



Spire

Bristol Hospital
The Glen

Your patient journey



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Welcome and introduction

Welcome to Spire Bristol Hospital, The Glen. We are proud of our reputation as the premier choice hospital for consultants and patients and aim to deliver a high quality service.

We understand that hospital treatment can be a stressful time; we have designed this booklet to give you information to let you know what will happen to you upon arrival at the hospital and during your stay.

There are a number of steps that you need to take prior to your admission which are detailed in the following sections. The checklist will help ensure your admission is as smooth as possible.

Medical questionnaire completed and returned to hospital Tick box

Insurance company contacted and cover confirmed (if applicable) Tick box

Payment for treatment has been made to the hospital (if applicable) Tick box

It is very important that you have read and completed this checklist.

We look forward to welcoming you to the hospital, if you have any questions or need any help before you arrive, please do not hesitate to contact our bookings department on [0117 980 4028](tel:01179804028).

If during your stay you have any queries, please speak to your ward nurse. Alternatively our Duty Manager will be happy to discuss any aspect of your care.

Rob Anderson
Hospital Director

Prior to your admission

There are a number of important steps that you should take prior to your admission. These will help ensure that you settle in as quickly as possible.

- Please bring with you a clean dressing gown, slippers and toiletries in a wash bag. Towels will be provided in your room.
- Enclosed in this pack is a medical questionnaire. This is used to collect important information, which helps our nurses plan your care. It is essential that you return this to us as quickly as possible in the pre- paid envelope provided.
- If you are insured, you should contact your insurance company prior to admission to inform them of your treatment and confirm that this is covered and pre-authorized. The hospital will bill you directly for any treatment not covered by your insurance policy.
- If you are paying for your own treatment, we normally ask that arrangements for this are made before the day of your surgery. The hospital will contact you to discuss payment. Credit cards can be taken in advance as well as cash payments.
- If you are insured and have received bills from your surgeon or anaesthetist (before or after treatment) these should be forwarded to your insurer. Some procedures may also require you to have pre-operative tests at the hospital. These are billed separately from your main procedure and may be deducted from your out-patient benefit.

Infection control

We aim to keep infections to an absolute minimum. Please read the following information carefully and let us know if you:

- **have been an in-patient in an NHS hospital in the UK in the last six months for more than 24hrs?**
- **have been an in-patient in hospital abroad during last six months?**
- **are or have been a resident in residential or nursing home or similar during the past six months?**
- **have been previously colonised or infected with MRSA?**
- **are a Healthcare professional?**

If you fall into one of the above categories, then please contact the out-patient bookings department immediately at the hospital on [0117 980 4070](tel:01179804070) where arrangements will be made, prior to your surgery, to swab your skin and nose for MRSA.

To date our hospital acquired infection MRSA is zero, to view our rates, please refer to our website at www.spirehealthcare.com/bristol

Latex allergy

Should you have a latex allergy we must also be contacted, as special precautions need to be taken. If you are unsure if you have a latex allergy a small blood test can be performed to verify this. Please refer to your GP for more information.

Preparing for your admission

For certain operations you may be asked to attend a pre-admission clinic, where you may meet your anaesthetist. Otherwise you will usually meet your anaesthetist on the day of your operation. You will be asked about your health and about any previous experience you have had of hospital treatment. It's important that you tell your anaesthetist about any allergies that you have and whether you suffer from asthma, hayfever or eczema, and about any medicines that you are taking (whether prescribed, herbal, or over-the-counter). If you are having a general anaesthetic you will be asked if you have any dental crowns, bridges or loose teeth. These can be vulnerable to damage because a tube is usually put in your mouth while you are unconscious.

- It may be required to stop any hormone medication including the contraceptive pill, HRT or other medication up to six weeks prior to surgery. Please check with your consultant if this is necessary.
- If you smoke, you should give up a few weeks before surgery. This will significantly reduce your risk of breathing problems during and after general anaesthesia.
- If you have any other allergies or have additional requirements including dietary requirements, please contact us to discuss further.
- You should have a bath or shower at home on the day of your admission and remove any make-up, nail varnish or nail extensions.
- We would be grateful if you would carefully consider the items that you bring with you to hospital. Whilst we offer a safety deposit box, we would normally ask that jewellery, cash and other items of value are left at home.
- We would like to recommend that you bring some reading material or music with you as there may be a delay between admission and your operation time as it is not uncommon for operating times to change on the day of your surgery.

On arrival

When you arrive at the hospital, usually on the day of your surgery or treatment, you will be greeted at reception. You will then be directed to either level 3 or 4, where you will be met by a ward receptionist who will show you to your room.

You will be asked to provide a swipe of your credit or debit card (as you would in a hotel). This simplifies the payment for items not covered by your insurance, such as the cost of telephone calls, newspapers, visitor's meals or one-off payment treatment such as take home drugs. You do of course have the option of settling these charges by alternative means at your time of discharge. A statement of any charges will be forwarded to you, by post, after your stay and before your card is debited.

Fasting Instructions

Please refer to your admission letter for details of your fasting times. Please refrain from chewing gum at least 2 hours prior to surgery. If your child is being admitted, a paediatric nurse will contact you the day before admission to advise of fasting instructions. If you have any special dietary requirements, please inform our head chef by telephone 0117 980 4063 or email cservice-br@spirehealthcare.com

Medication

Continue to take all prescribed medication unless otherwise directed. If you are currently taking Warfarin, Aspirin, Tamoxifen, HRT or regular herbal medication, please seek guidance from your consultant.

On admission to the hospital please bring all medication with you in its original container and a list of drugs you take from your GP. If you use a dosette (drugs box), please bring this with you as well as the above.

Visiting hours

We welcome visitors and appreciate that their support can play a vital role in your recovery. We do have flexible visiting hours between 10.00 am and 9.00 pm but we do encourage our patients to get as much rest as possible after their operation or treatment.

Phone calls

If a visitor wishes to contact you whilst you are in hospital please ask them to dial our hospital switchboard number on **0117 980 4000** and they will be transferred direct to your room telephone.

During your stay

Once the receptionist has shown you to your room, the nurse looking after you will admit you, take your observations: temperature, pulse, blood pressure, etc and answer any questions you may have. This information will be recorded as part of your care.

On the day of your operation

You will be given a gown to wear. It may be that the nurse will only return to your room once your consultant has asked for you to be brought to theatre. Your consultant surgeon (and consultant anaesthetist, if you are having a general anaesthetic) will normally visit you before your operation. You will be asked to sign the consent form for your operation, if you have not already done so during your out-patient consultation. This is also an opportunity to ask any further questions you may have.

You may have to wait some time (even several hours) before being taken to theatre. It may be that your consultant has a number of operations to perform, some more complex than others. All their patients will have been admitted within a short space of time, so they can all be visited before the operation list gets underway. This arrangement ensures the

theatre list is not disrupted. The ward staff will have some idea of the proposed theatre list and times, however please bear in mind that this may be changed at any time to accommodate the clinical needs of patients. You may not return to the same room due to your clinical requirements after your operation.

Eating and drinking

Please follow the fasting instructions given in your admission letter. Typically, you must not eat or drink for about six hours before general anaesthesia. However, some anaesthetists allow occasional sips of water until four hours before your operation. It is important to have an empty stomach when you have a general anaesthetic because you are less likely to be sick. Vomiting while you are unconscious can be dangerous because you can't cough, so fluid from the stomach may get into the lungs.

Most people are anxious before an operation. Pre-medication drugs, which help to relieve anxiety, may be offered to you. You can discuss this with your anaesthetist beforehand. You may be asked to wear compression stockings to help prevent blood clots forming in the veins in your legs (deep vein thrombosis, DVT). If you wear jewellery, contact lenses, glasses, dentures or hearing aids you will be asked to remove them. These will be kept safe for you during the operation.

Going to theatre

The theatre nurse will greet you and ask a number of questions to confirm your personal identity. Many of these questions will be repetitive throughout your stay – please be patient, all our staff are bound by their professional codes of conduct. The questions are to protect you and ensure your safety as you travel through the different hospital departments.

You will be taken into the anaesthetic room and an assistant will help your anaesthetist prepare you for the operation. You will have a narrow plastic tube (called a cannula) inserted into a vein, usually on the back of your right hand or in your arm. This causes a sharp sensation, like an injection, that passes quickly. With the cannula in place, the anaesthetist can give the various drugs that put you to sleep and control pain and nausea, without repeated injections. You may also be put on a drip to keep you hydrated.

Having a general anaesthetic

If you have a general anaesthetic you will not feel or remember the operation. Please raise any concerns or questions with your anaesthetist or nurse. It is natural to feel anxious before hospital treatment but knowing what to expect can help.

During the operation

The exact type of anaesthetic you are given depends on the procedure you are having. For many operations, anaesthesia is started with a drug injected through the cannula. Within seconds you will fall asleep and won't wake-up again until after your operation is completed. This is known as the "induction" of anaesthesia. It's also possible to induce anaesthesia with anaesthetic gases, breathed through a mask. Your anaesthetist will stay with you during your operation. To keep you asleep, you will be given a mixture of oxygen and anaesthetic gases through a flexible tube put into your windpipe. This part of

anaesthesia is known as "maintenance". To help control pain during and after surgery, your anaesthetist may give you strong painkillers. These can be injected through the cannula, or given as a suppository (tablet inserted into your back passage).

Depending on your particular operation you may also be given a drug to relax your muscles, so that the surgeon can operate more easily. During the operation, you will be connected to machines that monitor the activity of your heart and other body systems. Your anaesthetist will keep a close check on your heart rate, blood pressure, and the amount of oxygen in your bloodstream.

What are the risks of general anaesthesia?

The use of modern anaesthetic technology has made many types of surgery possible. For most people, the benefits in terms of controlled unconsciousness and removal of pain are much greater than the disadvantages. However, there is still the risk of side effects and complications.

Side-effects

These are the unwanted but mostly temporary effects of successful treatment. After having a general anaesthetic, you may have a sore throat, a headache, or feel tired and confused for a couple of days.

Complications

Serious complications as a result of anaesthesia do occur, but they are extremely rare. It's estimated that serious complications result in four deaths for every million anaesthetics given. Ask your anaesthetist to explain how these risks apply to you. The exact risks will differ for every person. This is one of the reasons why we have not included statistics here. The information contained in this text is not intended nor implied to be a substitute for professional medical advice nor is it intended to be for medical diagnosis or treatment.

Waking up

When the anaesthetic gases are stopped, you will begin to wake up or recover quite quickly. You will be given a drug to reverse the effects of any muscle relaxant. You will be moved to the recovery room where a nurse will provide one-to-one care. If you have a tube in your throat this will be taken out as you wake up. It is routine to be given oxygen to breathe through a face mask. Your nurse will continue to monitor your heart rate, blood pressure and other vital body functions. When you start to wake up, you may feel sleepy or disorientated for 15 minutes or so. You may have a sore throat caused by the tube that was used to keep your windpipe open. You may feel sick, but medicines are usually given to make this less likely.

After your procedure

After your operation you will wake up in the recovery room where you will be cared for until you are alert and awake enough to be safely transferred back to your room. Depending on your procedure you may have a “needle” in the back of your hand, which may have a drip (intravenous infusion) attached to it. You will be given oxygen through a facemask and you may hear the beep of the monitor behind your head. Depending on the type of surgery you may also have a drain in the wound site and possibly a catheter into your bladder.

Modern anaesthetics are quickly flushed out of your system. However, you should follow the advice of your anaesthetist and nurse about how much activity you should do. This will also depend on the type of operation you have. General anaesthesia can temporarily affect your co-ordination and reasoning skills, so you should not drink alcohol, operate machinery or sign legal documents for 48 hours afterwards. For day-case procedures, you will need to get someone to drive you home and will need to get somebody to stay with you at home for the first 24 hours. You should not drive for 48 hours after a general anaesthetic. However, depending on your operation, your doctor may recommend that you do not drive for a longer period.

Returning to your room

Once your anaesthetist is happy with your progress, you will be disconnected from the monitors and you will be collected by your ward nurse and taken back to your room on your bed by the theatre porter. Your nurse will monitor you after your operation and you will sleep off the anaesthetic. You will be given water shortly after your return (depending on the type of surgery you have had, the nurse will inform you) and after an hour or two, or when you are fully awake, you will be given something to eat (unless your consultant instructs the nurses otherwise). Patients booked as day cases will be offered light refreshments.

When you no longer need intravenous medicines or fluids, the cannula and drip will be removed. When your consultant has finished operating he/she may come and visit you in your room. Sometimes they will see you in recovery and you may not always remember what is said. However, there will be post operative instructions that your nurse can relay to you before you go home.

Pain control

Depending on the type of operation you have, you may require pain relief. There is a wide range of pain control drugs available that will be tailored to suit your needs. Controlling pain after an operation is very important because pain can interfere with your recovery, so please discuss any discomfort with your nurse, anaesthetist or doctor. Sometimes, local or regional anaesthesia is used in combination with general anaesthesia to numb parts of the body which are painful. Patient-controlled analgesia (PCA) is used after some procedures. It consists of a pump connected to your cannula that allows you to control how much pain control medication you receive. Before your operation, ask your anaesthetist what pain control options will be available to you.

Having a local anaesthetic

A local anaesthetic stops you feeling pain without putting you to sleep. It blocks the way nerves carry pain signals to your brain. Local anaesthetic drugs are usually only used for short, simple operations such as stitching a wound or removing a mole. Depending on the drug used, the numbing effect can last from about two to eight hours.

Preparing for a local anaesthetic

You don't need to make any special preparations to have treatment under a local anaesthetic. You will usually be allowed to eat and drink as normal before you arrive for your treatment. If you are unsure about this, please call the hospital.

How is local anaesthetic given?

Local anaesthetic drugs can be injected into the area, sprayed directly on the area or rubbed on in gel form. The treated area will very quickly start to lose feeling. Your operation won't start until your doctor is absolutely sure that the area is numb. It is important to realise that local anaesthesia takes away feelings of pain, but you may still feel pressure and movement during your operation.

After a local anaesthetic

You will be able to go home shortly after the procedure. Take care not to injure the numbed area, as you may not be able to feel the damage.

What is sedation?

Sedative drugs relieve anxiety and cause temporary relaxation without putting you to sleep. Sedatives are often used to help people relax during medical procedures. You will remember very little about the treatment done under sedation. Sedative drugs don't block the pain signals to the brain, so local or regional anaesthesia is often given as well.

How are sedatives given?

Sedatives can be given: inhaled – as gas and air, swallowed – in tablet or liquid form, injected – using a fine plastic tube (cannula) into a vein on the back of your hand or in your arm. The type and dose of sedative given depends on the procedure you are having and how anxious you are about it. Sedation is commonly used during procedures such as colonoscopy, gastroscopy and cataract operations.

Preparing for sedation

The instructions will vary depending on the type of sedative you are given. Inhaled sedation doesn't usually require any specific preparation, but it can sometimes make you feel nauseous, so you may be asked to eat only light meals before your procedure.

If sedatives are being injected or swallowed then you may be asked not to eat for six hours before your procedure. Ask your doctor for specific advice about sedation.

During sedation

Sedatives can sometimes affect your breathing. While you are sedated, the amount of oxygen in your blood will be monitored constantly through a small peg on your finger and you may be given extra oxygen through a mask or a small plastic nasal tube.

After your sedation

You will be allowed to go home after most of the effects of the sedation have worn off. The effects of any sedative may last longer than you expect. The effects will be similar, this will also depend on the type of operation you have. You will need to get someone to drive you home and will need to get somebody to stay with you at home for the first 24 hours. Your doctor will advise you when you are safe to drive.

Other types of anaesthetic

Regional anaesthesia

With regional anaesthesia the drugs are injected around the main nerves that carry signals from the area of the body being treated. This can block the nerves that control your muscles, leaving you feeling numb and unable to move the affected area until the effects wear off. Regional anaesthesia is also used for people for whom general anaesthesia is not suitable, and it can be used for major operations like hip replacements.

Spinal

Spinal anaesthesia is one of the most common types of regional anaesthesia involving an injection of anaesthetic into the fluid that surrounds the nerves in the lower back, and is used for operations below the waist or in the pelvic region. If you have a spinal anaesthetic you will be completely numb from the waist down for 2-3 hours.

Epidural

An epidural uses a similar technique to spinal anaesthesia, with a narrow plastic cannula left in position near to the nerves in the back. This means that the anaesthetist can give repeated doses of local anaesthetics (and painkillers) without further injections. Epidural anaesthesia is commonly used during leg and pelvic operations.

Preparing for regional anaesthesia

If your operation is going to involve having regional anaesthesia you will be given specific advice well in advance, which may include instructions not to eat or drink for a few hours before your operation.

After your regional anaesthesia

It may take several hours for the effects of regional anaesthesia to wear off depending on the technique used. You must arrange for someone to drive you home.

Complications of regional anaesthesia

Regional anaesthesia, epidurals and other spinal techniques carry a very small risk of infection, damage to nerves and possible paralysis. Severe headaches can occur after epidurals and spinals, but these are rare. Ask your doctor to explain how these risks apply to you.

Discharge

If your operation is planned as a day-case, you will need to rest on your bed for a few hours before going home. You will be discharged once your consultant is happy for you to leave and when you feel sufficiently recovered, have had something to eat, and have passed urine.

Alternatively you may have been booked in for several nights. This is an estimate based on the average length of stay for the procedure. Please ask your consultant whether he is satisfied with your progress and may allow you to leave early.

When you are ready to go home, your nurse will provide you with a discharge pack, which includes some important information to help with your recovery.

This pack will contain information relevant to the type of treatment you have received, however please feel free to ask any questions before you go home to ensure that you understand the next step.

We also advise that you check your room to ensure that you have taken your personal belongings, including any medication, which you may have brought with you to the hospital when you were admitted.

You should make arrangements to be collected from the hospital between 9 am and 9.30 am on your day of discharge unless otherwise instructed by your consultant or nurse. Please note that you should not drive for 48 hours following a procedure carried out under general anaesthetic otherwise your insurance will be void.

If you are insured, your insurance company will not cover you for after care medication. Suitable medication will be dispensed to you on discharge and this can be paid in full when you leave or it will be billed to the card we swiped on admission. If you have any queries or concerns regarding the medicines prescribed please do not hesitate to ring the pharmacy department on **0117 980 4045**.

On discharge you will be given a discharge folder and a follow-up appointment to see your consultant if required.

Thank you for choosing Spire Bristol Hospital

X-ray information

Getting your X-ray or scan results

When you have an imaging test such as an X-ray or a scan, it is important that the doctor who requested your test acts on the results.

What happens after your imaging test?

If you are having an X-ray, MRI, CT or ultrasound scans. A radiographer will usually operate the imaging equipment and produce a series of images (X-rays or scans) on film or in digital format. Usually a radiologist, a doctor trained in reading X-rays and scans, will examine the images and write a report that will be sent to the doctor who requested your test. The doctor who requested the test will usually receive your X-ray or scan images and a report explaining what the images show.

Before you go home, it's important that you ask your radiographer the following questions:

- When will you be told about your results?
- How will you get your results?
- Who do you need to contact if you do not hear anything?
- Have they got your correct contact details?

Following-up your results

If you haven't been told the results of your test within two weeks, you should call the hospital or the doctor who requested your test. You should make sure your doctor has seen your report, and has acted upon the results. Please call the diagnostic imaging department on **0117 980 4010**.



How to find us

For more detailed directions to the hospital, please visit www.spirehealthcare.com/bristol

Telephone 0117 980 4000

Fax 0117 974 3203

Email cservice-br@spirehealthcare.com



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