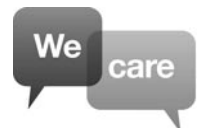




**East Kent  
Hospitals University**  
NHS Foundation Trust

# **Information for patients having an operation/procedure as a day case patient**



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# Making your stay with us safe



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# 8 simple steps to keep yourself safe during your stay in hospital.

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## Preventing falls



- Wear the red hospital socks, laced up or snug fitting shoes or slippers with rubber soles.
- Use your usual walking aids.
- If you need any assistance, tell us.

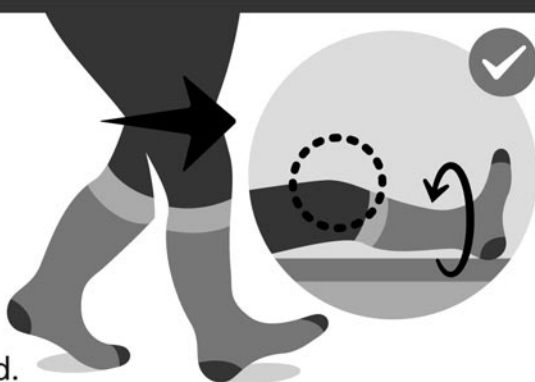


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## Preventing blood clots



- Wear your hospital stockings if advised and move as often as you can.
- Try to do simple leg and ankle exercises.
- Drink fluids as recommended.
- Take blood-thinning tablets or injections as advised.





## Preventing infection

- Wash/decontaminate your hands before and after visiting the toilet, and before all meals.
- Don't hesitate to ask our staff if they have washed their hands before any contact with you.
- Tell us if you have diarrhoea or vomiting.



## Your medicines

- Tell us if you have an allergy, or if you do not understand what your medicines are for.
- Talk to your doctor, nurse or pharmacist about any concerns you may have.
- Ask about possible side effects.



## Pressure ulcers

- If you can, try to keep mobile, even in bed, and call us if you are uncomfortable.
- We are very happy to help you change position, and can provide a special mattress or cushion for support.





## Identification

- Tell us if any of your personal information is wrong (ID band, address, GP, next of kin).
- Tell us if you have any allergies and we will give you a red ID band.



## Any concerns

- We are here to help you — talk to us if you have any worries or concerns about your treatment, or about what will happen when you leave hospital.



## Leaving hospital

Before you leave, make sure you:

- Have your discharge letter.
- Have your medicines and they have been explained to you.
- Know who to contact if you have any questions or concerns.
- Know when your next appointment is.





# Having an operation as a day case patient (under a general or local anaesthetic)

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## Information for patients

If you will be having a general anaesthetic or sedation

- **Please adhere to the following fasting instructions before your MORNING admission.**  
On the day of surgery, do **not** eat food after 2.30am. Please do not drink milk or juice with pulp **after** 2.30am. You may drink non-alcoholic clear fluids such as water or black tea/coffee until 6.30am. **This does not include fizzy drinks.**
- **Please adhere to the following fasting instructions before your AFTERNOON admission.**  
On the day of surgery, do **not** eat food after 7.30am. Please do not drink milk or fruit juice with pulp **after** 7.30am. You may drink non-alcoholic clear fluids such as water or black tea/coffee until 11.30am. **This does not include fizzy drinks.**

**If under local anaesthetic without sedation** you may take light refreshment up until coming into hospital.

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## Telephone numbers of day centres

If you have any questions or concerns either contact your GP or one of the following helplines.

- **Channel Day Surgery Centre, William Harvey Hospital, Ashford**  
Telephone: 01233 616263 (24 hours a day, 7 days a week)
- **Day Surgery Centre, Kent and Canterbury Hospital**  
Telephone: 01227 783114 (7.30am to 8pm)
- **Day Surgery, Queen Elizabeth the Queen Mother Hospital, Margate**  
Telephone: 01843 234499 (7.30am to 8pm)  
Telephone: 07887 651162 (8pm to 7.30am)
- **Ophthalmic Unit, Kent and Canterbury Hospital**  
Telephone: 01227 866493 (7.30am to 8pm)

## Preassessment teams

- William Harvey Hospital Telephone: 01233 616263
- Queen Elizabeth the Queen Mother Hospital Telephone: 01843 235115
- Kent and Canterbury Hospital Telephone: 01227 783114

## What is day surgery?

Day surgery is when a patient has their operation on the day of admission to hospital and is discharged home on the same day. Back at home they are looked after by relatives or friends and supported by the community healthcare team, including their GP and district nurses where appropriate.

## What would be the advantages for me?

Most operations can be carried out sooner and admission dates are much less likely to be cancelled if you are able to have day surgery. Many people like to spend as little time as possible in hospital and prefer to be at home with their children, relatives, and friends. There is less disruption to your daily routine. For example, childcare is easier to plan and very often you will be back at work sooner.

## What will happen at my preassessment appointment?

Before the date of your operation, you may be asked to attend for preassessment. **It is important to attend as failure to do so may result in your operation being cancelled.** You may be booked for a telephone preassessment. Please check your letter which will advise you either to attend or be available for a call.

At preassessment you will be seen by a nurse who will discuss your medical history with you and assess your fitness in preparation for your operation. The nurse will need to know:

- any **serious illness** or **major operations** you have had
- any **allergies** you have to medicines/metals, tablets, or plaster
- any **medicines/tablets** you are taking; please bring them with you or bring a list of them.

## **On the day of surgery, please bring the following with you**

- Any tablets, medicines, or inhalers that you are taking **in their containers**. Do not bring controlled drugs.
- **Slippers or sandals or indoor shoes and a dressing gown**
- Something to occupy you if you have to wait, for example a magazine, book, or mobile phone.
- Mobile phones are now allowed.
- A contact number for the person that is taking you home after your surgery.

## **Please do not bring**

- Any valuables or jewellery, as East Kent Hospitals cannot accept any liability for loss or damage of personal property.
- Please do not wear contact lenses to the hospital on the day of surgery. You should make arrangements to wear glasses if you need them for normal use.

## **What should I do before the day of my operation?**

**Please ring the Waiting List Office or the unit where you are booked to attend (Surgical Admissions Lounge or Day Surgery Centre) as soon as possible if you will NOT be attending. This will allow us to offer the place to another patient.**

**If you develop a cough, cold, sore throat, other illness, or become pregnant, you must ring the unit where you are booked to attend (Surgical Admissions Lounge or Day Surgery Centre) to let them know.**

**If anything changes with your medical history please contact your preassessment team.**

You must arrange for a responsible adult to collect you from the hospital after your operation and to take you home (in a car or taxi, not by public transport). It is not advisable or safe to travel home on your own.

You must arrange for a responsible adult to be with you for the first 24 hours following your operation.

If you have small children or elderly dependant relatives at home, you should ask someone else to help look after them for at least the first 24 hours after you return home.

## **What should I do before surgery?**

This will depend on the type of surgery you are having. You will be given the necessary information at your preassessment appointment.

## **What should I do to prepare for my operation?**

**Try to have a bath or shower at home before coming to the hospital. Dress comfortably in loose fitting clothes.**

**Unless told otherwise take any regular medicine as usual on the day of your operation.**

**Please do not wear nail varnish, false nails, or make-up unless you have been advised otherwise by a doctor or nurse, as this may interfere with the monitors used during your anaesthetic.**

## **What happens when I arrive at hospital?**

The maps on pages 18,19, and 20 of this booklet show the location of the Day Surgery Centres and Surgical Admissions Lounges.

After arriving at the Day Surgery Centre or Surgical Admissions Lounge you will be seen by a nurse who will ask you further questions, take your pulse, blood pressure, and temperature. You will have wristbands put on showing your identity and other details. You may be asked to change into a cotton theatre gown and your dressing gown. You may be seen by a member of the surgeon's team, who will ask further questions and examine you briefly. Where appropriate the site of the operation will be marked. You will be asked to sign your consent form, if this had not already been done. It is usual for the anaesthetist to speak to you briefly.

If you are having a general anaesthetic, the anaesthetist will put a small plastic tube (called a cannula) into a vein in your hand or arm. For further information about your anaesthetic, please go to page 27 of this booklet.

Use this time to ask hospital staff any further questions or raise concerns. Please note you have the right to withdraw your consent for treatment at any time.

**Smoking - please try not to smoke for at least 48 hours before your operation.**

### **What happens after my operation?**

If you have a general anaesthetic you will be taken to the recovery room, which is next to the operating theatres, where you will be looked after by a recovery nurse. Whilst in the recovery area your blood pressure will be taken several times. When you are able, you may be asked to move to a reclining armchair before being discharged.

## **How will I feel after my general anaesthetic?**

Some people may feel wide awake straight away, while others feel sleepy for several hours. Some people may feel sick. If sickness is severe you may be given an injection to treat this. You may have a sore throat.

## **When will I be allowed home?**

Before you are allowed home you will need to be awake and not in intolerable pain/severe discomfort. A nurse will give you an information leaflet about the operation you have had. Please ask any questions and make sure you understand the instructions. You may be given an outpatient appointment if necessary. You may be given a copy of the letter written for your GP explaining the operation which has been performed, should you need to contact them. A copy of the letter will be sent to your GP by the hospital within 24 hours.

## **How will I feel when I get home?**

You may feel tired. Try to rest for the first 24 hours.

## **How soon after my operation can I fly?**

Please advise the preassessment team of these plans so that the correct advice can be given.



## **If you have a general anaesthetic**

- Do not do any strenuous activities.
- Do not operate machinery or do anything needing fine co-ordination or judgement, for example using a cooker, for at least 24 hours.
- Do not make any important decisions or sign important documents for the first 48 hours after your operation.
- You must not drive a car, or ride a motorbike or bicycle for at least 48 hours, unless advised otherwise by your doctor.
- You may eat as you wish. However, your appetite may be poor to begin with, but you must drink plenty of fluids.
- Do not drink alcohol or take sleeping tablets for at least 24 hours.
- Follow the advice on the leaflets that you have been given.
- Some people may feel emotional or "weepy" during the first few days; this is normal.

If you are feeling unwell, are in severe pain or have other concerns related to your surgery, ring the Day Surgery Unit between 7.30am and 7.30pm. If it is outside these hours, please contact the Day Surgery mobile helpline (number on page 58) or your out of hours GP.

## **Are there any reasons why I will be kept in hospital overnight?**

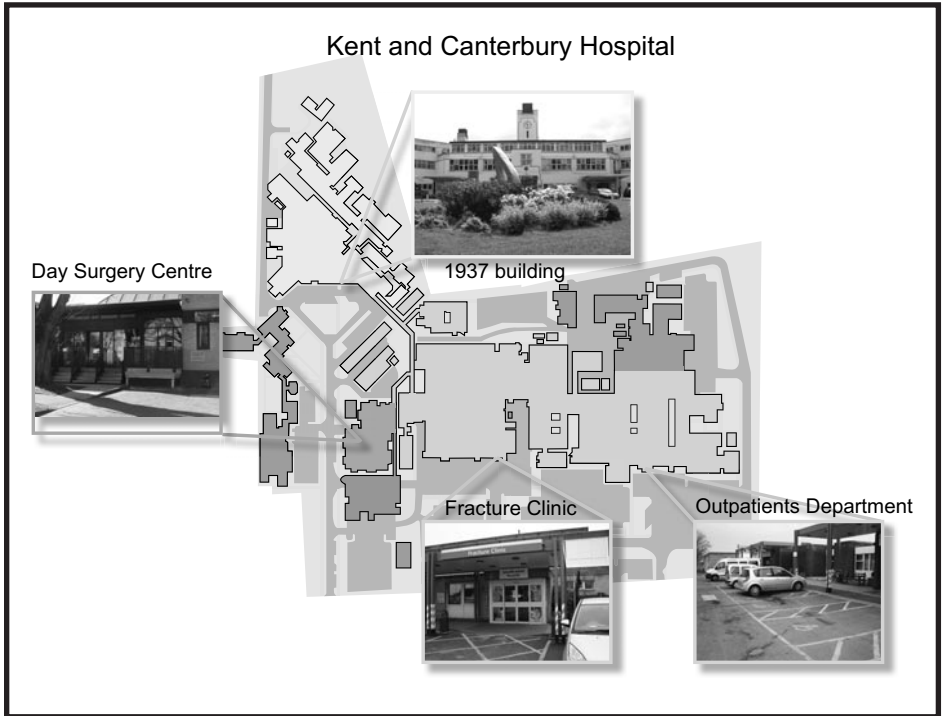
A small number of patients may need to be kept in overnight and will be transferred to a 24 hour ward. Some of the commonest reasons are:

- a more complicated operation was necessary
- you have been slow to recover from the anaesthetic
- you are in severe pain or vomiting.

# Day Surgery Centre, Kent and Canterbury Hospital

Canterbury Day Surgery Centre has a set down and pick-up point next to the unit.

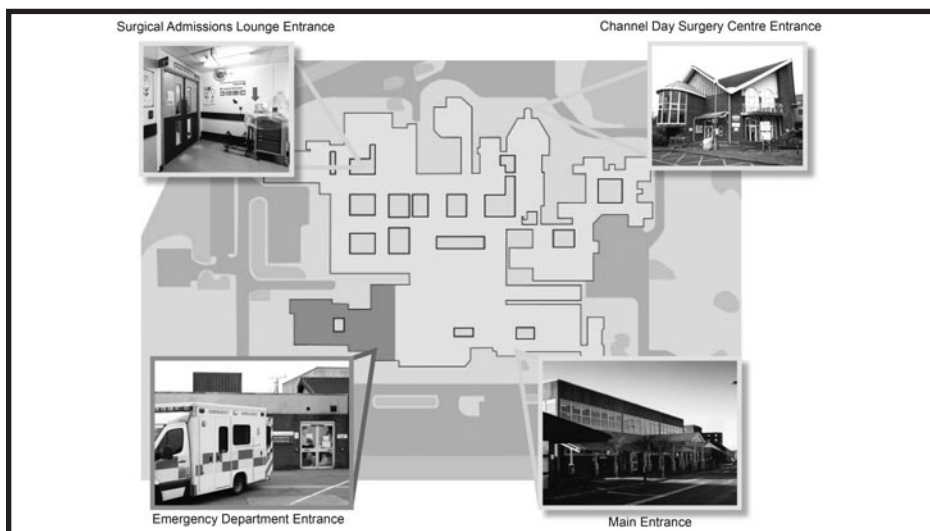
From Ethelbert Road turn into the gated hospital entrance. Continue along the road for 100 metres, the Day Surgery Centre set down point is on your right.



## Channel Day Surgery Centre, William Harvey Hospital, Ashford

**Channel Day has its own pay and display parking area.** On turning into the hospital grounds, take the first left, this goes up pass the new Ashford One private hospital and staff car parks, the road then curves to the left then right, keep following ahead and you will see signs for Channel Day. Go past the loading bay and you will see a glass fronted building with a car park opposite.

If you are coming from the **main hospital car park**, please ask for directions at the main hospital reception desk. Follow signs on the floor for Navy Zone, for the Rotary Suite, at the end of the corridor turn right. Go past the stairs and enter the double doors to the left (which are opposite the lifts). Follow this all the way along to the reception of the Rotary Suite, turn left and then take the stairs/lift down to the Channel Day Surgery Centre. Reception is directly in front of you.



### Channel Day Surgery Admissions

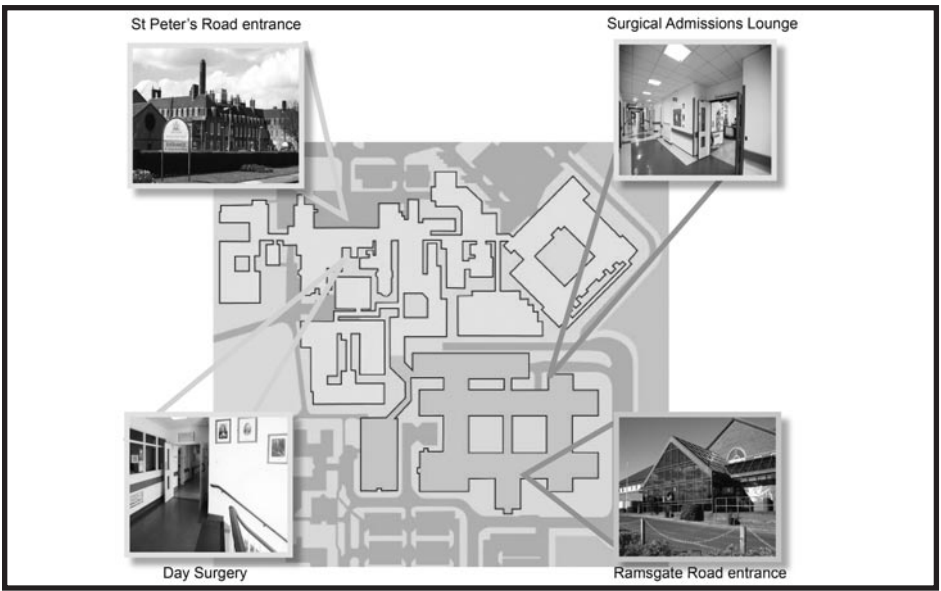
Alternatively, Channel Day Surgery Pay and Display parking is located at the back of the hospital. After entering the hospital grounds from Kennington Road, continue on the main drive, past the car park on the left and follow the road around to the rear of the hospital. Our Channel Day and Rotary Suite entrance is on the right with pay and display parking on the left.

## Day Surgery, Queen Elizabeth the Queen Mother Hospital, Margate

From St. Peter's Road entrance (the old hospital entrance). If arriving by car, park in the pay and display car park outside the St. Peter's Road entrance. Enter the main doors of the St. Peter's Road entrance. Opposite the doors, you will see a staircase. Go up the staircase. Opposite the top of the staircase (slightly to the right) you will see a glass window. Behind this is the Day Surgery reception where the receptionists will be pleased to help you. For patients needing to use a lift, turn left after entering the main doors of the St. Peter's Road entrance. Walk 100 yards to the lift on the right hand side of the corridor. Enter the lift and go to the first floor. Exit the lift and turn left into the Day Surgery ward.

## Surgical Admissions Lounge, QEQM Hospital, Margate

If your appointment letter says to go to the Surgical Admissions Lounge at QEQM, enter through the Ramsgate Road entrance. Go straight down the corridor and take the stairs on your left up to the first floor. Turn left through the doors and follow the corridor all the way down to the end. The Surgical Admissions Lounge reception is on your left.



# About the consent form

## **Information for patients from the Department of Health**

Before a doctor or other health professional examines or treats you, they need your consent. Sometimes you can simply tell them whether you agree with their suggestions. However, sometimes a written record of your decision is helpful – for example if your treatment involves sedation or general anaesthesia. You will then be asked to sign a consent form. If you later change your mind, you are entitled to withdraw consent – even after signing.

## **What should I know before deciding?**

Health professionals must ensure you know enough to enable you to decide about treatment. They will write information on the consent form and offer you a copy to keep as well as discussing the choices of treatment with you. Although they may well recommend a particular option, you are free to choose another. People's attitudes vary on things like the amount of risk or pain they are prepared to accept. That goes for the amount of information, too. If you would rather not know about certain aspects, discuss with who ever is treating you.

## **Should I ask questions?**

Always ask anything you want. As a reminder, you can write your questions in the space at the back of this leaflet. The person you ask should do his or her best to answer, but if they do not know they should find someone else who is able to discuss your concerns. To support you and prompt questions, you might like to bring a friend or relative. Ask if you would like someone independent to speak up for you.

## **Is there anything I should tell people?**

If there's any procedure you **do not** want to have, you should tell the people treating you. It's also important for them to know about any illnesses or allergies which you may have or have suffered from in the past.

## **Can I find out more about giving consent?**

The Department of Health leaflet **Consent – what you have a right to expect** is a detailed guide on consent in versions for adults, children, parents, carers/relatives and people with learning disabilities.

## **Who is treating me?**

Amongst the health professionals treating you may be a “doctor in training” – medically qualified, but now doing more specialist training. They range from recently qualified doctors to doctors almost ready to be consultants. They will only carry out procedures for which they have been appropriately trained. Someone senior will supervise – either in person accompanying a less experienced doctor in training or available to advise someone more experienced.

## **What about anaesthesia?**

If your treatment involves general or regional anaesthesia (where more than a small part of your body is being anaesthetised), you will be given general information about it in advance. You will also have an opportunity to talk with the anaesthetist when he or she assesses your state of health shortly before treatment. Hospitals sometimes have pre-assessment clinics which provide patients with the chance to discuss things a few weeks earlier.

## **Will samples be taken?**

Some kinds of operation involve removing a part of the body (such as a gall bladder or a tooth). You would always be told about this in advance. Other operations may mean taking samples as part of your care. These samples may be of blood or small sections of tissue, for example of an unexplained lump. Such samples may be further checked by other health professionals to ensure the best possible standards. Again, you should be told in advance if samples are likely to be taken.

Sometimes samples taken during operations may also be used for teaching, research or public health monitoring in the interests of all NHS patients. The NHS trust treating you will have a local system for checking whether you are willing for this to happen.

## **Photographs and videos**

As part of your treatment some kind of photographic record may be made – for example x-rays, clinical photographs or sometimes a video. You will always be told if this is going to happen. The photograph or recording will be kept with your notes and will be held in confidence as part of your medical record. This means that it will normally only be seen by those involved in providing you with care or those who need to check the quality of care you have received.



The use of photographs and recordings is also extremely important for other NHS work, such as teaching or medical research. However, we will not use yours in a way that might allow you to be identified or recognised without your express permission.

### **What if things do not go as expected?**

Amongst the 25,000 operations taking place every day, sometimes things do not go as they should. Although the doctor involved should inform you and your family, often the patient is the first to notice something amiss. If you are worried – for example about the after-effects of an operation continuing much longer than you were told to expect – tell a health professional right away. Speak to your GP, or contact your clinic - the phone number should be on your appointment card, letter or consent form copy.

### **What are the key things to remember?**

It's your decision! It's up to you to choose whether or not to consent to what's being proposed. Ask as many questions as you like, and remember to tell the team about anything that concerns you or about any medication, allergies or past history which might affect your general health.

## Questions to ask health professionals

As well as giving you information health professionals must listen and do their best to answer your questions. Before your next appointment, you can write some down in the space at the back of this leaflet.

Questions may be about the **treatment itself**, for example:

- What are the main treatment options?
- What are the benefits of each of the options?
- What are the risks, if any, of each option?
- What are the success rates for different options — nationally, for this unit or for you (the surgeon)?
- Why do you think an operation (if suggested) is necessary?
- What are the risks if I decide to do nothing for the time being?
- How can I expect to feel after the procedure?
- When am I likely to be able to get back to work?

Questions may also be about how the treatment might affect your future state of health or style of life, for example:

- Will I need long-term care?
- Will my mobility be affected?
- Will I still be able to drive?
- Will it affect the kind of work I do?
- Will it affect my personal/sexual relationships?
- Will I be able to take part in my favourite sport/exercises?
- Will I be able to follow my usual diet?

# You and your anaesthetic

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**This leaflet gives information to help you prepare for your anaesthetic. It has been written by anaesthetists working together with patients and patient representatives. It also shows you where to find other information that might be helpful.**

## **What is anaesthesia?**

**Anaesthesia** stops you feeling pain and unpleasant sensations. It can be given in various ways and does not always need to make you unconscious. There are different types of anaesthesia, depending on the way they are given:

**Local anaesthesia** involves injections that numb a small part of your body. You stay conscious but free from pain.

**Regional anaesthesia**, eg a spinal or epidural, involves injections that numb a larger or deeper part of the body. You stay conscious or receive some sedation, but are free from pain. For some surgery you may be aware of pressure sensations.

**General anaesthesia** gives a state of controlled unconsciousness. It is essential for some operations and procedures. You are unconscious and feel nothing.

**Sedation** gives a 'sleep like' state and is often used with a local or regional anaesthetic. Sedation may be light or deep and you may remember everything, something or nothing after sedation.

For more information about sedation, please see our Sedation explained leaflet which is available on our website: [rcoa.ac.uk/patientinfo/sedation](http://rcoa.ac.uk/patientinfo/sedation)

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## **Anaesthetists**

Anaesthetists are doctors with specialist training who:

- discuss with you the type or types of anaesthetic that are suitable for your operation. If there are choices available, they will help you choose
- discuss the risks of anaesthesia with you
- agree a plan with you for your anaesthetic and pain control afterwards
- give your anaesthetic and are responsible for your wellbeing and safety throughout your surgery and in the recovery room.

You may also meet Anaesthesia Associates who are highly trained healthcare professionals. You can read more about their role and the anaesthesia team on our website: [rcoa.ac.uk/patientinfo/anaesthesia-team](http://rcoa.ac.uk/patientinfo/anaesthesia-team)

# The preoperative assessment clinic (preassessment clinic)

**If you are having a planned operation you might be invited to a preoperative assessment clinic a few weeks or days before your surgery. Sometimes, for more minor surgery, a nurse will telephone you instead to ask you some questions.**

Please bring with you:

- a current prescription or bring your medicines in their full packaging
- any information you have about tests and treatments at other hospitals
- information about any problems you or your family may have had with anaesthetics
- any recent blood pressure measurements.

It is recommended that you have your blood pressure checked at your GP surgery when your GP refers you for surgery. This way, if your blood pressure is high, treatment can be started well ahead of the operation. Whether you need to start treatment or not, it can be helpful if you bring a note of any recent blood pressure measurements.

Nurses at the clinic will:

- ask you in detail about your activity and any physical and mental health problems
- ask you about allergies and reactions (please bring details)
- make an accurate list of the medicines you take, including long-term painkillers
- ask you if you smoke, drink alcohol or take recreational drugs

- weigh and measure you
- take your blood pressure and check your heart rate and oxygen levels
- listen to your heart and chest if required
- arrange any blood tests as needed
- perform an ECG (a heart tracing)
- take a skin and/or nose swab to check for any infection
- advise you on what medication you should take on the day of your surgery and what pain relief you should have ready at home for your recovery
- give you information about blood transfusions if they think you might need one.

Blood transfusions are always avoided unless necessary. You can also find information on the NHS website [nhsbt.nhs.uk/what-we-do/blood-services/blood-transfusion](https://nhs.uk/what-we-do/blood-services/blood-transfusion)

Please read our leaflet *Anaesthesia explained* if you would like to read more detailed information about anaesthesia:  
[rcoa.ac.uk/patientinfo/anaesthesia-explained](https://rcoa.ac.uk/patientinfo/anaesthesia-explained)

## **Before coming to hospital**

**There is much you can do to prepare yourself for surgery and the recovery period.**

- If you smoke, giving up several weeks before the operation will reduce the risk of breathing problems during your anaesthetic and after your surgery.
- If you have obesity, reducing your weight will reduce many of the extra risks you face during your anaesthetic and after your surgery. It may also make the surgery easier.

- If you have loose teeth or crowns, a visit to your dentist before the operation may reduce the risk of damage to your teeth during the anaesthetic.
- If you have a long-standing medical problem that you feel is not well controlled (eg diabetes, asthma or bronchitis, thyroid problems, chronic pain or heart problems), check with your GP surgery whether there is anything you can do to improve it.
- It is also important that you consider any mental health concerns such as anxiety and depression, as these too can make a difference to your surgery and recovery.
- Increasing your activity in the weeks before surgery can improve your heart function and fitness levels. Studies have shown that this can make a big difference to your recovery from surgery.
- It is best to plan early for your recovery at home afterwards and let your friends and family know how they can best help you. Think about what you will eat and whether you need to make any changes at home to make your recovery easier.
- If you return home the same day having had a general anaesthetic or sedation, you will need to organise a responsible adult to take you home by car or taxi and stay with you for up to 24 hours. Information for those caring for someone who has just had a general anaesthetic or sedation can be found on our website: [rcoa.ac.uk/patientinfo/sedation](http://rcoa.ac.uk/patientinfo/sedation)
- It is important to think how you can best relax on the day of your operation as you may have to wait before your surgery. Magazines, puzzles or listening to music through headphones can all be helpful.

**Our Fitter Better Sooner resources will provide you with the information you need to become fitter and better prepared for your operation. Please see our website for more information: [rcoa.ac.uk/fitterbettersooner](http://rcoa.ac.uk/fitterbettersooner)**

## On the day of your operation

**The hospital should give you clear instructions about eating and drinking. These instructions are important. If there is food or liquid in your stomach during your anaesthetic, it could come up into your throat and lungs and endanger your life.**

If you have **diabetes** please check with your hospital about **when to stop eating and drinking** and how you should take your medication on the day of your operation.

**If you are a smoker** you should not smoke on the day of your operation, as this reduces the amount of oxygen in your blood. You should also not vape.

**If you are on medication**, you should follow the specific instructions from the preoperative assessment team about how to take them on the day of the operation. You will be allowed a sip of water to take any tablets as needed.

If you take any 'blood thinning' drugs such as warfarin, clopidogrel or rivaroxaban, you will need to discuss with your consultant or the preoperative assessment team whether or when you should stop taking them. They will look at any risks of bleeding and risks of stopping the treatment and make a plan with you. Your nurse will give you clear instructions before your surgery.

**If you feel unwell** when you are due to come into hospital, please telephone the ward for advice.

Please remove nail varnish or gels before coming to the hospital. This ensures that the clip on your finger to measure oxygen levels works well during your anaesthetic.



## Meeting your anaesthetist

Your anaesthetist will meet you before the operation. This may be in the preoperative assessment clinic or on the day of your operation. They will discuss the type of anaesthetic you might have, including benefits, risks and your preferences.

They will decide with you which anaesthetic would be best for you. Not all types of anaesthesia are appropriate for all types of operations.

If there is a choice of anaesthetic, the decision on which to use will depend on:

- the operation you are having and any medical problems
- your particular risks
- your preferences and the reasons for them
- the recommendation and particular skills of the anaesthetist
- the equipment, staff and resources at the hospital.

## Questions you may like to ask your anaesthetist or nurse

If you have questions about your anaesthetic, write them down or consider the examples opposite. If you want to speak to an anaesthetist before the day of your operation, contact the preoperative assessment team who may be able to arrange for you to speak to an anaesthetist on the phone or to see them in a clinic.

## Getting ready for your operation

Your nurse will give you a hospital gown to wear and discuss what underwear you may wear. You will usually wear elastic stockings to reduce the risk of blood clots in your legs. Your nurse will attach identity bands to your wrist or ankle and in some hospitals an additional band if you have any allergies.

**Premedication** (a 'pre-med') is sometimes given before some anaesthetics. Pre-meds prepare your body for surgery – they may start off the pain relief, reduce acid in the stomach or help you relax.

A nurse will carry out a pregnancy test on a urine sample if you are of childbearing age. This is standard practice.

You should remove jewellery and/or any decorative piercings. If you cannot remove it, the nurses will cover it with tape to prevent damage to it or to your skin. A wedding ring can usually be worn.

### **When you are called for your operation**

- A member of staff will go with you to the theatre.
- You can usually wear your glasses, hearing aids and dentures until you are in the anaesthetic room. You may be able to keep them on if you are not having a general anaesthetic.
- If you are having a local or regional anaesthetic, you may be able to take your own electronic device, with headphones to listen to music (check with your nurse beforehand).
- You may walk to theatre, accompanied by a member of staff, or you may go in a wheelchair or on a bed or trolley. If you are walking, you can wear your own dressing gown and slippers.

**Routine checks** will be done as you arrive in the operating department, before the anaesthetic starts. You will be asked your name, your date of birth, the operation you are having, whether on the left or right side (if applicable), when you last ate or drank and if you have any allergies. These checks are routine in all hospitals.

### **Starting the anaesthetic**

Your anaesthetic may start in the anaesthetic room or in the operating theatre. Your anaesthetist will be working with a trained assistant. The anaesthetist or the assistant will attach leads to machines to measure your heart rate, blood pressure and oxygen levels and any other equipment as required.

**A cannula**, a small plastic tube inserted in your vein with a needle, is used to start most anaesthetics in adults, including a local anaesthetic. All drugs can then be given into your veins using the cannula. If you have any concerns about this, please talk to your anaesthetist.

## **Local and regional anaesthetics**

If you are having a local or regional anaesthetic:

- your anaesthetist will ask you to keep still while the injections are given. You may notice a warm tingling feeling as the anaesthetic begins to take effect
- your operation will only go ahead when you and your anaesthetist are sure that the area is numb
- you will remain alert and aware of your surroundings, unless you are having sedation. A screen will stop you seeing the operation unless you want to
- for regional anaesthetics, a member of the anaesthetic team is always near to you and you can speak to them whenever you want to.

## **General anaesthetics**

There are two ways of starting a general anaesthetic:

- anaesthetic drugs may be injected into a vein through the cannula. This is generally used for adults and is more controlled
- you can breathe anaesthetic gases and oxygen through a mask, which you may hold if you prefer. After you are unconscious your anaesthetist will put in a cannula.

## **The recovery room**

After the operation, you will usually be taken to the recovery room. Recovery staff will make sure you are as comfortable as possible and give any extra medication you may need. When they are satisfied that you have recovered safely from your anaesthetic and there is a bed available, you will be taken back to the ward.

## Pain relief after surgery

The type and amount of pain relief you will be offered will depend on the operation you are having and your pain levels after the operation. Some people need more pain relief than others.

Generally, some degree of pain or discomfort should be expected during your recovery. Stronger painkillers can be very good at relieving pain, but may have side effects, like nausea, constipation and addiction in the long term.

Occasionally, pain is a warning sign that all is not well, so you should always report it to your nurses and seek their advice and help.

Here are some ways of giving pain relief:

- **pills, tablets or liquids to swallow** – these are used for all types of pain. They typically take at least half an hour to work. You need to be able to eat, drink and not feel sick for these drugs to work
- **injections** – these may be intravenous (through your cannula into a vein for a quicker effect) or intramuscular (into your leg or buttock muscle using a needle, taking about 20 minutes to work)
- **suppositories** – these waxy pellets are put in your rectum (back passage). The pellet dissolves and the drug passes into the body. They are useful if you cannot swallow or if you might vomit
- **patient-controlled analgesia (PCA)** – a machine with a push button which, when pressed by you, delivers a small dose of strong pain killer directly into your cannula or drip. It is programmed to ensure you cannot give yourself an overdose. A PCA puts you in direct control of your own pain relief
- **local anaesthetics and regional blocks** – these types of anaesthesia can be very useful for relieving pain after surgery. More details can be found in our leaflet Epidural pain relief after surgery which is available from our website:  
[rcoa.ac.uk/patientinfo/leaflets-video-resources](http://rcoa.ac.uk/patientinfo/leaflets-video-resources)

## **Pain relief after leaving hospital**

Although you may be given a supply of painkillers when you leave the hospital, it is sensible to buy some over-the-counter painkillers to have ready at home. If you are still needing them two weeks after discharge from the hospital, you should get in touch with your GP to discuss this further.

You may go home on morphine-type pain killers following your operation. It is important that you reduce and then stop these medications as soon as possible as their continued use can cause you significant harm.

## **Risk and anaesthesia**

The infographic in this section shows the common events and risks that healthy adult patients of normal weight face when having a general anaesthetic for routine surgery (specialist surgeries may carry different risks).

Modern anaesthetics are very safe. There are some common side effects from the anaesthetic drugs or the equipment used, which are usually not serious or long lasting. Risks will vary between individuals and will depend on the procedure and anaesthetic technique used.

Your anaesthetist will discuss with you the risks that they believe to be more significant for you. There are other less common risks that your anaesthetist will not normally discuss routinely unless they believe you are at higher risk. These have not been shown in this leaflet.

# Common events and risks in anaesthesia

This summary card shows the common events and risks that healthy adult patients of normal weight face when having a general anaesthetic for routine surgery (specialist surgeries may carry different risks).

Modern anaesthetics are very safe. There are some common side effects from the anaesthetic drugs or equipment used which are usually not serious or long lasting. Risk will vary between individuals and will depend on the procedure and anaesthetic technique used. Your anaesthetist will discuss with you the risks that they believe to be more significant for you.

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**VERY COMMON – MORE THAN 1 IN 10**  
Equivalent to one person in your family



Sickness



Shivering



Thirst\*



Sore throat



Bruising



Temporary memory loss (mainly in over 60s)



**COMMON – BETWEEN 1 IN 10 AND 1 IN 100**  
Equivalent to one person in a street



Pain at the injection site\*



Minor lip or tongue injury



**UNCOMMON – BETWEEN 1 IN 100 AND 1 IN 1,000**  
Equivalent to one person in a village



Minor nerve injury



**RARE – BETWEEN 1 IN 1,000 AND 1 IN 10,000**  
Equivalent to one person in a small town



1 in 1,000  
Peripheral nerve damage that is permanent



1 in 2,800  
Corneal abrasion (scratch on eye)



1 in 4,500  
Damage to teeth requiring treatment



1 in 10,000  
Anaphylaxis (severe allergic reaction to a drug)



**VERY RARE – 1 IN 10,000 TO 1 IN 100,000 OR MORE**  
Equivalent to one person in a large town



The risks we all take in normal life, such as road travel, are actually far higher than the risks below.



1 in 20,000

Awareness during an anaesthetic



1 in 100,000  
Loss of vision



1 in 100,000

Death as a direct result of anaesthesia

More information on these risks and how to prepare for surgery can be found on our website here: [www.rcoa.ac.uk/patientinfo/risks/risk-leaflets](http://www.rcoa.ac.uk/patientinfo/risks/risk-leaflets)

\*The first Sprint National Anaesthesia Project (SNAP-1) Study. Br J Anaesth 2016 (<https://academic.oup.com/bja/article/117/6/758/2671124>).

# How will my pain be managed?

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## **Information for patients from the Acute Pain Steering Group**

### **How much pain will I have?**

The amount of pain you feel will depend on many things such as the kind of operation, injury, or illness you have. A certain amount of pain or discomfort may be expected and it is usually not possible to relieve all pain. As healing takes place the level of pain should reduce. Our aim is to provide enough pain relief to make you comfortable and prevent complications.

### **Is pain relief important?**

Yes. As well as making you more comfortable good pain relief may help you to recover more quickly. If you are comfortable you will be able to take deep breaths, cough, and sleep better. Also if you are able to move around you are less likely to get blood clots in your legs. Please do not be tempted to cope by lying still, taking only shallow breaths, and not coughing as this may (in a short time) cause a chest infection.

So please, do let the ward nurses know if you are in pain so that it can be treated.

## **How will my pain be managed?**

Your doctor and nurse will discuss a plan for managing your pain with you that is suited to your individual needs. You should let them know if you already take regular painkillers or have had problems with painkillers in the past, such as allergies or stomach upsets.

Painkillers will be prescribed to be given regularly or when you tell your nurse that you are in pain. The nursing staff will assess your pain regularly and will ask you if the pain you feel is mild, moderate, or severe. The Pain Assessment Score we use is shown below.

0 = No pain

1 = Mild pain

2 = Moderate pain

3 = Severe pain

## **What painkillers might I be offered?**

Painkillers may be given by mouth (oral), injection, suppositories, Patient Controlled Analgesia (PCA) pump, epidural infusion, or nerve block. You may be prescribed a combination of painkillers as research shows this may give better pain relief.

- **Tablets, capsules, or liquids**

This is the most common way of giving pain relief provided you are able to eat and drink and do not feel sick. Painkillers given by this route will take at least 30 minutes to work.

- **Injections**

This is another method of giving pain control, used particularly after some types of surgery. A painkilling drug is injected via a needle into a muscle - usually in the leg but the buttock may sometimes be used. Injections may take about 20 minutes to work.



- **Suppositories**

This is a useful way of giving painkillers if you are unable to swallow, feel sick, or are vomiting. The suppository is inserted into the back passage (rectum) and is gradually absorbed by the body.

- **Patient Controlled Analgesia (PCA)**

Analgesia is the absence or relief of pain. With PCA you control the amount of a strong painkilling drug such as morphine that you give yourself. A PCA Pump is programmed by your anaesthetist or nurse and when you press a hand held button a small dose is delivered into a vein via a drip. No further doses will be released until a set time has passed (usually five minutes) so it may take some time to achieve the level of pain relief you want.

You will be taught how to use the pump by the nurses or doctors.

While you are using PCA the nurses will monitor you regularly to check for side effects and to assess if the PCA is relieving your pain.

**It is important that no one but you presses the PCA button.**

- **Epidural**

The nerves from your spine to your lower body pass through an area in your back close to your spine called the epidural space. Your anaesthetist will insert a fine plastic tube (epidural catheter) into this space. This is then connected to an epidural pump and painkilling drugs are continuously dripped in.

Two types of drug are usually given together, a local anaesthetic and a morphine like drug. The local anaesthetic may cause numbness as it blocks the nerve messages but feeling returns when the epidural is stopped.

The epidural may be kept in for up to four days. More information is available in the leaflet 'Epidurals for pain relief after surgery'.

**If your anaesthetist thinks this is the best method of pain relief for you, the procedure will be discussed with you and your agreement sought.**

- **Local Anaesthetic Nerve Block**

Local anaesthetic may be injected into or around your wound to block pain. This may be given as a 'once only' dose which can last for several hours. Sometimes your anaesthetist will place a fine catheter to give a continuous infusion or further injections of local anaesthetic. The catheter may be left in place for a few days.

### **Will I suffer any side effects?**

All drugs including painkillers may cause side effects in some people. Painkillers may cause sickness, constipation, drowsiness, dizziness, itchiness, and confusion. If epidural or nerve block is used for pain control, sensations of weakness, numbness, or 'pins and needles' may be felt.

Please tell your nurse or doctor if you experience side effects. Your painkiller may need to be changed or medication given to treat any side effects.

Some people worry that they will become addicted if they take strong painkillers. When used appropriately for a short time this is very unlikely.

## **When should I have painkillers?**

Research shows that taking painkillers regularly provides better pain relief as the level of drug in your body remains more constant. We would advise you not to try and do without your painkillers unless you are comfortable and able to take deep breaths, cough, and move about.

Please do not wait until your pain is severe before asking for painkillers.

You do not have to wait until the drug round is due.

## **What can I do to help myself?**

- Try to take at least three deep breaths every half an hour unless instructed otherwise by your physiotherapist.
- Try to cough and clear your chest.
- When you cough, support your wound by placing your hands or a folded towel over it. The physiotherapist or nurse can show you how to do this.
- Try to sit up and move about a little (provided your operation or injury does not prevent this).

## **What else can I do to help myself?**

Regular periods of relaxation are very beneficial as they reduce anxiety and ease muscle tension which can reduce your pain. Also, distracting your attention away from your pain can make pain more bearable.

Reading, listening to music, watching television, chatting to fellow patients, or doing crosswords are just a few distraction suggestions.

The following relaxation tips may help.

- Close your eyes, place your hand on your abdomen and slowly breathe in through your nose to the count of four feeling your abdomen rise.
- Hold your breath briefly and then breathe out through your mouth to the count of four.
- Repeat this cycle of breathing slowly in and out for a few minutes.
- Place your arms by your side and relax your shoulders. Close your eyes and breathe slowly and deeply.
- Focus on tensing and relaxing each set of muscles in your body in turn. You may start from your head and work downwards or from your toes and work upwards.

**Avoid areas which have undergone recent surgery or injury.**

### **How will my pain be managed when I go home?**

You may be given some painkillers to take at home. Your nurse will explain how and when these should be taken. If you need more painkillers or your pain worsens you should contact your GP.

### **Where can I get more information?**

- Royal College of Anaesthetists [www.rcoa.ac.uk](http://www.rcoa.ac.uk)
- British Pain Society [www.britishpainsociety.org](http://www.britishpainsociety.org)

# Preventing a blood clot whilst you are in hospital

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**This leaflet discusses the risks of having a blood clot whilst you are in hospital and outlines what you and your doctor can do to reduce this risk**

## Special information

AES/IPC issued on:

Leg measurement:

Ankle circumference: (for below knee)

Thigh circumference: (for thigh length stockings)

Size of AES:

Extra Small

Small

Medium

(Tick as appropriate)

Large

Extra Large

Plus Size

Continue to wear AES until:

## **What are deep vein thrombosis (DVT) and pulmonary embolism (PE)?**

**Deep vein thrombosis (DVT)** is the name given to a blood clot which forms inside a vein, usually in the deep veins of the leg, and blocks the flow of blood. This can cause the leg to become painful and swollen.

**Pulmonary embolism (PE)** occurs when a fragment of blood clot in a leg breaks loose and becomes lodged in a blood vessel in the lungs. This is a potentially serious condition which can cause pain, breathlessness, and a lack of oxygen in the blood.

Collectively deep vein thrombosis and pulmonary embolism is known as **venous thromboembolism or VTE**.

## **Am I at risk of developing VTE whilst in hospital?**

As part of your admission to hospital your healthcare professional will consider a series of questions. These questions are about factors that are particularly associated with the development of VTE.

### **Questions they may ask:**

- Are you aged over 60 years?
- Are you overweight?
- Do you have cancer?
- Are you pregnant?
- Are you taking the contraceptive pill or hormone replacement therapy (HRT)?
- Have you had venous thrombosis in the past?
- Are you known to have a clotting tendency (thrombophilia)?
- Has anybody in your close family had venous thrombosis?
- Do you have any kidney diseases such as the nephrotic syndrome?
- Do you have any bowel disorders such as inflammatory bowel disease?

**What can I do to reduce the risk of developing VTE?** If you can start before your planned admission to hospital.

- Eat a balanced diet and keep well hydrated by drinking plenty of water.
- Keep mobile, move around as much as possible in the weeks before your surgery.
- Take care on journeys. If you can, avoid uninterrupted journeys of over three hours in the month before your surgery.
- If you do need to make a long journey, try to move your legs regularly. If travelling by car, take a break and walk around every two hours.
- Talk to your doctor if you are taking the contraceptive pill or HRT, as these medicines may increase your risk of DVT or PE.

### **What will be done when I come into hospital?**

Your clinical team will assess your risk of VTE and will discuss with you what will be done to reduce your risk of developing a VTE.

The risk assessment will be done as soon as possible after you come into hospital or in the preassessment clinic, if you are having a planned procedure.

The nurse or doctor carrying out the assessment will ask you about all the risk factors already mentioned - your individual risk factors.

They will also look at:

- the nature of your current illness
- how long you are likely to be in hospital; and
- whether you will be having any surgery.

In addition to your individual risk factors, the type of surgery you are having will also determine the treatment you receive to reduce your risk of VTE.

## What treatment will I be given to reduce the risk of VTE?

The treatments recommended for you will depend on the result of your risk assessment and will be discussed with you by your doctors. These may include the following.

### 1. Medication

You may be given drug treatment to stop your blood from clotting too quickly; these medicines are called anticoagulants. You may be treated with heparin injections such as enoxaparin or with anticoagulants taken in tablet form called rivaroxaban or apixaban. If you already take an anticoagulant medication such as warfarin, your doctor will talk to you about what anticoagulation treatment is suitable for you while you are in hospital.

Some heparins contain animal products, if you are concerned about having animal products, please let your doctor know. Anticoagulants can increase the risk of bleeding, so please discuss with your doctor what to look out for.

### 2. Special stockings

These are called anti-embolism stockings (AES). They have been shown to reduce the risk of DVT by reducing swelling and preventing blood from collecting in the veins.

Anti-embolism stockings are **not** recommended for people who have:

- poor circulation (Peripheral Vascular Disease)
- loss of feeling in their lower legs (Neuropathy)
- leg ulcers
- had a recent skin graft
- extreme deformity of their legs
- very swollen legs; or
- have had an acute stroke.

Let staff know if you have any skin allergies.

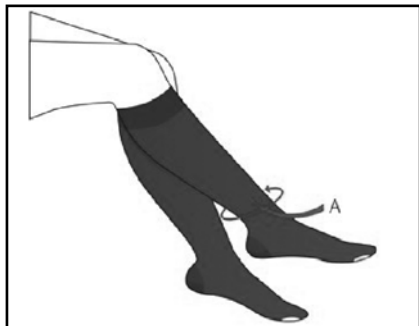
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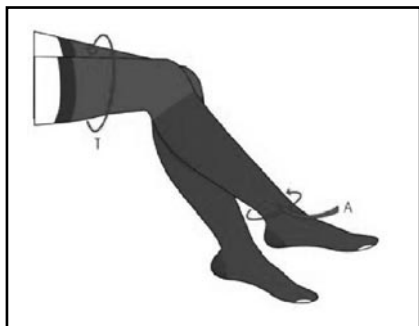
## How are anti-embolism stockings fitted in hospital?

AES should be fitted, so before wearing stockings staff should take your measurement for below knee stockings and thigh measurement if measuring for thigh length stockings.

### Measuring for correct stocking size



Around your ankle  
(below knee stockings)



Upper thigh  
(thigh length stockings)

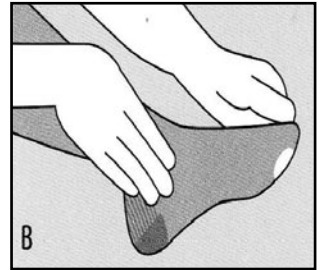
### How do I put my stockings on?

- Check the stocking is not inside out.
- Insert your hand into the stocking as far as the heel pocket.
- Firmly grasp the centre of the heel pocket and keeping hold of the heel turn the stocking inside out to the heel area.

- Grasp the excess stocking at the front of your foot.
- Put the stocking over your ankle and ease the fabric up your leg, avoid dragging the stocking against your skin.



- Smooth out any excess material causing creases at your foot by pulling the open toe section of the stocking forward.
- Make sure your toes are covered and the open section is comfortably placed under your toes.
- **Do not push your toes through the open toe area.**



- Pull the stocking up over your calf, making sure you smooth out any wrinkles that appear, and that the band at the top is smooth and not rolling over.
- **Make sure the stocking finishes two fingers width down the back of your knee joint; this is important for blood flow.**



**It is important not to roll the stocking down your leg or to fold the toe section back on itself. This can reduce the blood flow in your legs and put you at risk of developing a blood clot in your leg.**

## **Special points to note about your stockings**

- Stockings should be worn throughout the day and night to be most effective.
- Stockings should be removed daily, so that your skin can be washed and your heels and other pressure points checked thoroughly for sore or broken areas. It is not advisable to leave them off for longer than 30 minutes, as this may reduce their effectiveness.
- Make sure that your stockings are wrinkle free and not rolled down, as this may restrict the blood supply to your leg.
- Oil products should not be applied to your legs, as they may damage the fabric of the stockings. Emollients (moisturising treatments added directly to the skin to soothe and hydrate it) such as aqueous cream may be used if your skin is very dry, but you must make sure it is well rubbed in.
- If you experience any tingling, numbness, pain, blistering, or redness in your legs whilst wearing the stockings please tell a member of staff immediately.

## **How do I remove my stockings?**

Pull down from the top of the stocking, down your leg and then over your heel and foot. This will leave the stocking inside out - turn the stocking back to its right side before refitting.

### 3. Foot or leg pumps

These are called intermittent pneumatic compression (IPC) and have also been shown to reduce the risk of DVT by gently compressing your leg. This increases blood flow and stops blood pooling in your leg to create clots.

IPC sleeves are not recommended for people who have:

- acute or suspected DVT or PE
- severe peripheral vascular disease
- severe skin problems on their legs
- massive oedema of the legs or pulmonary oedema from congestive heart failure
- peripheral neuropathy; or
- unusual leg size, shape, or deformity preventing a correct fit.

Your legs should be measured before fitting to make sure the correct size sleeves are used. The sleeve should fit snugly round your leg or foot but you should still be able to get two fingers under it.



#### Special points to note about foot or leg pumps

- Sleeves should be worn 24 hours a day.
- Sleeves should be removed daily for bathing and to check your skin.
- Please check your sleeves are inflating regularly and are not switched off.
- Let staff know if the sleeve feels either too loose or too tight.
- If you have any tingling, numbness, pain, blistering, or redness in your legs whilst wearing the sleeves, please tell a member of staff immediately.

## How can I help myself while in hospital?

- You should try to keep as **mobile** as possible while in hospital.
- Do not sit or lie with your legs crossed and, if possible, make a point of wiggling your feet on a regular basis.
- If you have had an operation, moving around as soon as possible after surgery is particularly important.
- It is also important to **avoid becoming dehydrated**. Please ask your nurse about how much fluid you should be drinking.

## What should I do when I return home?

- The length of time you need to continue anticoagulant medication after you go home will depend on your risk factors and whether you have had surgery. For most patients who have not had an operation their medication will stop when you are well enough to leave hospital.
- Ask the staff whether you need to continue wearing the stockings at home. You should normally wear these until you are back to full mobility following discharge from hospital.
- If you need to continue heparin injections after leaving hospital you may be able to do this for yourself or we will arrange for the district nursing service to do it for you. Your doctor or nurse will discuss this with you; please let them know if there is anyone at home who can help you with giving the injections.
- Tell the staff if you are unable to put on or remove the stockings yourself or have no one at home who can do this for you.

## **How do I care for my stockings at home?**

- The stockings can be laundered (washed) up to 16 times.
- The stockings may be hand washed or machine washed on a low temperature cycle and a clean pair put on at least every three days (change daily if physically soiled). They should be allowed to air dry naturally away from direct heat and should not be placed on sources of localised heat such as radiators.

## **What symptoms of DVT and PE should I look out for and what should I do if I get them?**

### **Symptoms of DVT**

- Swelling of the affected leg
- Pain in the affected leg, the pain may be worse when standing or walking. Usually the pain is worst in the back of the leg.

### **Symptoms of PE**

- Sudden chest or shoulder pain which is made worse by taking a deep breath
- Breathlessness
- Cough with blood streaked sputum.

**In the unlikely event that you have any of these symptoms you should ask for medical advice immediately.**

# Pre-admission screening for surgical patients regarding Methicillin Resistant Staphylococcus aureus (MRSA)

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**Information for patients from the Infection Prevention  
and Control Team**

## **What is Staphylococcus aureus (SA)?**

Staphylococcus aureus (SA) is a common bacteria (germ) which can often be found in healthy people. It is carried harmlessly on the skin or in the nose of about 20% to 30% of people without causing infection, a state known as colonisation or carriage. It may, however, cause infection and is the commonest cause of minor skin infections.

## **What is Methicillin Resistant Staphylococcus aureus (MRSA)?**

There are many different strains of Staphylococcus aureus and as a result of the widespread use of antibiotics, strains resistant to the more commonly used antibiotics have emerged. These are known as Methicillin Resistant Staphylococcus aureus (MRSA). MRSA may be carried harmlessly on the skin or in the nose and people may carry MRSA for varying lengths of time without ill health and be unaware of it. Approximately 80% of people who acquire MRSA are carriers.

## **What will happen if you have MRSA?**

Simple swabs from your nose and groin will identify if you are a carrier of MRSA. If you have MRSA you will be prescribed a course of treatment (nasal gel and body washes) before your surgery. This course of treatment reduces the number of MRSA bacteria on your body for the time of surgery and will therefore reduce the risk of wound infection due to MRSA. It is important to understand that MRSA is sometimes difficult to clear completely from the body and may return in the future.

The Infection Prevention and Control Team recommend that it is not necessary to obtain clear (negative) swab results before your surgery or indeed cancel the operation. However, the timing of your surgery may be delayed to make sure your course of treatment is completed.



When you are admitted to hospital for your operation, if you have MRSA you may be nursed in a single room which will help to prevent bacteria spreading to other vulnerable patients.

**Further information for those found to be carrying MRSA will be provided by nursing and medical staff as appropriate. An information booklet is also available.**

## **References**

- Guidelines for the Control and Prevention of Methicillin Resistant Staphylococcus aureus (MRSA) in healthcare facilities by the Joint BSAC/HIS/ICNA Working Party on MRSA, Volume 63, Supplement 1, May 2006.
- East Kent Hospitals University NHS Foundation Trust – Infection Control Manual, Section 2A. Policy for the Management of MRSA.
- Department of Health – A Simple Guide to MRSA, 1997

## **Advice for your relative or friend following a general anaesthetic**

**(Please show this to the person caring for you after your operation/procedure)**

### **Please read the following points carefully**

- Please make sure that the patient rests for 24 to 48 hours after their operation, and that you stay with them for the first 24 hours.
- Please offer them **light** meals and plenty of fluids.
- Give them any medication that has been prescribed, **according to the instructions** that come with it.

### **Day Surgery Helplines**

- **Channel Day Surgery Centre, William Harvey Hospital, Ashford**  
Telephone: 01233 616263 (24 hours a day, 7 days a week)
- **Day Surgery Centre, Kent and Canterbury Hospital**  
Telephone: 01227 783114 (7.30am to 8pm)
- **Day Surgery, Queen Elizabeth the Queen Mother Hospital, Margate**  
Telephone: 01843 234499 (7.30am to 8pm)  
Telephone: 07887 651162 (8pm to 7.30am)

**Only ring your own GP if you cannot contact us**



## **This leaflet has been produced with and for patients**

If you would like this information in **another language, audio, Braille, Easy Read, or large print**, please ask a member of staff. You can ask someone to contact us on your behalf.

**If you have any queries, concerns, or compliments** about your care, please speak to the ward or clinic staff in the first instance. Alternatively, please contact the Patient Advice and Liaison Service (PALS) on 01227 783145, or email [ekh-tr.pals@nhs.net](mailto:ekh-tr.pals@nhs.net)

**Patients should not bring large sums of money or valuables into hospital.** Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property had been handed in to Trust staff for safe-keeping.

**Further patient leaflets** are available via the East Kent Hospitals website [www.ekhft.nhs.uk/patientinformation](http://www.ekhft.nhs.uk/patientinformation)