



Northumbria Healthcare
NHS Foundation Trust

Surgical Unit Patient Discharge Information

Issued by Northumbria Healthcare NHS Foundation Trust

Patient discharge information

We hope that your stay with us met your personal needs and expectations, that you received a high standard of care, and that you were treated with courtesy and respect. The information below is intended as a guide only and it cannot be stressed highly enough that if you have any worries, questions or concerns please contact the ward at any time. However if your problem appears a little more serious or worrying, you should contact your own GP immediately.

Contact telephone numbers

Ward direct dial number: _____

Contact primary/named nurse

Reason for admission/operation or procedure performed.....

.....

This is.....

.....

Staff signature.....

All patients before leaving the ward/dept make sure you have been given:

- A follow up appointment (if appropriate)
- The opportunity to ask your nurse any questions

Evening nursing service

Some patients may require a visit from a community nurse on the evening of their discharge home to check their wound, record observations or to administer pain relief. If this is necessary the ward staff will arrange this and inform you of the anticipated time of the visit. This will usually be between 9.00 pm and 12.00 midnight.

Wound care

	Tick as appropriate
The wound should be kept dry for days	
Bathing/washing/showering is allowed	
Spare dressings have been provided and should be changed like an 'Elastoplast'	
The wound should be left covered for days	
The wound should be left exposed	
Please make an appointment at your own surgery to see the practice nurse in days	
The district nurse will call to change your dressing/remove sutures on:	
The sutures will dissolve and do not need to be removed	
A nurse from the evening service will visit you at approximately:	
Your wound has been closed with 'Dermabond' which is like a surgical glue, an instruction leaflet regarding the care of this will be given to you by your discharging nurse	
Plaster care instruction leaflet and advice given	

An infection at the site of your wound is unusual. Symptoms to look for include discharge from the wound, redness, swelling and heat, increased pain or an offensive smell. You should seek advice from the ward or see your practice nurse or district nurse as soon as possible, but certainly within 24 hours of the symptoms developing.

Pain relief

Some pain is to be expected after an operation but it should not be too severe, discomfort is the main complaint.

Medication has been prescribed by the hospital doctor as outlined below and should be taken according to the instructions on the label as follows:

Drug	Dose	Frequency	Maximum daily

If you have been prescribed a number of different pain killers these may be taken alone at the intervals specified, or in combination with the others, so long as you don't take any more than the maximum dose as indicated in any one day. For example, if prescribed Paracetamol four times a day, Ibuprofen three times a day and Codeine Phosphate four times a day you may take all three drugs in the morning, evening and night times, whilst the Paracetamol and Codeine could be taken at lunchtime as well if needed.

If no pain relief has been prescribed for you to take home please use Paracetamol or Ibuprofen (as you would for a headache) which can be obtained from your local chemist or supermarket (own brand products are much cheaper than a named brand or prescription). Please avoid the excessive use of Aspirin as this can cause abnormal bleeding at the site of the wound.

If the pain becomes too severe or unbearable please contact the ward or your own doctor for advice.

Gentle exercise can help reduce the chance of complications and aid a good recovery following your surgery.

Deep Breathing

To help keep your lungs clear and loosen phlegm after an anaesthetic take a deep breath in, pause, sigh the air out, repeat this three times every hour in the first few days or more often if you feel 'chesty'. This is especially important if you smoke.

Coughing

To reduce discomfort you must position yourself carefully and support your stitches/wound with your hands or a pillow. If you feel the need to cough the least painful way is to huff (a short forced out breath) to loosen phlegm, followed by a short sharp cough. Drawing in the stomach and bottom first can help.

Foot and leg exercises

- To help stimulate your circulation:
- Briskly bend and stretch the ankles
- Move the ankles round in a circle
- Pull up the feet from the ankles and press the knees down into the bed – hold then slowly release
- Repeat each exercise 10 times
- Continue to wear your support stockings for _____ weeks after you go home, they may be removed for bed but should be applied before getting out of bed in the morning. They can be washed through with mild soap and dried overnight

Symptoms of deep vein thrombosis (DVT) and Pulmonary Embolism (PE)

An embolus is a 'wandering' blood clot that moves through your blood stream. All the blood in your body has to be pumped through your lungs to pick up oxygen from the air. If a blood clot develops in the deep veins of your leg - DVT or deep vein thrombosis - some or all of it may break off, go through your heart, and then block off part of your pulmonary (lung) circulation.

In some cases of deep vein thrombosis (DVT) there may be no symptoms, but possible symptoms can include:

- Pain, swelling and tenderness in one of your legs (usually your calf)
- A heavy ache in the affected area
- Warm skin in the area of the clot
- Redness of your skin, particularly at the back of your leg, below the knee

DVT usually (although not always) affects one leg. The pain may be made worse by bending your foot upward towards your knee.

If DVT is not treated, a pulmonary embolism (a blood clot that has come away from its original site and become lodged in one of your lungs) may occur. If you have a pulmonary embolism, you may experience more serious symptoms such as:

- Breathlessness, which may come on gradually or suddenly
- Chest pain, which may become worse when you breathe in
- Sudden collapse
- Coughing up blood

Both DVT and pulmonary embolism are serious conditions that require urgent investigation and treatment

Who gets it?

Any condition that makes your blood sticky or slows down circulation in the veins of your legs may lead to pulmonary embolism. Common causes are:

- Orthopaedic operations - on the legs (e.g. hip or knee replacement)
- Other major surgery
- Leg fracture - with the leg being put in plaster
- Immobility - as can happen on bed-rest in hospital, or if you don't move around on a long-distance car or air journey
- Pregnancy – before, during and after delivery
- Previous DVT or pulmonary embolism
- Advanced cancer

However, in about half of cases there is no obvious cause – doctors call these idiopathic. Some people are born with a tendency to clot easily, but this makes little difference to treatment and testing for this possibility is usually not very useful.

Discharge advice for patients undergoing laparoscopic (keyhole) surgery

Most patients undergoing laparoscopic (keyhole) surgery have a straightforward and uncomplicated recovery. However, with any operation, there is a small risk of complications.

Things to watch out for in the first few days after surgery:

- Severe abdominal pain or shoulder tip pain that is not relieved by your prescribed painkillers
- High temperature with shivering and a fever
- Persistent nausea, vomiting or a reluctance to eat
- Swelling, redness, pain and discharge from any of the incisions (cuts) to the skin
- A reluctance to move about and mobilise
- Excessive swelling of the abdomen (if your stomach feels bloated)
- Being unable to pass urine

Who to contact

If you experience any of these symptoms or have any concerns please telephone the hospital where you had your operation for further advice. The contact details for the ward are given on page two of this booklet. Day surgery units are usually only open until 8.00 pm so after this time or at weekends please telephone:

For general surgical laparoscopic procedures:

03 44 811 8111 and ask for the 'on call Surgery Middle Grade Doctor'

For laparoscopic gynaecology procedures:

03 44 811 8111 and ask for the 'on call Gynaecology Middle Grade Doctor'

Returning to work

	Tick as appropriate
As a rule you may return to normal activity as soon as you feel comfortable and pain free	
You can return to work the day after surgery	
You can return to work after days	
You should refrain from work until seen again by your consultant/surgeon	
Heavy lifting should be avoided for days	
Increase activity gradually over 2-4 weeks until usual activity level is achieved	

Sports, hobbies and sex

	Tick as appropriate
You may resume sporting/sexual activities immediately	
You should refrain from sporting activities for days	
You should refrain from sporting activities until seen by your consultant in the clinic	
You should refrain from sexual activities for days	
For patients undergoing dilatation and curettage (D and C), you should not have sexual intercourse or use tampons until after your next normal period	
For patients undergoing hysterectomy, do not use tampons until post-op bleeding has settled	
For patients undergoing loop biopsy of the cervix, you should not have sexual intercourse or use tampons for four weeks due to the increased risk of bleeding	

For patients undergoing circumcision, please note that until all stitches have dropped out or been removed, condoms are not an effective form of contraception as the stitches may pierce the condom. Alternative means of contraception should be used until all the stitches have gone.

Driving and legal issues

Tick as appropriate

You should not drive for days	
You should not sign any legal document for 24 hours after your operation	

The reason for advising you not to drive after your operation is due to the strain that may be placed on your wound by performing certain manoeuvres, especially an emergency stop. Your insurance will be void if you have an accident whilst driving against medical advice. A good indication of when you are ready to drive again is if you can walk upstairs comfortably without any pain or support.

Tiredness

Research has shown that patients who undergo surgery by general anaesthetic may experience tiredness and fatigue for 2 to 6 weeks after the operation. This is fairly normal and you should rest when necessary. If your symptoms persist or become worrying please consult your own doctor. It is however important to stay active within your own limitations and continue with deep breathing and leg exercises.

Additional information (if required)

Diet:

Continence:

Other:

Useful contact numbers

www.northumbria.nhs.uk

North Tyneside General Hospital

Rake Lane
North Shields
NE29 8NH
03 44 8118111

Wansbeck General Hospital

Woodhorn Lane
Ashington
NE63 9JJ
03 44 8118111

Hexham General Hospital

Corbridge Road
Hexham
NE46 1QJ
03 44 8118111

Northumbria Specialist Emergency Care Hospital

Northumbria Way
Cramlington
Northumberland
NE23 6NZ

Alternative Formats

If you would like a copy of this information in large print, another language, audio tape or other format please call the Contact Centre on **03 44 811 8118**

Other sources of information

NHS 111

NHS Choices

www.nhs.uk/pages/homepage.aspx

NICE (National Institute for Health and Clinical Excellence)

www.nice.org.uk

Patient Advice and Liaison Service (PALS)

Freephone: **0800 032 0202**

Text: 01670 511098

Email: northoftynepals@nhct.nhs.uk

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General Enquiries **03 44 811 8111**

www.northumbria.nhs.uk

PIN 810/V1

Review date: June 2022

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