

Health New Zealand

Te Whatu Ora

Lakes

Rotorua Hospital

**YOUR ADMISSION FOR A
PROCEDURE OR SURGERY**



Patient Information

August 2024
EDMS: 2934019

About the Day Stay Unit

The Day Stay Unit welcomes you as a patient. Our staff will do everything they can to ensure that your visit is as comfortable as possible.

We care for 'day surgery' patients as well as patients staying overnight after surgery.

Day Surgery Patients

You will come into hospital and go home on the same day of your surgery. The length of your stay will depend upon the operative procedure and the type of anaesthetic you have. You should be back among the familiar surroundings of your own home before the day is out. Please have someone available to take you home before 5:30pm and **bring their contact details** with you.

There are occasions when male and female patients are in the same room in the Day Stay Unit.

Patients Staying Overnight **Approx. no. of night/s** _____

You will stay in hospital for at least one or more nights depending on the type of surgery you have and how you feel afterwards. You will come into the Day Stay Unit on the day of your operation. You will go into the Operating Theatre and then to a ward after you have recovered from the anaesthetic.

Please note our visiting hours may vary but are between 10am-8pm and there is a limit of two visitors per patient at any one time.

Your visitors must have consideration for all patients. Children under the age of 14 must be supervised at all times.

Visitors may be asked to leave if staff need to treat you.

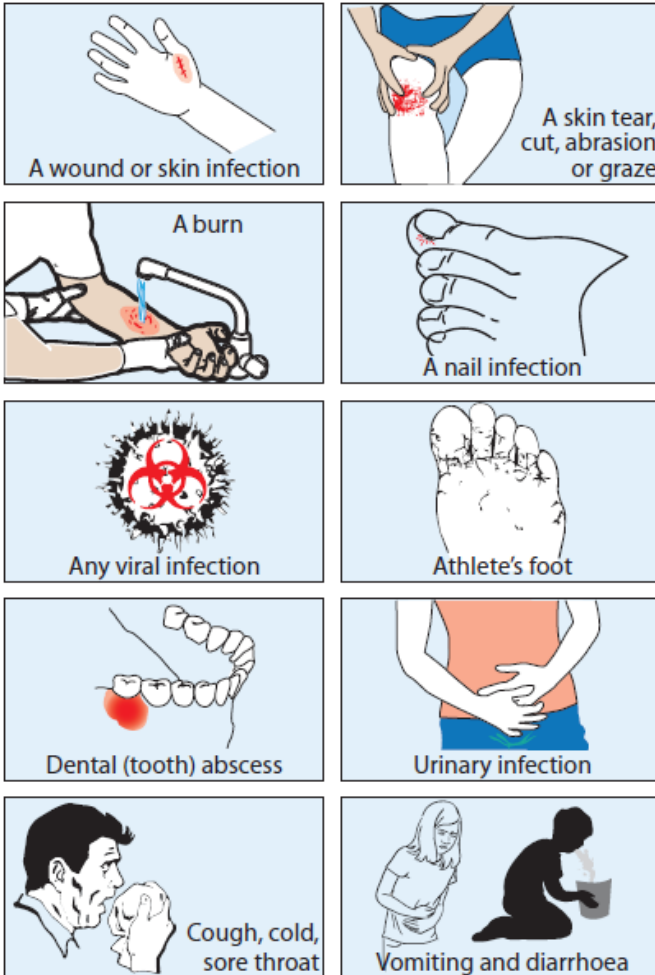
If your family have a cell phone they can leave the peri-operative unit while you have your operation and we will contact them when you are ready to go to the ward. Leave their contact details with the peri-operative nurses.

For Your Safety

Be sure to contact the pre-op assessment clinic with any changes in your health, medications (natural and prescribed), or contact details prior to your surgery.

If you develop **any** of the following **before** your surgery, please contact the Preoperative assessment clinic:

➤ **Telephone (07) 349 7978**



Transport Assistance

If transport is difficult to access on the day of your admission you can try the following:

St Johns shuttle can provide transport to the hospital, not always available for early morning pick-ups, and you would need to be book 48 hours prior.

St Johns Health Shuttle – 0800 785 646

Otherwise for all transport bookings and enquires please contact the Te Whatu Ora -Lakes hospital shuttle service -

Ready to Roll Shuttle - 0800768 537

Enquiries Around Your Date For Surgery

A booking co-ordinator will be in touch with you in due course to give you the date for your operation. The timeframe will depend on how urgent the surgeon has deemed your operation and how many other people are on the waiting list.

If the date doesn't suit you or you are unable to attend please let us know with as much notice as possible.

If you have **queries around your date for surgery** the booking co-ordinator contact details are;

Orthopaedic	:	07 349 7866
General Surgery	:	07 349 7951
Ear, Nose & Throat	:	07 349 7665
Gynaecology	:	07 349 7665
Endoscopy	:	07 343 7742
Dental	:	07 349 7977
Radiology/MRI	:	07 343 7768
Eyes	:	07 348 6644
ACC/Orthopaedics	:	07 349 7955 ext. 8675

Before coming to hospital

For a long time, the responsibility of the outcome of a surgery was placed predominantly on the surgeon performing the operation. But more and more, we are learning that the things you do or that you don't do as a patient can significantly impact the outcome of surgical procedures

Here are some things that you can do to prepare yourself for your operation:

If you smoke or vape, giving up for several weeks before the operation reduces the risk of breathing problems and improves wound healing.

The longer you can give up beforehand, the better. If you cannot stop smoking completely, cutting down will help.

If you are overweight, any reduction in your weight will reduce many of the risks of having an anaesthetic.

Stay active, aim for 30 minutes of moderate exercise (gets your heart rate up) 3 to 5 times a week. If you do not exercise at all you may need to work up to this. Example: start walking for 15-20mins initially. Increasing up to 30mins. Then start walking at a quicker pace.

Examples of moderate exercise include:

- Walking 2.5kms in 30mins
- Biking 8kms in 30mins (or just biking for 30mins)
- Water aerobics / aqua jogging for 30mins
- Skipping for 15mins

An easy walk of less than 10 minutes doesn't count as moderate-intensity aerobic activity. You may achieve over 10,000 steps per day on your pedometer, but unless you do some sessions of 10 minutes or more at a brisk pace, you haven't achieved it. Just adding steps on your pedometer at an easy pace or through shorter bursts of movement doesn't count.

Improve your diet

Ensure you are eating a healthy diet and keeping adequately hydrated.

A healthy diet means you are eating more fresh fruits and vegetables, cooking meals at home, and reducing your intake of sugar and refined carbohydrates. We all need a balance of protein, fat, carbohydrates, fibre, vitamins, and minerals in our diets to sustain a healthy body. You don't need to eliminate certain categories of food from your diet, but rather select the healthiest options from each category.

You may also wish to reduce your alcohol intake and include at least 2 alcohol free nights per week.

If you have loose teeth or crowns, treatment from your dentist may reduce the risk of damage to your teeth if the anaesthetist needs to put a tube in your throat to help you breathe.

If you have any long-standing medical problems, please ensure you are following your doctor's advice taking your medications as prescribed. If you notice any changes, please see your GP and advise us of any changes.

Advanced Care Planning

Advanced care planning is a way to help you think about, talk about and share your thoughts and wishes about your future health care.

Now is the best time to consider taking part in advance care planning conversations before you become seriously ill. Planning will help you and those around you understand what is important to you, what treatment and care you would like.

You should keep your advance care plan up to date, especially if things change.

If you would like further information about advance care planning talk to your GP or visit: www.advancencareplanning.org.nz

Preparing for your Admission

Q: When am I allowed to eat/drink before my operation?

A:

	Food/light meal/milk	Drink
Admission time 7.00am-1030am (morning surgery)	You may eat food up until 2.30am.	Please continue drinking sips of water on the day of your admission and bring a 500ml bottle of water with you. As a guide, you can have 200mls per hour until you have your final check in by the theatre nurses.
Admission time 11.00am – onwards (afternoon surgery)	Eat a light breakfast / drink milk before 6am	

Patient frequently asked questions:

Q: Why can't I eat or drink before my surgery/procedure?

A: It is important for you to stop eating and drinking in plenty of time before your operation i.e. be 'Nil by Mouth'.

The body has a protective reflex which keeps food in the stomach and prevents it coming back up into the lungs, but this is lost under anaesthesia. Therefore, if there is food in your stomach, you have a higher risk of regurgitating this food and this may enter the lungs and cause pneumonia and complications may include death from this. This is called aspiration.

Q: Why is aspiration so bad?

A: If stomach contents enter the lungs it can cause pneumonia (nasty chest infection) and make you very unwell and prolong your stay in hospital.

Q: Should I wake up to 2 hours before the scheduled time for the procedure or surgery to drink water?

A: Yes, avoiding dehydration is very important. It also adds to your comfort before the operation not to be thirsty and can prevent nausea after the surgery.

Failure to follow these instructions may result in your surgery being cancelled.

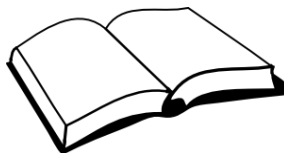
- Do not smoke cigarettes, vape or take recreational drugs for 24 hours prior to surgery. If you need help to do this let us know.
- Do not drink alcohol for 24 hours prior to surgery.
- Do not chew gum or suck lozenges 8 hours prior to surgery
- Do not shave, wax or use hair removal products around the intended operation site for the 2 weeks prior to surgery. This is to reduce the risk of wound infections.
- Have a shower but do not use body lotion or talcum powder.
- Put on clean clothes.
- Wear no makeup, jewellery or nail varnish on the day of surgery.
- Make sure you arrange for someone to collect you after your surgery.
- Please do not bring money or valuables to the hospital as we cannot accept responsibility for the safety of your possessions.

What to Bring with You?



Any drugs, medicines or inhalers that you are currently, or have recently been taking.

THIS IS VERY IMPORTANT



A book or magazine to read or iPad to use while you wait for your surgery.



X-rays if appropriate.



Glasses, lenses, hearing aids or dentures if applicable.

- Please dress comfortably and casually in loose fitting clothes.
- Clothes for your surgery will be provided as necessary.

If staying overnight, please bring a small bag with your personal toilet gear, slippers or shoes, dressing gown and a set of day clothing.

Medications

On the day of your surgery take the following medications before 6am with sips of water:

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.....
.....

Stop the following medications:

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.....
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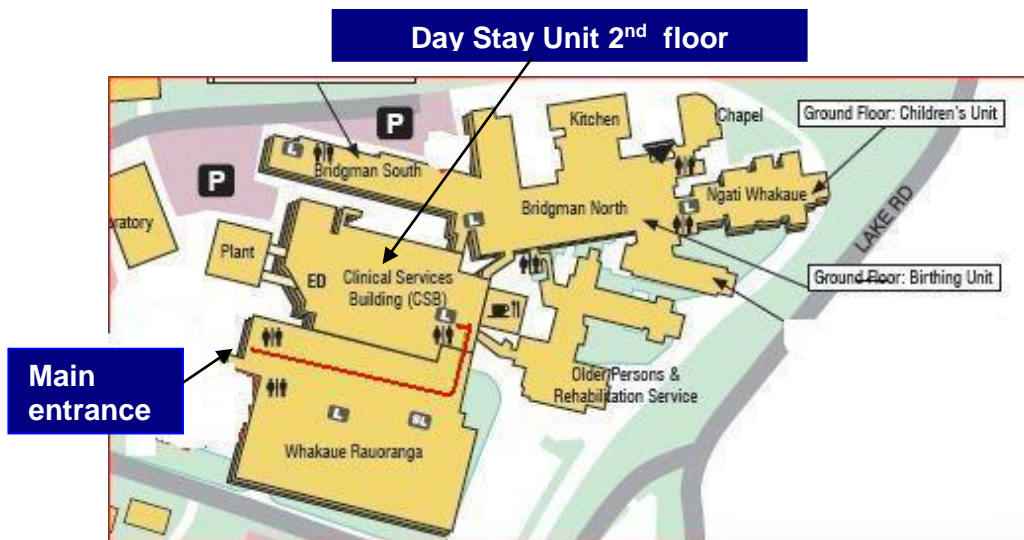
Other pre-operative instructions

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.....
.....
.....

**If you have any concerns, please contact the
Pre-operative Clinical Nurse Specialists
Telephone no. (07) 349 7978**

On the Day of Surgery – How to get there

Map of Rotorua Hospital campus and location of the Day Stay Unit



Please present to the **Day Stay Unit** on the day of your surgical procedure at the time given to you.

The **Day Stay Unit** is located on the second floor of the Clinical Services Building (CSB).

- Come in through the main entrance of the hospital, go straight ahead through the atrium towards the lake, take your first left, then take the first lift on your left to the second floor.
- Follow the signs to the **Day Stay Unit**

On the Day of your Surgery/Procedure

- Please arrive at the time given to you on arrival to Day Stay Unit give your name to the receptionist. You will then be shown to the lounge.
- One of the nurses will help you into a gown and prepare you for your surgery/procedure.
- **If you are the parent/guardian of a child aged less than 16 years old you must not leave until consenting has been completed, as the operation cannot happen without this.**
- Depending on your place in the theatre schedule you may have a short, or long wait. Please be patient and bring a book or magazine to read while you are waiting. We will do our best to keep you informed on progress in your theatre.
- When it's your turn you will walk or travel by wheelchair into the operating theatre and be introduced to the staff who will be looking after you.

Who Should Come with You?

- All patients, including adults, should be accompanied by a responsible person.
- We ask that only **one support person** come with each patient, due to limited space and for the privacy of all patients.
- If you are breast feeding, you may bring your baby, but please arrange for someone to look after the baby while you are having your surgery.

Your Anaesthetic

You will meet your anaesthetist on the day of the operation. An anaesthetist is a specialist doctor who remains with you throughout your surgery/procedure keeping you safe and as comfortable as possible.

Your anaesthetist will talk to you, explain the planned anaesthetic and answer any questions you have. They will ask you to sign a consent form. An important part of the consent process is that you have information about what to expect prior to your day of surgery. The pre-assessment nurse specialist will provide you with this information including the likely type of anaesthetic you'll receive and if necessary ask you to see an anaesthetist while you are in pre-assessment clinic. You may also request to see an anaesthetist at this time if you wish.

If you have medical issues which place you at high risk of complications from the anaesthetic or surgery this will be specifically discussed with you by an anaesthetist. Remembering that everyday of your life there is a risk of heart attacks, strokes, death etc... your usual risk comes to the operation with you- whilst we do our best to keep you safe.

The risk of a young, healthy person dying during a routine operation is similar to their risk of being struck by lightning!

Allergic reactions to medications or nerve injuries from lying still and not moving are also rare complications. They can occur during any type of operation or anaesthetic. Your anaesthetist is trained to prevent or treat these complications should they occur.

General Anaesthetic (GA)

A GA can be used for operations anywhere on your body. Drugs are given through an intravenous line, or you are given gases to breathe which make you fall 'asleep.' You remain in this 'asleep'

state until the operation finishes and the drugs/gases are stopped allowing you to 'wake-up.' You are given pain relief medication or numbing injections while you are 'asleep' to minimise pain after the operation. Usually a breathing tube (airway) is put in your mouth to keep your airway safe. If day surgery is planned, you can usually go home within a couple of hours of 'waking-up.'

You should not remember any part of the surgery/procedure and if you are fit and healthy a GA is very, very safe.

Risks include –

- being sleepy or confused for a period of time following the operation,
- nausea/vomiting,
- sore throat,
- chipping teeth or cuts to the lips or tongue.
- Remembering something from during the operation is uncommon. Being in pain and unable to move during the operation is extremely rare.

Sedation is like a very light form of general anaesthesia. The same drugs are used but in lesser doses. It is used to try and relax you or help you sleep through a procedure during which significant pain is unlikely. You may remember something but it shouldn't be traumatic.

Spinal Anaesthetic

A spinal can be used for operations on your legs or lower abdomen (including your bottom). Typically, an intravenous line is placed and you're asked to sit on the operating bed with your legs off to one side. A little 'relaxing' medication is administered and you will be helped and supported into the correct position. In the lower part of your back, below where your spinal cord finishes a very fine needle is placed into the fluid which bathes the nerves to your legs. A small amount of numbing medicine (local anaesthetic) and sometimes morphine or related drugs are

injected and the needle is removed. It should be no more painful than a dentist's injection.

Your legs and lower abdomen (tummy) will go numb and motionless for the next 2 to 8 hours.

With a spinal you can be awake for the operation or we can give you sedation.

By avoiding a GA, we generally reduce the risk of sleepiness, confusion and nausea/vomiting. Immediate post-op pain is reduced and if you have significant medical problems affecting your brain, heart or lungs a spinal may be safer than a GA.

The risks from a spinal include –

- it not working properly- in which case, a GA will usually be given,
- temporary lowering of your blood pressure,
- a headache
- very rarely the risk of nerve damage. Serious nerve damage or paralysis is very, very rare.

You won't be able to walk or pass urine until the spinal has worn off and this can sometimes delay your discharge home.

Epidural Anaesthetic

An epidural is typically used for pain relief during and after an operation involving the abdomen (tummy) or legs. It is combined with either a spinal or general anaesthetic during the operation itself.

An epidural is a fine plastic tube, about the diameter of a fishing line which is placed into the space around the nerves in your back. The tube can stay in for several days after the operation and numbing medicine is passed through the tube to make the site of the operation stay numb, and keep you comfortable.

It is usually put in prior to the operation and the way it is placed is very similar to a spinal anaesthetic. Because it doesn't enter the space where the spinal fluid is an epidural can be placed anywhere from your neck to your bottom depending on what operation you are having.

An epidural would only be recommended for a relatively major or painful operation. Its main benefit is being able to minimise pain after your operation and in particular the side effects of pain relief drugs like morphine.

The risks of an epidural are as for a spinal anaesthetic although nerve damage, whilst still very uncommon, is more common with epidurals than spinals.

Nerve Blocks

Numbing medicine (local anaesthetic) is placed around the nerves for the part of your body being operated on. Usually this will be for shoulder, arm or leg operations but parts of the chest or abdominal wall can also be numbed.

The injections can allow you to be awake for the operation being unable to feel it- or they can be used for pain relief reasons and combined with GA, sedation or spinal anaesthesia.

As with spinals and epidurals, nerve blocks are used to minimise the amount of drugs we give to your brain and body and minimise the side effects which can occur from these drugs.

You will have a numb area of your body after a nerve block which will need to be carefully looked after. The numbness will also wear off, typically 6-24 hours later, and it's important to take regular pain relief to prevent and treat the pain which will occur when the numbness wears off.

There is a small risk of nerve blocks not working properly and nerve damage is a risk. Numbness which lasts from a day to a week is not uncommon, but pain, weakness or any form of permanent nerve damage is very rare.

Pain Relief After Your Operation

During and after your operation an important aspect of your care is management of your pain. Acute pain from an operation usually improves rapidly over the first few days, but pain is very much an individual experience and no-one can tell you exactly what your experience will be. We do know that patients who either have a lot of pain, or take a lot of strong pain relieving medication prior to operations, can have more challenging pain for us to manage after their operation.

Good post-operative pain relief is important for your physical and mental well being. It reduces the stress on your body and promotes faster healing. It enables you to walk sooner and breathe properly and deeply. Walking and breathing properly are important to minimise post-operative clots in your legs and lung problems respectively.

If you are having day surgery you will leave hospital with a script to take to a pharmacy to get your pain relief. It will be tablets or syrup. If you cannot afford it, or are unable to visit a pharmacy please let our staff know.

If you are staying in hospital some of the more common ways we manage pain are;

- Medication by mouth
- Suppositories (up your bottom)
- Medication through your intravenous line (cannula)
- Numbing medication through an epidural
- Numbing medication into your wound or around the nerves going to your wound.

It is very important to take **regular** pain relief while you have pain from your operation as it works better. Taking pain relief only when the pain gets bad means you will be more uncomfortable

for longer and the medication doesn't work as well. It is easier to keep on top of pain than try and catch up with it.

Some people worry about becoming addicted to pain relief medication. This is extremely unlikely. The pain from your surgery should reduce as you heal and you then won't need strong drugs to relieve your pain.

After your operation our nurses will regularly assess your pain using a pain rating scale. An accurate assessment of your pain provides valuable information on **how well we are looking after you and reducing your pain**. This is the pain scale we typically use to assess your pain. You will be asked to grade the severity of your pain from 0 to 10.

HELP US TO HELP YOU!
ĀWHINATIA MAI MĀTOU, MĀ MĀTOU ANŌ KOE E ĀWHINA ATU

Rate your level of comfort on this 0-10 scale
Kei te pāngia anō koe ki te mamae i tēnei wā? Tohua te taumata e tika ana

0 1 2 3 4 5 6 7 8 9 10

COMFORTABLE
kei te pai noa iho, kāore i te mamae

MILD DISCOMFORT
he paku nei te mamae

MODERATE DISCOMFORT
kei te āhua mamae

PAIN
kei te mamae

SEVERE PAIN
kei te tino mamae

WORST POSSIBLE PAIN
kei te tino mamae rawa atu

This poster has been developed to promote the comfort of people within our DHB.

If at any time whilst in hospital you feel your pain is too severe for you to move, cough or function- please ring the bell to call your nurse. They can help to reduce your pain and help you get better sooner.

After your Surgery / Procedure

After your surgery / procedure you will be in the recovery area. When you are awake and comfortable the nurse will send you back to the Day Stay Unit or the Surgical / Orthopaedic / Children's Unit.

Day Surgery

You should be able to have a drink and a sandwich. A short while later, once you have recovered sufficiently, you will get dressed and be ready to go home.

You must be accompanied home by a responsible adult who can remain with you overnight.

You must not drive yourself home if you have had a general/spinal anaesthetic and/or sedation.

Please do not leave the Day Stay Unit until you have received advice from the nurse and had your cannula (plastic tube) removed. Any pain or nausea should be well controlled.

You should clearly understand what drugs to take for pain relief and who to call if you have a problem.

Overnight Surgery

In the Surgical / Orthopaedic & Gynaecology / Children's Unit:

- Your pulse and blood pressure is taken often.
- You may have a small plastic tube (cannula) in your arm for fluids and antibiotics.
- To relieve pressure from your back or bottom you will need to lift or roll off them for a little while every 2-4 hours. Staff will help you do this.
- Ring the bell to call a nurse if you have any questions or are in pain.

On Discharge

Before leaving the Peri-operative, Surgical, Orthopaedic or Children's Unit, make sure you have:



Written instructions on what to do after your Operation.



Your medications and/or prescriptions



A follow up appointment if needed. This may be sent out in the mail.



A responsible adult to accompany you home and someone who will stay with you for the first night following your surgery.

If staying overnight, we appreciate it if you can arrange to leave the Unit no later than 11.00am on day of discharge.

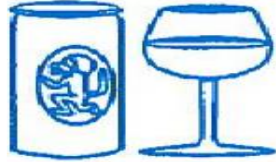
On Discharge

IMPORTANT PLEASE NOTE:

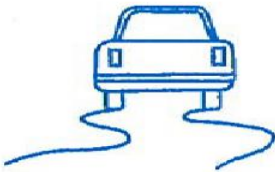
For the **first 24 hours** after your anaesthetic, you must **NOT**:



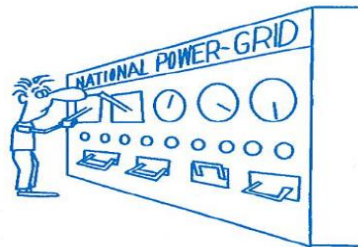
Eat a heavy meal



Drink alcohol or take
sleeping pills



Drive a motor vehicle



Operate machinery



Make important decisions, sign legal documents or
care for minors.

Preventing infection after surgery

What is a surgical site infection?

A surgical site infection (SSI) is the infection of the surgical wound when a patient has had surgery. Some SSI's only involve the skin but others are more serious and can involve the tissues under the skin, organs or implanted material such as joint replacements.

Most patient who have an operation do not develop an infection. If infections do develop however, they can make recovery from your operation more difficult because they cause additional illness and stress.

What are the symptoms of an SSI?

Some of the common symptoms of an SSI are:

- Redness and pain around the area where you had surgery
- Drainage of cloudy fluid from your surgical wound
- Fever (feeling hot and/or cold and unwell)

Can SSI's be treated?

Yes. Most SSI's can be treated with antibiotics. Sometimes patients with SSI's also need more surgery to treat the infection.

What are hospitals doing to prevent SSI's?

To prevent SSI's, doctors, nurses and other health care staff:

- Scrub their hands and arms up to their elbows with an antiseptic just before the operation
- Wear hair covers, masks, gowns and gloves during the operation to keep the surgery area clean
- Remove your hair around the operation site using electric clippers – not a razor, which could irritate the skin and make it easier to develop an infection
- Give you antibiotics before your surgery starts
- Clean the skin at the operation site with an antiseptic that kills bacteria (germs)

What can you and your family/whanau do to help prevent SSIs?

Before your operation:

- Tell your doctor about other health problems you might have, such as diabetes – these could affect your surgery and your treatment
- If you smoke, talk to your doctor or ask to be referred to your local smoking cessation programme for support to stop smoking before your surgery – patients who smoke get more infections
- Don't shave where you will have surgery

At the time of your operation:

- Speak up if someone tries to shave you with a razor before your surgery. Ask why you need to be shaved rather than clipped
- Ask if you will get antibiotics before surgery.

After your operation:

- Clean your hands with soap and water or an alcohol based hand rub before and after touching our wound
- If you're worried a doctor, nurse or other health care worker may have forgotten to clean their hands, its OK for you or your family/whanau to remind them.

What do I and my family/whanau need to do before I go home from hospital?

- Ask your doctor or nurse to explain everything you need to know about taking care of your wound.
- Before you go home, make sure you have the name and contact details of the health provider or hospital to call if you develop signs or symptoms of an infection.

Name of health care provider/hospital:.....

Contact number:.....

Always clean your hands before and after caring for your wound

Stay safe from infection

Are you or a family or whānau member having surgery soon?

Most surgical wounds heal without problems, however a few surgery patients can develop an infection.

The link below is for a short video that explains what you and your family and whānau can do to prevent an infection developing in your wound when you have surgery.

www.hqsc.govt.nz/our-programmes/infection-prevention-and-control/projects/stay-safe-from-infection



Other Important Information

- Our Maori Health Team, Hunga Manaaki, provides care and support for patients and their families. Please ask staff if you would like a member of the team to contact you.
- TV lounges are available in most units.
- Portable TVs and Radios are not allowed in some units and multi-bed rooms because of the noise and sensitive monitoring equipment. If you do wish to bring a TV, laptop or radio for entertainment headphones are recommended to reduce disturbance to other patients. We have free hospital wireless hotspot wifi available.
- Smoking is not permitted anywhere on Health New Zealand - Lakes site by anybody including staff, patients and visitors.
- In the pre-assessment clinic, we have pamphlets available for you outlining Your Rights and Responsibilities. Alternatively, they can be found on the Health New Zealand - Lakes website by searching for 'rights and responsibilities.'

Zero Tolerance

- Health New Zealand - Lakes has a zero tolerance to violence or verbal abuse.
- Violence, verbal or physical abuse directed at staff, patients, family / whanau WILL NOT be tolerated.
- Anyone displaying acts of verbal or physical violence will be removed from the hospital site.
- Police assistance will be sought when required.

We welcome your feedback

Every consumer has rights when receiving a health or disability service.

Copies of feedback forms for compliments / complaints are available in the brochure racks throughout Te Whatu Ora - Lakes hospitals.