

Getting Ready for Surgery



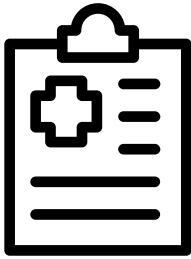
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© **Mr Bruno Lorenzi MD PhD**

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Prepare for your surgery and enhance your recovery

Getting ready



Preparation for your operation starts well before the day of your surgery. We believe that getting you ready for surgery and informing you about the steps of your recovery will make your operation safer and your convalescence easier and quicker.

At the consultation with Mr Lorenzi, you will have the opportunity to talk about and choose the type of operation which suits you best.

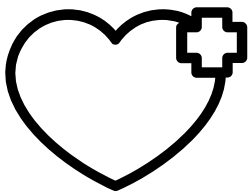
Mr Lorenzi will give you a detailed description of the operation and potential risks and complications. It is also important to carefully read the leaflet about your operation that you will receive in clinic and look at our website for more information.

We want you to feel fully informed and in control. This will make you less anxious on the day of your surgery and aware of what to expect during your recovery.

It is fundamental that you do your best to be as fit as possible for your operation. For example, exercising regularly, losing excess weight, avoiding alcohol excess and stopping smoking will make your surgery safer and your recovery faster. This process is called prehabilitation for surgery and consists of promoting general healthy living goals.

If you are significantly overweight, Mr Lorenzi and Dr O'Hara may ask you to follow a special liver shrinking diet for a period of few weeks prior to surgery.

Preoperative assessment



The Hospital will arrange a preoperative assessment for you to check if you have any medical problems that might need to be treated before your operation, or if you'll need special care during or after the surgery. This is usually done during an appointment with a nurse at the hospital or in some cases this may be carried out over the phone. In all cases this will happen the week prior to your procedure.

You'll be asked questions about your health, medical history, and home circumstances. Depending on the type of your operation and the kind of anaesthetic you are having, you will have some tests, which usually are blood tests and an ECG (electrocardiogram – trace of your heart to check the rhythm and electrical activity).

We will advise you on whether any regular medications need stopping or altering.

If you have any significant medical conditions or are expected to undergo a long operation, Mr Lorenzi or the preoperative assessment team will ask Dr O'Hara to see you prior to the operation for an anaesthetic assessment.

Dr O'Hara will ask you about your clinical conditions and previous experience with anaesthetics. He will organise further tests (i.e. echocardiogram) if necessary. He will check your regular medications and give you advice about whether any drugs you are taking could potentially interfere with your surgery. For example, he will tell you if and when to stop any anticoagulation (blood thinning) medications before your surgery.



The day of your surgery

Please do not stop taking any prescribed medication including on the day of operation unless you have been specifically instructed to do so by Mr Lorenzi, Dr O'Hara or at your preoperative assessment.

Please leave jewellery and valuables at home. A wedding ring can be left on and will be taped before going to theatre.

Don't worry about shaving the surgical site as this will be done in the operating theatre if needed.

On the day of the operation, dress appropriately for the weather and avoid getting cold or wet. Maintaining a normal body temperature is very important for the success of your operation and is one of the principles of enhanced recovery aimed to reduce any stress caused by the surgery to your body.

Good nutrition and fluid balance is paramount. We aim to minimise the amount of time you need to starve before an operation and get you eating and drinking as soon as possible afterwards. Please try to eat well in the days leading up to your operation and avoid getting constipated as surgery and anaesthesia (including some painkiller medications) could make it worse.

If you are NOT diabetic, please purchase four bottles of an isotonic sport drink (This should be still and not fizzy). This should not be a diet or low sugar version. If your operation is scheduled in the morning, please drink one bottle before going to bed and start drinking the second one as soon as you get up that morning, aiming to finish it by the time you arrive at the hospital. If you are on an afternoon list, please drink the first bottle when you get up in the morning and another one on the way in to the hospital. Remember to bring in a couple of additional bottles with you in case you are scheduled later in the day and need to drink in the hospital. We will advise you if this is necessary. This sugar and water load will help you to feel much better after surgery and reduce any sickness.

Apart from the sport drinks and clear water, you must not eat anything, drink anything containing milk (including white tea or coffee) or take any liquids in the six hours prior to your operation.

If you are diabetic, we will give you specific advice with regard to your diabetes medications and insulin therapy. We will do our best to plan your operation as early as possible in the day.

We will encourage you to drink and eat almost immediately after surgery. This is key to reducing sickness and will help facilitate your body returning to normal. It is important to try to drink and eat a little soon after your operation even if you don't feel like it.

You will be encouraged to get up and mobilise as soon as possible. This reduces the chance of chest infection, the risk of clots in your legs or lungs and helps your intestine to work sooner. Do not try to get up on your own the first time after surgery, a nurse should be there with you.

Mr Lorenzi and Dr O'Hara have worked together in developing combined anaesthetic and surgical techniques to reduce any pain and sickness and improve your comfort after surgery.

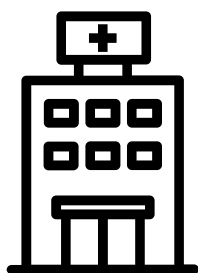
We use deep neuromuscular blockade and low intra-abdominal pressures during minimally invasive surgery to improve the surgeon's view and reduce the operating time as well as to decrease any post-operative pain, in particular shoulder tip pain sometimes associated with keyhole surgery.

We use local and regional anaesthetics to control pain after surgery and choose the most appropriate medications for each individual patient to do this and reduce any sickness.

We have developed our techniques to optimise your recovery. However, this will only happen if you are well informed and motivated. We are working together and you are part of the team!

Keeping yourself warm, well hydrated, fed and getting up and about early following surgery are very simple things which can make a big difference and allow you to have a safe and prompt recovery.

Arriving at the hospital



In the days leading up to your surgery, you'll need to make travel arrangements for getting to and from the hospital as you will not be able to drive yourself home.

Please make sure that another adult can be with you for the first night after surgery as this is a mandatory requirement. Give your family and friends plenty of notice about your operation so they can take time off work to be with you, if necessary.

Parking is free of charge at the Springfield Hospital and Phoenix Hospital Chelmsford. Please remember to register your car's number plate if requested.

You should check in at the main reception and a porter will then take you to your room where the staff will book you in, check your personal details and put your identification wristband on.

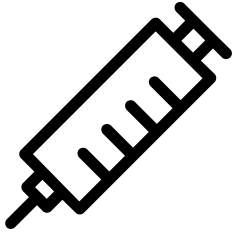
You will then be asked to change into an operating gown. A nurse will record your blood pressure, pulse and temperature and ask you some questions for the operation checklist to ensure you are correctly prepared for your operation.

Mr Lorenzi, our surgeon, will come to see you to talk to you about your operation, examine you and answer any remaining questions you may have. He will ask you to sign a consent form to demonstrate your understanding of the risk and benefits of the operation and that you have fully read and understand the operation booklet and the information written in this website.

Dr O'Hara, our anaesthetist, will talk to you about the anaesthesia and the initial recovery after surgery, including dealing with any possible pain and sickness. Dr O'Hara will answer any questions regarding your medications.

Dr Akotia and Dr Hassani are also part of the team, and they may be your consultant anaesthetist on the day of your operation.

Anaesthesia & Surgery



If you are having a general anaesthetic Dr O'Hara will put a needle into a vein in the back of your hand to give you the anaesthetic. When you are asleep, he will gently put a tube into your windpipe to aid your breathing, and will remove it before you wake up. This may leave you with a bit of sore throat but drinking little and often will help relieve it.

During surgery, Mr Lorenzi will give you an injection of local anaesthetic to reduce any pain after surgery. This lasts for 4 to 6 hours helping you to be more comfortable immediately following your operation.

For patients receiving local or spinal anaesthetic instead of a general anaesthetic, you will be conscious throughout the operation and will be aware of the procedure taking place. However, you will not feel any pain due to your anaesthesia. A sterile drape will be used to prevent you from actually observing the operation. Dr O'Hara and the anaesthetic nurse will chat to you throughout the surgery making sure you are comfortable.

Music will be playing in the operating theatre and you are welcome to bring your own music to be played during the operation!

Discharge



After surgery, you will be taken to the recovery lounge where you will be looked after by a nurse and offered something to drink. You can leave the recovery lounge when the nurse is happy you are in a suitable condition and you will be moved back to your room.

You will be offered a cup of tea, biscuits and sandwiches. Please remember it is very important to drink and eat a little almost immediately after surgery and get your body back to normal as soon as possible.

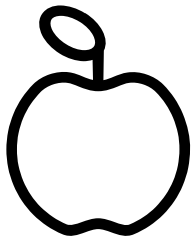
Most patients are ready to go home 3 to 4 hours after surgery, but occasionally general anaesthetic patients may need to stay overnight in hospital.

Mr Lorenzi and Dr O'Hara will come and see you in the ward after surgery. They will explain how the operation went and will make sure all your medications are prescribed.

A nurse will regularly check your blood pressure, pulse and temperature, and ensure you are comfortable and ready for discharge. You will first need to have eaten, got out of bed and passed urine (if you had an inguinal hernia repair).

The nurse will provide you with a home pack including pain and anti-sickness medications and some laxatives if you had a hernia repair.

Mr Lorenzi will write to your doctor about your surgery so your NHS records are updated. It is not usually necessary to see your GP following the operation.



Speeding up your recovery at home

It is essential that you continue healthy habits at home, even if it's just for the time that you are recovering. Eating a healthy diet will help to ensure that your body has all the nutrients it needs to heal. Drinking plenty of fluids and ensuring you have enough fibre in your diet will help to avoid constipation and reduce strain on the wound.

Smoking badly affects the healing process of your body and can be responsible for wound infection and poor healing. By not smoking you will also improve your circulation and your breathing.

Family and friends are there to help you. They can do the driving, shopping, gardening, and take out the bins while you are recovering!

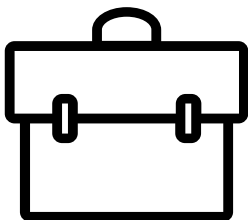
Keep to your routine. Get up at your normal time in the morning and get dressed. Getting out of bed is easier if you roll onto your side and push yourself up sideways without contracting your abdominal muscles. By moving about the house you will reduce the chance of blood clots in your veins and help your body get back to normal.

When you are building up your activities, do it gradually and use common sense. It is important that you listen to your body and stop what you are doing if it feels uncomfortable or painful.

If you had a hernia repair, the first two weeks after surgery are very important and you need to be cautious and avoid lifting any weights of more than 5kg which could cause straining. You should also avoid doing anything strenuous involving pushing, pulling or stretching. During the following weeks, you could gently do a bit more, but it is advisable to wait 6 weeks before going back to most activities including jogging, cycling, light gym work and playing golf. When you restart your normal activities, remember to give time for your body to gradually build up strength as you haven't been doing much for some time.

Take your pain medications regularly for the first 2-3 days and then gradually reduce them until you don't need them anymore.

Driving and Return to Work



You need to be able to confidently perform an emergency stop to be able drive again. This will usually be between 10 to 14 days after surgery but may be earlier for a small procedure.

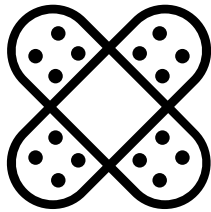
Please be aware that your insurance company should be informed about your operation and it is important to check that your insurance covers you when you resume driving after surgery as some companies will not do so for a number of days (and occasionally weeks).

The length of time you need to be off work depends on many factors including the job you do, the type of the operation you have and how you heal and recover after surgery.

If you have a desk job, we advise you to take the first two weeks off after surgery or work from home if you need to. Returning to work earlier shouldn't cause any harm but you may experience discomfort travelling or spending a long time in the office.

For patients who perform manual work involving lifting and heavy labour, we recommend waiting 6 weeks before resuming normal activities. If possible, you can consider doing some light duty work after 2 weeks.

Sexual activity can be resumed as soon as you are comfortable to do so.



Wound Care

For patients undergoing keyhole surgery, you will only have small wounds of a centimetre or so. They will be covered by small dressings or glue. There will be NO stitches for you to remove. Any stitches used will be dissolvable ones under the skin.

Please keep the dressings in place for the first couple of days. After that, there is not much else to do apart from keeping the wound clean and reasonably dry. Please do not soak in the bath or hot tub for 10 days. It is absolutely safe to have a shower. Any residual glue can be removed after 10 days.

For patients undergoing open surgery (in particular hernia surgery), you will have a pressure dressing/strapping to reduce swelling and prevent bleeding from the wound edges. The pressure dressing should be left in place for 48 hours if possible. After this period, the pressure dressing can be removed, as well as the small brown gauze (Inadine gauze - a special dressing containing the disinfectant povidone-iodine) that you will find underneath. There will be NO stitches for you to remove as they will be dissolvable ones under the skin. Please keep the wound clean and reasonably dry. Please do not soak in the bath or hot tub for 10 days. You can safely have a shower. Pat the wound dry with a clean towel after the shower.



Follow Up

A follow-up appointment with Mr Lorenzi will be organised for you if required. This usually happens 4 to 6 weeks after surgery and is routinely organised for patients undergoing gallbladder or reflux surgery.

Not all patients having hernia surgery require a follow-up appointment and you will be advised after your operation if you need one. *For more information related to your specific operation, please visit our Procedures page.*