



Government of **Western Australia**
North Metropolitan Health Service
Women and Newborn Health Service

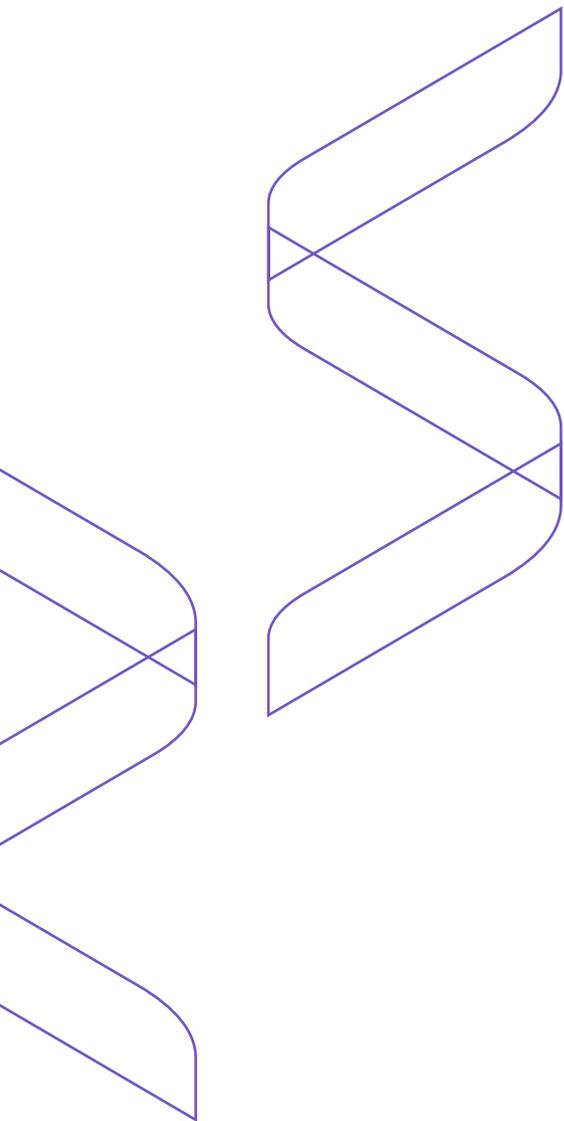
Please bring
me each time
you visit the
hospital and on
your admission



Having an operation: Your journey

Endoscopy • Gynaecology •
Gynaecology • Urogynaecology





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Introduction

Welcome to King Edward Memorial Hospital.

We are very pleased to be looking after you for your approaching operation, which is booked for _____.

Your Pre Admission Clinic appointment is booked for _____.

It is anticipated your length of stay will be _____ nights.

Please have requested blood tests today or in the next few days at your nearest PathWest Collection Centre.

We aim to:

- Provide the highest level of care
- Give you the best possible experience in hospital
- Get you back to living your normal life as soon as possible

What can I do to help make the operation a success?

It is important you understand how the operation might affect you, so you and your carers can take an active part in your recovery.

Tobacco and alcohol

If you smoke or drink alcohol, stopping several weeks or more before the operation may reduce your risk of developing complications and improve your long-term health. You may have been given a Quit Pack with helpful advice on how to cut down and hopefully quit smoking. Resources can be found at www.quitnow.gov.au and www.alcoholthinkagain.com.au

Diet

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight. When losing weight, you tend to lose your tummy (abdominal) fat first and this makes your surgery safer and easier.

See the food wheel opposite for good choices. Further information can be found at www.eatforhealth.gov.au

Exercise

Regular exercise can help to prepare you for the operation and has benefits for your long-term health.

The benefits of a pre-operative exercise program include:

- Improved balance, which may reduce the risk of falls
- Improved general fitness
- Decreased risk of surgical and post-operative complications

All this leads to better outcomes and reduced recovery time following your procedure.

Australian Guide to Healthy Eating

Enjoy a wide variety of nutritious foods from these five food groups every day.

Drink plenty of water.

Grain (cereal) foods, mostly wholegrain and/or high cereal fibre varieties



Vegetables and legumes/beans



Lean meats and poultry, fish, eggs, tofu, nuts and seeds and legumes/beans



Fruit

Milk, yoghurt, cheese and/or alternatives, mostly reduced fat

Use small amounts



Only sometimes and in small amounts



Admission information

Please come to the admissions desk at the main entrance of King Edward Memorial Hospital on _____ at _____ am/pm.

IMPORTANT: Please phone (08) 6458 1459 between 5pm and 6pm the evening before your surgery to confirm your arrival time.

If your surgery is on a Monday, you will need to call on the Friday before your surgery between 5pm and 6pm.

If you have diabetes, do not drink the carbohydrate drinks. You may drink clear fluids as advised.

Surgery preparation and fasting instructions

Day before surgery (either morning or afternoon surgery)

- You may eat a normal diet.
- Mix two sachets of your Preload™ carbohydrate drink with 800ml of water. Drink half (400ml) at 4pm and the other half (400ml) at 8pm (**not for diabetics**).

Day of surgery

If your surgery is in the morning:

- Do not eat after midnight the night before surgery (including chewing gum and lollies).
- You may have clear fluids only from midnight until 6am on the day of your surgery. Clear fluids are water, clear fruit juice (no pulp), cordial, black tea and coffee (no milk).
- Mix one sachet of Preload™ carbohydrate drink with 400ml of water and drink between 5am and 6am on the day of your surgery (**not for diabetics**).
- From 6am on the day of your surgery you must have nil by mouth (no food or drink).

If your surgery is in the afternoon:

- You may have a light breakfast (tea and toast) at 6am on the day of your surgery.
- You may have clear fluids only from 7am to 11am on the day of your surgery. Clear fluids are water, clear fruit juice (no pulp), cordial, black tea and coffee (no milk).
- Mix one sachet of Preload™ carbohydrate drink with 400ml of water and drink between 10am and 11am (**not for diabetics**).
- From 11am on the day of your surgery you must have nil by mouth (no food or drink).

Other preparation on the day of your surgery

- You should continue your regular medications unless you have been told otherwise.
- Shower on the morning of your operation. Do not use talcum powder.
- Remove all nail polish and jewellery.

Special instructions

- Do not shave, wax or use any hair removal creams for three days before your surgery.
- Please have your blood tests at a PathWest laboratory on:

-
- Urology bowel preparation (morning/afternoon case):
-
-

Cold/illness/COVID-19 symptoms

Contact the bookings clerk on (08) 6458 1309 if you develop a cold, illness or COVID-19 symptoms prior to your surgery.

In some cases, it may not be possible to have your surgery if you have your period. Your doctor will have discussed this with you. Follow any special instructions given to you by your doctor.

Medicines at KEMH

When you come to hospital, please bring all your medicines with you in their original packaging (or your current Webster-pak). It is important for your medical team to know what medicines you are taking in case they may interact with medicines used in hospital.

This includes:

- Medicines prescribed by the doctor
- Medicines bought from a pharmacy or supermarket
- Herbal medications, vitamins and supplements
- Topical medicines (creams, ointments, patches, etc)
- Inhalers, injections, implants, pessaries, suppositories
- Eye, ear, nose, throat medicines

Your medicines will be safely and appropriately stored while you are in hospital, including medicines that need to be refrigerated.

If you require any medicines on discharge, a prescription will be written that can be filled at the hospital pharmacy or taken to your community pharmacy.

Medicine prices at KEMH are similar to what you would pay at your community pharmacy and you may choose to pay on the day of discharge or receive an invoice in the mail.

If you have any questions about medicines, please ask to speak to your ward pharmacist.

Please withhold the following medicine(s) before your procedure:

	MEDICINE	WHEN
WITHHOLD		

Comments: _____

The pharmacy department may be contacted on (08) 6458 2727. Our opening hours are 8.30am to 5pm (Monday to Friday).

What to bring with you

- Medicare and/or private healthcare insurance details
- Sleepwear and/or casual clothes and slippers
- Pen, paper and this brochure
- Sanitary pads and toiletries
- Any aids you may use, eg: walking sticks or spectacles.
- Medications (in their original packages) that you are currently taking
- Chewing gum

Please bring the items above in one small bag and leave your valuables at home.

Once your admission is complete you will go to the Day Surgery Unit or ward and be prepared for theatre. Following surgery, you will be taken to a ward where a nurse will explain the ward routine to you.

In each room there is a:

- Television for hire.
- Phone (you will need a phone card, which can be bought at the hospital café, to make outgoing calls). Mobile phones may be used unless otherwise specified.

Electrical equipment i.e. a phone charger or laptop, must be safety checked before you use it in hospital. Please ask your nurse to arrange this.

Visiting hours on Ward 6 are 8am to 8pm each day.

Your recovery journey

The post-operative period can vary greatly between patients. Your post-operative recovery will depend on how complex your surgery was, the length of time that it took and your overall health and fitness prior to surgery.

A normal recovery

This is what we anticipate you should experience:

Day of surgery

Post-surgery, you will wake up in recovery before being transported to the ward. You can drink water as soon as you are fully awake and have a meal two to four hours after surgery, depending on your desire to eat. You will be given medication for pain relief and to prevent constipation.

First day after surgery

You will be offered three meals today and access to snacks. We encourage you to eat and drink as normally as possible, but feel free to have smaller amounts if your appetite is reduced. Chewing gum can help your bowels to work sooner.

The catheter in your bladder may be removed this morning and your ability to pass urine monitored.

You are encouraged to sit out of bed for most of the day, including when you eat your meals. Aim to walk around the ward at least four times. The more you are out of bed, the less likely you are to suffer from complications such as blood clots, pneumonia or breathing difficulties.

Your medical team will discuss with you when you are likely to go home. If they have not mentioned this, ask them. If your surgery was laparoscopic (keyhole) you may be discharged home today. You will also need to arrange a lift home and someone to be at home with you to help.

Second day after surgery

Like the previous day, please eat your meals sitting out of bed. You will likely be eating and drinking normally and walking more easily. Your bladder function should have returned to normal. The cannula (needle) in your arm will be removed when you no longer need it.

You should now be taking all your medication orally. Your doctor will discuss with you what medications you will go home with and for how long you should take them.

Most patients are ready to go home today by 10am. Prior to discharge, you should receive your prescriptions, discharge summary and follow-up plan. Some follow-up appointments are by phone only. Be sure your follow-up appointments are written down in this book. Most patients will only require one follow-up appointment.

If you have any questions or concerns, be sure to ask. It is very important to us that you feel confident and happy about going home.



Recovery checklist (please tick)

Have you?	Day of surgery	After surgery	
		Day 1	Day 2
Been seen by your doctor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sat out of bed for meals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spent 8 hours out of bed per day?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passed urine?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chewed gum?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had the cannula (needle in your arm) removed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Made plans for who is going to pick you up?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussed when you are going home?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Discharge criteria

By the time you go home, you should be able to:

- Walk safely (this might be with a stick or assistance)
- Pass urine
- Manage pain with oral medication
- Eat and drink without nausea and vomiting

This is usually two days after your operation.

Follow-up

We will follow up with you after your operation to make sure everything is going well. This will be by phone or in the outpatient clinic. Make sure you know before you go home when and how we will follow up with you.

- Phone in ___ weeks
- Outpatient clinic in ___ weeks | Date/time (if known) _____

Bowel care

Surgery can lead to constipation for a number of reasons. Major surgery can affect your bowel, causing it to be sluggish. Opioid-containing pain medications, such as codeine or morphine, have the side-effect of causing constipation.

Return of normal bowel function after surgery is variable depending on your previous bowel habit, type of surgery and recovery. Most patients have a bowel motion by their third day following surgery. Eating, drinking and passing wind are reassuring signs that your bowels are returning to normal. It can be several weeks before your appetite is fully back to normal.

All patients undergoing abdominal surgery should take regular laxatives and stool-softeners (except in certain circumstances where surgery on the bowel has been performed) until their bowel motions have normalised and they have stopped taking strong pain medications. If you have not had a bowel movement by your third post-operative day, you should seek advice from your GP, local pharmacy or KEMH.

Constipation can be a frequent cause of post-operative pain and most patients feel much better as their constipation resolves. Nonetheless, there are some serious symptoms you should not ignore. Please be seen urgently if you develop new-onset nausea and vomiting, fever or escalating pain and bloating. The section entitled *When to seek help?* on the following page has the complete list of concerning symptoms that require prompt attention.



Women and Newborn Health Service

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🌐 kemh.health.wa.gov.au

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