are being discharged to a different address.

Occupational therapy

As a result of your operation you may find some everyday tasks more difficult than before. Occupational therapy aims to help you get back to doing the activities you enjoy as soon as possible, in order to maintain your quality of life.

Occupational therapists will discuss your needs with you, your family and your doctors. They will make sure your recovery and discharge from hospital is safe and you have the appropriate level of support.

Occupational therapists can:

- help you practise safe ways of doing activities such as getting in and out of bed or the bath, and getting on and off the toilet
- show you how to carry out activities in a way that uses as little effort and energy as possible
- suggest and provide equipment to help you manage independently at home
- recommend home adaptations to help you manage independently
- refer you to community services should you require additional rehabilitation or support on discharge
- support you with psychological issues

If you would like to speak to an occupational therapist for more information, please speak to your nurse or doctor and they can make a referral.

Social work

You may need greater support after your operation than your friends, family or neighbours can provide.

If this is the case, you may see a social worker. They can organise formal care (for example carers calling at home to help you with getting washed and dressed).

This may only be needed for a few days or weeks but will help get you back to managing independently again.

Things to consider:

Please let us know as soon as possible if you have any existing private or social service support in place. Please bring in any information and contact details so we can keep in touch with them regarding your recovery.

If you are a carer for someone yourself and they will be affected by your admission then please let us and your local authority know before your operation. This means plans can be made to ensure they are supported whilst you are here and during your recovery. The more notice you can give, the better.

Day of surgery

Day of surgery preparation

Make-up, nail varnish and glasses

Please remove any make-up, nail varnish, false nails and jewellery. Depending on your operation wedding bands and religious jewellery that cannot be removed may be worn, but must be taped and secured. Glasses, hearing aids and dentures can be worn until you arrive at the theatre. During your operation they will be kept safe by staff and returned to you in the recovery room.

Hair removal

Please DO NOT shave or remove your hair at the operation site prior to your surgery. Cuts and skin irritation increase your risk of infection. If the surgeon feels hair removal is necessary, they will do this with clippers which is much safer.

Cleansing

Please shower or bath on the day of your operation. This is a simple and effective way of reducing your risk of infection.

Fasting instructions

Failure to adhere to the guidelines below could make your anaesthetic very dangerous and result in your operation being cancelled on the day.

If you have been prescribed a laxative drink to clean out your bowels before your surgery, then you will need to follow the 'Clear fluids diet for patients having bowel preparation'.

If you are admitted the day prior to your surgery, the ward staff will advise you of your fasting instructions.

You should continue to eat and drink normally until the times written in the fasting instructions.

If you are having your surgery in the morning:

- Eat normally up until midnight the night before your surgery.
- DO NOT eat anything after this, including chewing gum.
- You can drink clear fluids* until 5:30am the morning of your surgery.

If you are having your surgery in the afternoon**:

- You can have a light breakfast of tea and toast before 6:00am the day of your surgery.
- DO NOT eat anything after this, including chewing gum.
- You can drink clear fluids* until 10:00am the morning of your surgery.

* Clear fluids include water, clear cordial, black tea and coffee. Cloudy or milk-based drinks or alcohol are not to be taken.

** If the timing of your surgery has not been specified, please follow the instructions for morning surgery.

Carbohydrate loading drink (Preload™)

If you have been given carbohydrate loading drink sachets, please follow the instructions below.

Please note – you will not be given these if you have diabetes.

What is a carbohydrate loading drink?

It is a neutral-tasting drink designed to provide the body with energy during a period of starvation.

What are the benefits of a carbohydrate loading drink?

It prevents your body from being in a state of 'starvation'. Research has shown that your body will recover faster after surgery if you are well hydrated and not in a state of 'starvation'. It can also contribute towards your comfort and reduce thirst.

Preparation guidelines

Step 1 Measure out 400ml of water into a cup or jug.

Step 2 Add the contents of 1 sachet into the cup or jug, stirring continuously until dissolved.

Step 3 Drink at the times stated below.

When do I take the carbohydrate loading drink?

If you are having surgery in the morning:

- The evening before your surgery, drink 1 sachet with your evening meal and the 2nd sachet at bedtime.
- The morning of surgery, drink the 3rd sachet before 5:30am.

If you are having surgery in the afternoon*:

- The evening before your surgery, drink 1 sachet at bedtime.
- The morning of surgery, drink the 2nd sachet before 7:00am and the 3rd sachet before 10:00am.

** If the timing of your surgery has not been specified, please follow the instructions for morning surgery.*

Clear fluids diet for patients having bowel preparation

If you are having bowel preparation the day before your surgery then you are advised to follow a clear fluid diet. The aim of a bowel preparation is to make sure your bowels are empty before you have surgery. Your body quickly absorbs and easily digests clear fluids, leaving little in your digestive tract.

Fluid is considered clear if when you hold it up to the light, you can see through it. Whilst on a clear fluids diet it is important that you keep hydrated and provide yourself with some nutrition.

Options:

- Apple juice
- Squash / cordials
- Carbonated or electrolyte drinks (e.g. Sprite, 7UP, Powerade)
- Bovril / Marmite (mixed with hot water)
- Clear soup / consommé / bouillon (no chunks)
- Jelly
- Plain ice pop (does not contain pureed fruit or chunks)
- Black tea or coffee (no dairy products)
- Herbal / fruit tea infusions

You may add sugar or honey to your clear liquids

Example meal:

- 1 glass apple juice or soda
- 1 bowl consommé
- 1 bowl jelly
- 1 cup coffee or tea, (without dairy products)
- Sugar or honey, if desired

Transport to and from the hospital

You need to arrange your own transport to hospital. If you are unable to do so then you may qualify for hospital transport. Please contact the transport department on **0161 446 8114** or **0161 446 8143** for more information. Alternatively, you can view our transport information on The Christie website.

When you leave hospital, you will be required to arrange for a responsible adult to take you home. If you are unable to do so, you may qualify for hospital transport. If you are

eligible for this service, please discuss this with a member of ward staff who will be able to advise you further.

Admission

If you are admitted to the ward the day before your operation, you may have to wait for your bed to become available. We will ask you to wait in our day room and will get you settled in as soon as we can.

Day of Surgery Admissions (DOSA) unit

Contact number: **0161 918 1464**

In the majority of cases, you will be admitted on the day of your operation to the day of surgery admissions (DOSA) unit. This is located in department 8 on the glass corridor.

Family and friends are only able to drop you off and then they must leave the admissions unit. This is because there is limited space for visitors to wait.

Once you have arrived at the admissions unit a member of staff will check your details. You will be asked to take a seat in the waiting area until the nurse is ready to call you through for admission. The nurse will measure your vital signs including your pulse, blood pressure and temperature. They will administer any required medications and ask you to change into a surgical gown and compression stockings. If at any point you have any questions or need help then please ask a member of staff for assistance.

Surgical gowns

Surgical gowns tie at the back. To ensure you are fully covered we advise you to bring a dressing gown. Unless you have been told otherwise, please remove your underwear. You can request disposable underwear if you wish. Staff will ensure your privacy and dignity is maintained at all times.

Consent

We will ask you to sign a consent form agreeing to accept the treatment that you are being offered. The basis of the agreement is that you have had The Christie's written description of the proposed treatment and that you have been given an opportunity to discuss any concerns.

You are entitled to request a second opinion from another specialist doctor. You can ask your own consultant or your GP to refer you.

Your consent may be withdrawn at any time before or during this treatment. Should you decide to withdraw your consent then a member of your treating team will discuss the possible consequences with you.

Chaperones

If you are under the age of 18 then your parent, guardian or member of staff must be present if you need to undress for examination. If you are having an intimate examination then a formal chaperone must be present.

If you are over the age of 18 then a chaperone will be offered for intimate examinations. In some circumstances staff may ask for a chaperone for their own assurance.



Walking to theatre

If you are able to, you will be asked to walk to theatre. If you are unable to walk to theatre you will be taken either in a wheelchair or on a bed/trolley. When walking to theatre, we will ensure you are covered.

Anaesthetic

Anaesthetists are specialist doctors who are responsible for your safety and well-being throughout your operation. Their aim is to make your experience as comfortable as possible.

Before your operation, they will ask you questions about your medical history, medications and allergies. They will discuss your anaesthetic and pain relief and agree a plan with you.

If there is a possibility you may need a blood transfusion, your anaesthetist will discuss this with you. You will be given a leaflet explaining more about a blood transfusion at your pre-operative clinic appointment.

Local anaesthetic

Local anaesthetic numbs a small part of your body and may be used as well as a general anaesthetic. An example of this is wound infiltration. This is explained in the 'pain management' section of this booklet.

Regional anaesthetic

Regional anaesthetic numbs a larger area of your body and may be used as well as a general anaesthetic. An example of this is an epidural. This is explained in the 'pain management' section of this booklet.

General anaesthetic

General anaesthetic puts you in a state of controlled unconsciousness. During this time you are asleep and feel nothing.

Understanding risk

In modern anaesthesia serious complications are rare. However, risk cannot be completely removed. We therefore want you to understand:

- how likely a complication is to happen
- how serious a complication may be
- how complications are treated

People vary in how they interpret words and numbers. This scale is provided to help.

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

Side effects and complications

RA = This may occur with a regional or local anaesthetic

GA = This may occur with a general anaesthetic

Very common and common side effects (1 in 10- 100)

RA GA Feeling sick and vomiting after surgery

GA Sore throat

RA GA Dizziness, blurred vision

RA GA Headache

RA GA Itching

RA GA Aches, pains and backache

RA GA Pain during injection of drugs

RA GA Bruising and soreness

GA Temporary confusion or memory loss

Uncommon side effects and complications (1 in 1000)

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

Rare or very rare complications (1 in 10,000- 100,000)

- GA Damage to the eyes
- RA GA Serious allergy to drugs
- RA GA Nerve damage
- RA GA Equipment failure

Deaths caused by anaesthesia are very rare, and are usually caused by a combination of 4 or 5 complications together. There are probably about five deaths for every million anaesthetics in the UK.

You can get further information about anaesthesia from:

- The Association of Anaesthetists of Great Britain and Ireland (AAGBI): www.aagbi.org/
- Royal College of Anaesthetists: www.rcoa.ac.uk/

For a minimum of 24 hours after surgery you must not:

- drive
- drink alcohol
- operate heavy machinery
- sign any official or important documents

Staff will advise you if this period of time needs to be longer.

After your operation

The recovery room

After your operation, you will wake up in the recovery room. You will be closely monitored by recovery nurses who will make sure that you are awake and comfortable. You will be connected to a monitor that will measure your vital signs (pulse, blood pressure etc). Once you are stable, you will be transferred out of the recovery room, to the integrated procedures unit (IPU), ward 10 or the oncology critical care unit (OCCU).

Day case surgery: integrated procedures unit (IPU)

Contact number: **0161 918 7292**

The IPU is located in department 2 on the first floor.

If you are having day case surgery it is likely you will go to the IPU department after your operation. Here the staff will ensure you are awake and comfortable. Before being discharged home, the surgeon will set goals to meet, such as eating without feeling sick and going to the toilet. When staff think it is safe for you to leave the hospital you must do so with a responsible adult who must stay with you for 24 hours. If you are not able to arrange this before your operation then please let us know as soon as possible and we can select a more suitable date.

Ward 10

Contact number: **0161 446 3860** or **0161 446 3862**

Ward 10 is our surgical oncology unit. It is located in department 4.

Visiting times are 2:00-4:30pm and 6.00-8.00pm. If you need to visit outside of visiting times then this must be arranged with the nurse in charge and ward clerk.

We have protected meal times at breakfast, lunch and dinner. During this time, we ask all visitors to leave the ward and only essential clinical tasks are carried out. This is to allow our patients to eat and enjoy their food in peace.

When you are able to eat after your operation you will be encouraged to walk down to the day room.



We ask for only 2 visitors at each bed space at any one time, so that staff have the required space to carry out their duties.

Oncology critical care unit (OCCU)

Contact number: **0161 446 3481**

The OCCU is located in department 2 on the ground floor.

Some patients require more intensive monitoring after an operation. Often an admission to the OCCU is pre-planned and does not mean you are critically unwell. If you are having an operation that requires more intensive monitoring after your operation, you will be informed at your outpatient clinic appointment. If you feel you would benefit from a tour of the OCCU before your admission, please ask a member of staff and this can be arranged.

Nutrition

Good nutrition after an operation is very important to help with your recovery and reduce the risk of complications such as an infection. It is important that the body has a good intake of energy (calories) and protein to do this.

If required you may be prescribed a supplement drink that contains protein, vitamins and minerals.

During your stay you will have a copy of the hospital menu at your bedside that will provide you with a guide to the food and drink services at The Christie. Your doctors will tell you what diet you must follow. Special diets are explained within the menu so that you understand what you are allowed. You will have access to a list of snacks and drinks that are available 24 hours a day in addition to the main meal food service. Snacks between main meals can be a useful way of increasing your calorie and protein intake. You can try eating little and often rather than having 1 or 2 big meals a day. For the majority of patients there are no long-term restrictions on your diet after your operation. For further information see The Christie booklet 'Eating – help yourself'.

If your appetite is reduced or you are losing weight, then you can enrich your food with milk, dairy products, fats and sugars to make it more nutritious. This means you are still getting plenty of calories and energy from a smaller portion. Below are examples of how to do this:

- Use full fat milk and yogurts which may be labelled 'thick and creamy'.
- Replace cups of tea and glasses of water with milk, hot chocolates and milky coffees.
- Add cheese to sandwiches, potatoes and pasta.
- Use plenty of butter on bread, toast, scones etc.
- Add sugar, jam and honey to food for extra energy.

You should aim to drink 2 litres of fluid a day unless told otherwise. Staying hydrated has many benefits. It keeps you comfortable and can reduce infections and constipation.

If you have had a stoma formed during your operation, dietary advice will be available from your stoma nurse, ward nurse or dietitian.

Reduced appetite and diabetes

If you have diabetes and you have lost weight or your appetite is poor, you may find it helpful to enrich your food and drinks using milk, dairy products and fats. It is better to continue to limit sugar where possible; however, it is important to eat the foods that you like. For example, having a small amount of jam on your toast is better than not eating toast at all. Your blood sugar levels will be monitored closely after your operation and your medications can be adjusted accordingly.

For further information see The Christie booklet 'Eating well with diabetes when you have a poor appetite'.

Parenteral nutrition (PN)

Sometimes it is not possible to start a normal diet immediately after your operation and a period of parenteral nutrition may be needed. PN is a form of liquid food given through a vein. This allows nutrition to be given when the gut is not working. It allows the gut to rest so that it can heal. PN may be required for up to 14 days after an operation before it is possible to start a normal diet again.

You will be informed at your clinic appointment whether you will require PN and will be provided with a copy of the information leaflet 'Parenteral nutrition: information for patients' which provides more detail and will help answer any questions you may have.

Pain management

Some pain is to be expected after an operation. We understand that this is the main concern for most people. However, it is our priority to keep your pain 'mild' to speed up your recovery.

Staff will regularly assess your pain levels by asking you to rate and describe the pain you feel. They will also assess how pain is impacting your ability to function with daily tasks such as eating, sleeping and walking.

People experience pain differently and some may need more pain relief than others. Pain is best controlled quickly so please ask for pain relief as soon as you become uncomfortable and continue taking pain relief regularly.

Pain relief can be given in many forms and combinations. Please speak with staff if the medication is not working for you. It may be that the medication needs more time to work or that another drug may be more suitable.

Trapped wind pain is common after an operation and can be uncomfortable. The most effective way to reduce trapped wind is to walk. Peppermint tea can also help release trapped wind as it relaxes the bowel. Your abdomen may be inflated with gas during your operation; this can also cause pain in your shoulders. Please let a member of staff know if you experience this. The most commonly used pain relief options are listed below:

Tablets:

If you are allowed to eat you will be able to take your pain relief by mouth. Some pain relief will be given regularly and others will be given according to your needs. Examples of oral pain relief include: Paracetamol, Codeine and Diclofenac.

Suppositories:

These are waxy pellets placed in your back passage (rectum). The pellet dissolves and the drug passes into the body. They are useful if you cannot swallow or if you are likely to vomit.

Spinal anaesthetics:

Your anaesthetist may suggest putting some local anaesthetic and strong pain relief (opioids) into the small of

your back before your operation. This works on the nerves in the lower part of your body to give better pain relief after an operation. This will cause heavy numb legs for approximately 2 - 3 hours. During this time, you will remain in bed.

Wound infiltration catheter:

Your surgeon may place fine tubes (catheters) either side of your wound. This is attached to a device containing local anaesthetic that provides a continuous infusion into the wound. The pump is usually removed after 2 - 3 days. Removal causes minimal discomfort.

Epidural pain relief:

Epidurals can give very good pain relief. Your anaesthetist will discuss this method of pain relief with you. They will insert a fine tube (catheter) into the epidural space (located in your spine) near the nerve endings. The tube is then used to continuously deliver a small amount of local anaesthetic and strong pain relief (opioids) to the nerve endings.

The epidural will remain in place for a maximum of 5 days. Once removed you will be given regular pain relief by mouth and can have extra if needed.

Patient controlled analgesia (PCA):

This is a method where you are in control of your own pain relief by the use of a hand held button. You will be attached, via a drip, to a pump containing strong pain relief (opioids). The pump is programmed to give you a small amount of pain relief when you press the button.

The PCA will automatically shut down for 5 minutes to allow the pain relief to work. If you press the button during this 5 minute period the pump will not give you any more, so you cannot overdose.

The PCA is usually removed 1 -2 days after your operation. Once removed you will be given regular pain relief by mouth and can have extra if needed.

Taking pain relief is vital to your recovery. However, some medications can have unwanted side effects such as sickness, constipation and drowsiness. Therefore, a balance must be made between controlling pain and preventing side effects. Your team will advise you on this. If needed, you may be seen by a specialist pain management team who are experts in controlling post-operative pain.

Mobility

Your mobility may be reduced after your operation. We aim to support you to get back to your baseline level of mobility as soon as possible. You will be supported and encouraged by nursing staff to take part in your daily rehabilitation.

Staff will advise you on how much exercise you should be doing after your operation. This will differ depending on the operation you have had and your individual needs. Moving is one of the most important parts of your recovery and can reduce complications such as chest infections, pressure damage to your skin, constipation and blood clots. Please be reassured that staff will never suggest any activity that is unsafe or puts you at risk.

As soon as possible after your operation, we aim to sit you up out of bed and start walking. We recommend sitting in the chair for 6-8 hours a day and walking 60 metres (approximately 80 steps) 4 times a day. Initially, you may need support to achieve this but you will become more independent each day. If required you will see a physiotherapist. If it is necessary you will be assessed walking up and down the stairs before you go home.

Chest health

Having a general anaesthetic increases your risk of developing a chest infection. After your operation you will be encouraged to do deep breathing exercises to clear phlegm and open up your lungs.

Attachments

After your operation you may have a number of different attachments such as lines, drips, catheters and drains. Staff will explain what each is for and how they are helping you. We will remove attachments as soon as possible, to reduce your risk of developing an infection and so you are able to move around more easily.

Hygiene

Practising good personal hygiene after surgery is essential to prevent infections. It can also make you feel better. Until you are independent you will be assisted daily to maintain your personal hygiene needs. We want to maintain your normal routine as much as possible so encourage you to freshen up and brush your teeth in the morning and in the evening. Keeping your mouth clean can reduce your risk of developing a chest infection, as it reduces the number of bacteria in your mouth that can travel to your lungs.

Showering is the most effective way of keeping clean, so as soon as you are able, we will encourage and support you to do this.

Soaking your wounds in a bath is not permitted for a temporary period after an operation. This is because the warm water can dissolve stitches prematurely and the bath water is not clean after you have soaked in it. Staff will give you specific instructions on wound care.

Dressed is best

We will encourage and help you to change into your own comfortable clothing as soon as possible. Wearing your own clothes will make you feel better as you regain your identity and independence. If you have been informed that you will have a number of attachments such as catheters or drains, then ask a member of staff what clothes are more suitable.

Slips trips and falls

Being in hospital and having surgery can put you at a greater risk of falling as the environment is unfamiliar and you are likely to be weaker and less mobile than usual.

Staff will assess you on admission and at regular intervals to determine your individual level of risk and subsequently put the appropriate measures in place to keep you safe.

Below are tips to help you reduce your risk of falling:

- Wear well-fitting flat slippers or shoes with backs on them.
- Allow plenty of time to get to the toilet.
- Ask for help in the bathroom or shower if needed.
- Ask for help transferring in and out of the bed or chair if needed.
- Be mindful of drips and attachments.
- Report spillages to staff.
- Do not over reach.
- Wear your glasses and hearing aids.
- Report broken lights and doors etc. to staff.
- Use the call bell if you need help. Staff will come as quickly as they possibly can.

Preventing pressure ulcers

Pressure ulcers are an area of damage to the skin and tissue below that has occurred from sustained pressure.

Surgery, age, diet and reduced mobility are only some of the factors that can put you at risk of developing a pressure ulcer.

Staff will assess you on admission and at regular intervals to determine your individual level of risk and subsequently put the appropriate measures in place to keep you safe.

Areas most at risk of developing pressure ulcers are the parts of the body that are not covered by a high level of body fat and are in direct contact with a supporting surface, such as a bed, chair or wheelchair. Pressure ulcers can sometimes develop from essential equipment used in your care, such as oxygen masks, urinary catheters and nasogastric tubes.

The first sign that a pressure ulcer may be forming is usually discolouration of the skin. This can initially appear as a red area of skin that does not disappear after a few hours and it may feel tender. It may not be red in those who have a darker pigmentation to their skin.

The area may become painful and purple in colour, which may get progressively worse and eventually lead to an open wound.

What you can do to prevent pressure damage:

- Keep moving and change position at least every 2 hours.
- Remove pressure from at risk areas using equipment or positioning.
- Eat well and drink plenty of fluids (unless you have been told otherwise).
- Monitor your skin for any marks or changes of colour and inform the staff of any concerns.

- Keep your skin clean and dry.
- Stop or reduce smoking.

What staff will do to prevent pressure damage:

- Assist you to keep moving and reposition you if needed.
- Provide equipment suitable for your needs, including mattresses, cushions and heel protectors.
- Inspect your skin daily at minimum and document any changes.
- Advise you on the use of protective creams for areas at risk. Moisturisers, soap substitute, barrier films and creams can protect the skin and keep it healthy.
- Manage any wounds and apply dressings. Adhesive plasters or bandages will protect the wound and keep it clean.

Reducing your risk of a blood clot

When you are inactive for any length of time blood tends to move around your body more slowly and collect in the lower parts of your body, often the lower leg. This can trigger a blood clot (thrombosis) to form and block your veins.

When a clot forms in one of the deep veins in your leg or arm it is called a deep venous thrombosis (DVT). If it comes loose it can be carried in your blood to another part of your body where it can cause more serious problems – this is called a venous thrombo-embolism (VTE).

After surgery your risk of getting a blood clot is increased as you are likely to be less mobile than usual. Cancer, obesity and age are amongst other factors that also put you at a greater risk.

Staff will assess you on admission and at regular intervals to determine your individual level of risk and subsequently put the appropriate measures in place to keep you safe.

The risk factors you have will help us decide which methods should be used to reduce your risk of developing a blood clot.

Dalteparin (Fragmin®):

Dalteparin is in a group of medicines called 'low molecular weight heparins' which are drugs used to prevent your blood from clotting. They are also known as anti-coagulants.

Dalteparin can be used at low doses to prevent blood clots from forming and in higher doses to break up clots that have developed in the veins. It is given once daily and is injected under your skin, usually in your stomach area. It is very safe at such low doses, however, if you suspect a problem (e.g. bruising/bleeding) you should seek immediate advice.

Compression stockings:

Compression stockings (also known as TEDs – thromboembolism deterrent stockings) are tight stockings designed to reduce the risk of blood clots. The stockings squeeze your feet and legs, helping your blood to move around your body more quickly. It is important to wear the stockings as prescribed. Ask staff for guidance on the correct way to wear and maintain your stockings.

Inflatable Compression Devices (ICDs):

These go around your leg and inflate automatically at regular intervals. They apply pressure when inflated which keeps your blood moving around your body.

During your stay in hospital, drink plenty of fluids so that you do not become dehydrated. It is important to move about while you are in hospital and soon as possible after an operation. Exercises help to reduce the risk of a blood clot and will be explained and demonstrated by a member of staff.

Infection prevention and control

Having an operation can put you at risk of developing an infection. Your treatment can affect your immune system, making it harder for you to fight infections, which puts you at risk of harm. Therefore, preventing infections and stopping their spread is essential to your safety. Infection control is everyone's responsibility.

Cleaning your hands is the most simple and effective way to stop the spread of infection. There is hand sanitiser at every bed space and should be used regularly. Hands should be washed in the basin with soap when visibly dirty, and:

- before meals
- after visiting the toilet or commode
- after sneezing, coughing or blowing your nose
- after touching any attachments such as catheters and drains

We do not allow flowers on the ward, as the water can harbour bacteria which can spread infections.

Cleaning of the ward environment takes place multiple times a day and all staff are trained in infection prevention and control. If you have any concerns about the cleanliness of the ward or staff practice then please question them and speak with a senior member of staff.

Infection control remains just as important when you are discharged home. Continue to clean your hands at the regular time points mentioned above. If you are being seen by staff at home (such as district nurses) they should be following the correct hand hygiene and infection prevent techniques that were used by staff in hospital. If you have any concerns with staff practice then please raise them with the individual or another member of staff.

Same-sex accommodation

Within the hospital, ward bays and washing and toilet facilities for men and women are separate. This means that you will only sleep next to and share facilities with members of the same sex.

However, there may be times when you need urgent or very specialised care where it may not be possible to separate men and women, such as within the OCCU. The reasons for this will be explained and you will be moved back to a same sex area as soon as possible. Your privacy and dignity will be protected at all times.

Noise at night

Although every effort is made to keep noise to a minimum you may still be disturbed throughout the night. We aim to have lights out by 11:00pm but please understand that essential clinical tasks must be carried out 24 hours a day and patient safety and monitoring must always be our priority. However, rest is also extremely important so we will do our best to ensure you are able to relax. You may want to bring earplugs and an eye-mask with you.

Moving beds and wards

There may be times where you are asked to move beds.

If you need minimal surgical nursing care, you may be moved to another ward. This is so people who have just had an operation have a bed available on the specialist surgical ward. If you are moved wards, you will still be seen by your doctors daily.

Leaving hospital

Discharge lounge

On the day you are discharged you will be asked to vacate your bed by 10:00am. This is to allow for the bed space to be prepared before the next person arrives after their operation. You will be asked to wait for your paperwork and medications in the discharge lounge or day room. Some people are discharged later in the day if they need to achieve certain goals before going home. You will only be discharged when you are medically fit and it is safe to do so.

Activity

The amount of activity and exercise you are allowed to do when you go home depends on the operation you have had. In general, there are no restrictions on walking, as long as you feel well and able to do so. In fact, walking is actively encouraged to reduce your chances of developing complications. Your team will inform you if you have any restrictions you must follow. Generally, you are advised to avoid heavy lifting and strenuous exercise for 4-6 weeks after surgery.

Driving

When you are fit for discharge you are safe to be driven home. You may want to think about how you can improve your comfort during this journey by using pillows or taking pain relief before setting off.

On average we recommend that you do not drive for 4-6 weeks to allow for wounds to heal properly. You are only insured if you are able to perform an emergency stop without hesitation. If you hesitate then you are not insured and are putting yourself and others at risk. Some insurance companies ask to be informed of the operation you have

had before you start driving again. If you have any questions regarding these restrictions then please speak with a member of staff.

Sexual activity

You may resume your usual sexual relationships once you feel comfortable to do so. However, if your operation is related to this area of the body, specific advice will be given to you.

If you have any concerns about resuming your usual method of contraception, please ask for advice.

Returning to work

Returning to work depends on both the operation you have had and the nature of your job. It is advisable to feel completely recovered before returning to work, particularly if your job is active. Many people feel tired and find concentrating difficult. Specific advice will be given to you by your nurse before you leave.

Sick notes

You can self-certify off work for a period of 7 days. If we recommend you need longer, then we can provide a sick note. Please ask a member of staff about this.

Community nursing

After discharge you may still need some nursing care. If you are mobile and able to attend your GP practice then you can organise with them to see your practice nurse.

If you are unable to do so, then the nurses on the ward will arrange district nurses to come and visit you at your home. You will be given a copy of the district nurse referral and their contact details.

Signs and symptoms of a blood clot

You should contact A&E immediately if you experience any of the following in the days or weeks after discharge from hospital:

- pain or swelling in your leg
- the skin on your leg becomes hot or discoloured
- the veins near the surface of your legs appear larger than normal
- shortness of breath
- pain in your chest which gets worse when you breathe deeply
- coughing up blood

Wound care

Before leaving hospital make sure you know how to look after and manage your wounds and dressings if appropriate.

All wounds progress through several stages of healing and you will be able to see changes yourself as time progresses. The following are frequently experienced:

- sensations such as tingling, numbness or itching.
- a slightly hard lumpy feeling as the new tissue forms.
- slight pulling around the stitches as the wound heals.

Please contact your GP or The Christie Hotline on **0161 446 3658** if you are worried about your wound, have a temperature or experience the following at the wound site:

- redness
- swelling

- increased pain
- pus
- heat

Bowels

Changes in diet, activity and the use of some pain-relieving medicines can lead to irregular bowel habits but this usually returns to normal with time. Straining can be uncomfortable and it may be helpful to take a mild laxative. If you are in any doubt about this, please ask for further advice.

Sleeping

Difficulties in sleeping can be caused by changes in your normal routine and restricted movements. Some people are awakened by pain which is caused by sudden movement.

If this does occur, it may be helpful to take pain relief before bedtime. Taking pain relief half an hour before getting out of bed can also make this movement more comfortable and manageable.

If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.

The Christie is committed to producing high quality, evidence based information for patients. Our patient information adheres to the principles and quality statements of the Information Standard.

If you would like to have details about the sources used please contact patient.information@christie.nhs.uk

Contact The Christie Hotline for
urgent support and specialist advice

The Christie Hotline: 0161 446 3658

Open 24 hours a day, 7 days a week

Visit the Cancer Information Centre

The Christie at Withington **0161 446 8100**

The Christie at Oldham **0161 918 7745**

The Christie at Salford **0161 918 7804**

Open Monday to Friday, 10am – 4pm.

Opening times can vary, please ring to check
before making a special journey.

The Christie NHS Foundation Trust

Wilmslow Road

Manchester M20 4BX

0161 446 3000

www.christie.nhs.uk



The Christie Patient Information Service

March 2021 – Review March 2024

CHR/SUR/1371/14.11.19 Version 2