



Spire Healthcare

Patient discharge booklet



Looking after you.

Welcome

Thank you for choosing Spire Healthcare. This brochure is designed to provide information you may require following your stay with us. It gives you answers to the most frequently asked questions following surgery and should be used in conjunction with the guidance and instructions given to you by your consultant, physiotherapist or nurse.

Please take some time to read this information while you are in hospital and keep it in a safe place, close to hand, to refer to when you return home.

Our hospital team is here to help, so if you have any further questions please don't hesitate to ask a member of our nursing team.

Discharge process

If you have been admitted as an inpatient, we aim to discharge you by 9.30am on the morning of discharge unless you are feeling unwell or need to be reviewed later in the day by your consultant.

Your consultant will visit you during your stay and can answer any specific questions about your procedure, as well as queries such as when you can start driving or when you can return to work. If you have any other concerns or queries, please ask a member of our nursing team.

A member of staff will discuss these points with you on your day of discharge:

- feedback and outcomes from your stay
- drugs or medicines to take home
- wound care and post-operative information
- discharge letter
- follow-up appointments
- post-discharge contact details
- return of valuables
- care at home
- any other questions you may have

Any medicines you take home will have information leaflets with them. Should you have any queries or concerns about your prescribed medication, please ask your discharging nurse.

Recovering at home

Urgent concerns after discharge

Following discharge, should you have any urgent concerns about your health and recovery relating to your procedure or treatment please be assured that a designated nurse in charge is on duty at all times to assist you. This is a member of our regular senior nursing staff, who is experienced in all aspects of care. To contact us after discharge please use the main hospital number, and ask for the nurse in charge, stating that it is an urgent care enquiry.

It is important to contact us if you are experiencing any of the following:

- acute uncontrolled pain (including severe headache)
- calf pain; tenderness and swelling of the leg; skin discolouration that is pale, blue, or a reddish-purple colour
- prolonged vomiting and/or diarrhoea
- acute urinary symptoms including inability to pass urine
- surgical site bleeding
- difficulty swallowing
- confusion or disorientation; repeated episodes of dizziness
- repeated falls
- patients receiving chemotherapy treatment with an elevated temperature

The nurse will make an initial telephone assessment and give you advice. Depending on the nature of the concern, it may be

necessary to ask you to return to the hospital to be physically assessed by the nurse and the resident medical officer. Your consultant will be contacted by the nurse if necessary.

Contact the emergency services immediately by dialling 999 if you are experiencing:

- unconsciousness or altered consciousness
- sudden onset chest pain
- facial weakness; arm weakness; slurred speech
- sudden onset shortness of breath; difficulty breathing
- acute and severe trauma, including head injury
- heavy uncontrolled bleeding
- sudden loss of vision following ophthalmic surgery

When you call us please inform the nurse in charge of any emergency treatment you have received.

Please review the information supplied within this information pack. If you need any more information please contact your consultant through his or her secretary during normal working hours.

Rest and activity

It is a normal part of the recovery process to feel tired and lethargic after a general anaesthetic. It is important you rest more than usual when you get home and you

should ask your consultant when you will be safe to return to work.

Plan to gradually increase your activity over the next few days, but remember to pay attention to how you feel and rest when your body tells you to. Some painkillers can also cause you to feel unwell or tired. If the side effects of the painkillers are causing you a problem, alternatives may be available. Please speak to your local pharmacist or GP for advice.

Eating

You may find your appetite is reduced and your digestive system is temporarily altered, for example, you may experience bloating or indigestion. These symptoms usually clear by themselves as you become more active. Small meals including fruit and fibre, taken regularly, can reduce the likelihood of this happening.

Nausea and sickness

Nausea and sickness may be due to your treatment and should only last a short time. Sipping clear, cold fluids, like water and soft drinks should help. If these symptoms persist please call the hospital and speak to the nurse in charge.

Passing urine

Most patients will have no difficulties passing urine after discharge. It is important to remain well hydrated, particularly in hot weather. If you are finding it difficult to pass urine and have any associated pain or discomfort please contact the hospital and speak to the nurse in charge.

Bowels

Changes in diet, less activity and some drugs may lead to changes in bowel habits. An anaesthetic can upset your bowel function and this can be made worse if you are immobile for a time. It is quite normal for the bowels not to open for a day or so after an operation, but they should return to normal when you get your appetite back and become fully mobile again.

If you have not opened your bowels after two days and you feel uncomfortable, a laxative, such as lactulose, which can be purchased from a pharmacy, may be a good idea.

Codeine-based medicines may cause constipation whilst anti-inflammatory medications such as diclofenac may cause indigestion.

To avoid constipation, it is advisable to eat a healthy diet including plenty of fruit and vegetables and to drink plenty of fluids. Try to have at least eight to ten glasses of fluid each day. Include water, juice, diluted squash, herbal tea, tea and coffee.

Diarrhoea can be another common side effect of some drugs, such as antibiotics, certain anti-inflammatories and iron supplements. If diarrhoea is particularly problematic for you and is due to medication that you are taking, alternatives may be available and should be discussed with your GP.

Caring for surgical wounds

This section provides information and advice about caring for surgical wounds at home.

There are many types of surgical wounds, so it's important to follow your doctor's advice.

A surgical wound is a cut made in the skin by your doctor during an operation. At the end of the operation, most cuts are stitched to allow the skin edges to come together and heal.

The skin edges usually form a seal within a day or two of the operation. There are several stages of wound healing and you may experience any of the following:

- unusual sensations such as tingling, numbness or itching
- a firm lumpy feeling as new tissues form
- a slight pulling around the stitches as the wound heals

Some swelling is normal and can take several weeks to settle. This is also the case with bruising, which may take some weeks to disappear.

Before discharge your nurse will give you any dressings you may require and an appointment to have your clips or sutures removed if necessary.

Dressings

Not all surgical wounds need dressings.

The purpose of the dressing is to:

- absorb any leakage from the wound
- provide ideal conditions for healing
- protect the area until the wound is healed
- prevent stitches or clips catching on clothing

Stitches, clips and staples

The medical term for stitches is sutures. Other methods used to close a surgical wound include metal clips or staples and adhesive dressings or tapes.

Some stitches are dissolvable and don't need to be removed by a nurse or doctor.

If removal is necessary, your nurse will arrange a follow-up appointment at the hospital or at your GP surgery.

Stitches, clips and staples are usually removed between three and 21 days after treatment, depending on the type of operation you have.

Tissue adhesive (skin glue)

Special skin glue can be used to close small wounds that are less than five centimetres long. Although the glue is waterproof, the area needs to be kept dry for at least five days. The glue usually peels off in five to ten days.

Sometimes for larger (longer) skin cuts, the glue is used together with stitches to seal the wound.

Caring for your healing wound

There are a number of things that you can do to look after your wound, lower the chance of infection and encourage healing.

Changing the dressing

The original dressing can be left in place for up to two days (or as advised by your doctor) providing it's dry and not soaked with blood or any other liquid. Before you remove the dressing you must wash your hands with soap and water and then carefully take the dressing off. Don't touch the healing wound with your fingers.

The healing wound can then be left without a dressing. Some people like to continue wearing a dressing if clothing is going to rub against it. The hospital may supply a replacement dressing for you to use at home. Apply the dressing carefully and don't touch the inside of the dressing. There is no need to use antiseptic cream under the dressing.

Taking care of stitches

During this time you may see small pieces of the stitch material poking out of the healing scar. Don't be tempted to pull on these. If there are loose ends which are catching on clothing, trim the stitch carefully with a clean pair of scissors. Otherwise wait until they are removed or they fall out on their own. If the stitches cause you pain or discomfort, contact the hospital for advice.

Bathing and showering

It is usually possible to have a bath or a shower about 48 hours after surgery. Your nurse at the hospital will advise you if this is not the case following your particular operation.

Some general points are outlined below:

- showering is preferable to bathing
- remove any dressing before having a bath or shower, unless your doctor gives you different advice. Some dressings are waterproof and can be left in place
- try not to immerse or 'soak' your wound for more than two to three minutes
- don't use soap, shower gel or other bathing products directly over the healing wound
- shower water can gently splash onto the healing wound. However, don't rub the area as this will cause pain and might delay the healing process
- have someone in the house at the time of your first bath or shower for reassurance
- use a bath mat to reduce the chance of slipping
- have a chair in the bathroom to sit on when you come out of the bath or shower
- dry the healing area carefully by patting it gently with a clean towel
- if you had surgery on your face, don't wear make-up over the scar until it has fully healed
- if you have concerns once you get home do not hesitate to contact the hospital or your GP

Caring for surgical wounds

Problems with wound healing

Most surgical wounds heal without causing any problems. However, wound infections are one of the most common complications after surgery. This means germs have started to grow in the wound, which can delay normal healing. Wound infections are usually treated with a course of antibiotics, but occasionally further surgery is needed.

Certain people are more likely to develop wound infections and your consultant will discuss this with you. Those at higher risk include people who smoke; have diabetes; have a condition or treatment that affects their immune system, such as leukaemia or chemotherapy or have had a major operation, such as bowel surgery.

Your doctors and nurses will do everything they can to prevent your wound from becoming infected, but it is important that you know how to tell if you are developing an infection after you go home. If a wound becomes infected it may:

- become more painful
- look red, inflamed or swollen
- leak or weep liquids, pus or blood
- smell unpleasant

If you are concerned about your wound or if you develop a high temperature or notice any of the signs listed above, you should contact the hospital immediately. Wound infections can be treated successfully if they are diagnosed early.

Pain

You can expect some discomfort from any surgery. How severe it is will depend on the type of operation you have had and your own pain threshold. We strongly recommend you continue to take painkillers for at least two to three days after treatment. During the first few days, try to rest and relax and take your mind off any discomfort by doing low-impact activities, such as watching TV or reading.

Pain relief

We will, if you agree, provide you with at least three days' supply of painkillers and give you instructions and general advice about the dose and precautions. Some insured patients may be charged a small amount for these medicines. If you need more than your initial supply of painkillers, you can buy paracetamol and ibuprofen from your local pharmacy. If you need stronger painkillers you must get a prescription from your GP. Take your painkillers as instructed throughout the day to keep pain well controlled, especially at bedtime. This will help you to get a good night's sleep.

There are three types of painkiller that you may be prescribed: paracetamol; non-steroidal anti-inflammatory drugs, which also help to reduce swelling so are very useful after certain types of surgery (diclofenac or ibuprofen); or weak opioids such as codeine or tramadol. You should only be concerned, if the pain gets much worse or it does not readily improve with painkillers and rest.

Coping with pain

Do not wait for any pain to become severe; mild pain is much easier to control. Assess your pain at intervals during the day, for example, at breakfast, midday, and late afternoon and just before bedtime. Decide how bad the pain is and whether it increases with movement. Is the pain mild, moderate or severe?

- If the pain is mild, try taking paracetamol
- If the pain is moderate or severe then it may be appropriate to take paracetamol combined with other painkillers such as ibuprofen or diclofenac. If this does not control your pain you could take codeine or tramadol if it has been prescribed for you
- Allow time for the painkiller to work
- Take your painkillers as required, but do not exceed the maximum dose in any 24 hours. It may be useful to take painkillers 30 minutes before commencing any exercise, such as physiotherapy.

Caution: many 'over the counter' drugs, including cold and flu remedies, contain paracetamol or ibuprofen. Always check the packaging or the patient information leaflet to see what the product you are taking contains. If you are unsure ask the pharmacist, nurse or doctor. If you have any concerns about the painkillers or any other medication that you may have been given please contact either the ward or the pharmacy for assistance and advice.

Returning to normal activity

Work

Resuming work depends on the type of operation you have had and what your job involves. It is best to feel completely well before you return to work as many people feel tired and find concentrating difficult to start with. If you want more advice on this please talk to your consultant or GP. If you require a 'fit for work' certificate please ask your nurse for one before you leave hospital.

Driving

The time at which you can drive safely varies and depends on the operation you have had. Ask your consultant for specific advice. You must be able to perform an emergency stop as well as cope with normal driving. Some insurers have specific restrictions, please check if you are unsure.

Clothing

Avoid tight and uncomfortable clothes or clothes that rub on your wound. You may be required to wear support garments, if so, instructions will be given separately.

Sleeping

Changes in routine and restricted movement can make it more difficult to sleep. Wound discomfort may also keep you awake but taking painkillers at bedtime should help.

Household jobs

Avoid movements that can cause discomfort such as vacuuming, bending, stretching and lifting heavy weights (including small children) as this will strain the muscles around your operation site.

Sexual activity

In general, sexual intercourse may be resumed when you feel comfortable.

Ask your consultant or nurse if:

- your surgery involved your abdomen, hips, back or genitalia
- you are concerned about restarting contraceptive use, in particular the pill (remember some medications may interfere with the contraceptive pill)
- you are concerned with any aspect of resuming sexual activity

We hope you have had a comfortable stay at our hospital and feel relaxed, well-informed and confident in our clinical expertise, high standards of care and hospital cleanliness. Consultants working at Spire Healthcare are on the specialist register of the General Medical Council and have met our exacting practising privileges criteria. We expect the same high standards from our nursing staff, who are dedicated to caring for you in a warm and professional manner.

We are always looking for ways to improve our service and care, so if you have any feedback on your stay please speak to a member of our nursing team.



Spire Healthcare

Spire Healthcare
PO Box 62647
120 Holborn
London

Tel 0800 169 1777

www.spirehealthcare.com