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Manchester University  
NHS Foundation Trust



# Your Gynaecology Surgery

A guide to having your surgery at Saint Mary's Hospital, Oxford Road Campus

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# Welcome

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Welcome to the Saint Mary's Hospital and the Division of Gynaecology. If you have been given one of these booklets you will be visiting us at our Oxford Road Campus to have an operation or surgical treatment in the near future. You can be confident that you will be having your treatment at a surgical service that places a high emphasis on quality and safety and is a prominent provider of NHS care with many leading services.

This booklet is your guide to help you from before you arrive all the way to your discharge after treatment. We have written this booklet to help you understand the process involved in preparing for, undergoing and recovering from an operation.

This may be your first time coming into hospital for an operation and we have tried to cover all the things you may be thinking about that are related to your surgery. It is very important that you read through this booklet so you have all of the information you will need. Alternatively, if you are more familiar with visiting a hospital, you can use the contents list as a direction to specific areas for which you may need an update or reminder.

On the next page is a list of the sections within this booklet. Please read all the sections through first and then use the list as a quick guide for anything you may need to revisit later on.

We want our services to be designed with you in mind so your feedback is welcome and essential to how our services are shaped. At any stage, please let us know your thoughts on the treatment and customer service you received throughout your journey with us. Finally, we hope you have a positive experience in the Division of Gynaecology and a successful outcome.

## Contact information

Ward Name	Ward Phone Number
Pre-Op	(0161) 701 0716
Surgery Appointments	(0161) 701 4455
Gynaecology Pre-Op Nurses	(0161) 701 6045
Ward 62	(0161) 701 0023

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While everything within the booklet is useful, some areas are more important than others. To help you we have used **bold** text for key points and you'll also see some useful reminder boxes throughout the booklet. These reminder boxes are there to pull out important information you can see quickly and they look like this:

## Useful reminder

Information in here.

There is a section tab page at the start of each section. This tab helps you to quickly find the area for which you are looking and also has some important points on the front page related to that specific area.

There is also a medications tab that lists what medications you should bring with you and very importantly, which medicines you should stop and which you should continue.

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Saint Mary's Hospital



Royal Manchester Children's Hospital



Manchester Royal Eye Hospital



Manchester Royal Infirmary



Adult Rehabilitation Unit



# PROOF

## Before arrival

- Map
- How to get here
- Car parking
- Directions
- Appointments





# Before arrival

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This section gives you information that will be useful in planning for coming into hospital. It helps you to ensure you have the right admission date and you know what to do and what to bring with you.

## How to get to the hospital

Within this section of the booklet there are instructions on how to get to the hospital (including advice regarding Patient Transport) and a map to help you find your way around the hospital once you're here.

Additionally, there is advice on transport and directions on our website at [www.mft.nhs.uk](http://www.mft.nhs.uk). Click on the 'Our Hospitals' button/tab and select 'Saint Mary's Hospital' following by the 'Getting here' button/tab.

## Car parking

Directly outside Saint Mary's Hospital is a drop off and pick up area.

In addition, a small number of free 30 minute parking bays are located directly opposite the main entrance. Please be aware you need to collect a ticket from the machine in this area and clearly display it in your car window.

Car parking for patients and visitors at our Oxford Road site is largely located in one of our two multi-storey car parks located at either the North East (Grafton Street Multi-storey) or South West (Hathersage Road Multi-storey) of the site. Each of these car parks provide parking for patient, visitor and staff car parking and operates a pay on foot system where customers make their payment for parking on exiting the car park.

View a map of all parking and drop-off points including dedicated disabled parking spaces

The following tariffs apply to all car parks at our central site:

- 0-30 minutes: Free
- 30 minutes-3 hours: £2.50
- 3-6 hours: £5.00
- 6-24 hours: £15.00

- Weekly Parking Permit: £20.00
- Monthly Parking Permit: £40.00

If you have been to an out-patient appointment or attended Accident & Emergency and your visit has gone over 6 hours, you will be charged only the £5 rate. Please speak to a member of Security staff at the car park before paying and bring proof of your appointment or attendance.

We do not charge for parking for:

- Disabled badge holders
- Relatives of Intensive Care/High Dependency Unit patients
- Frequent attenders (three or more times a week)
- Relatives of long stay patients

## Directions to the hospital

**The Oxford Road Bus Link:** The Oxford Road Link 147 bus service runs every ten minutes throughout the day, Monday – Friday between 7.15 am and 6.51 pm. It costs a flat fare of 50p for a single journey or 50p for a day ticket giving you unlimited travel around the hospital zone, and £1 for a day ticket giving you unlimited travel on the entire route.

The service starting at Bus Stop C on Fairfield Street, Piccadilly train station calls at The University of Manchester, Manchester Metropolitan University, the Royal Northern College of Music, University Dental Hospital, Manchester Royal Eye Hospital, St Mary’s Hospital and Manchester Royal Infirmary.

**By train & bus:** From Piccadilly or Victoria train stations, get the tram or walk to Piccadilly Gardens where any of the following buses will take you to the hospitals: 11, 14, 15, 16, 16A, 41, 42, 42A, 43, 44, 45, 46/47, 48, 50, 111, 130, 140, 141, 142, 143, 144, 145, 147, 157, 191, 197, 223. From Oxford Road train station, get any of the above buses. Taxis are available at all these points.

For further information on public transport links i.e. buses, trains and metrolink contact Greater Manchester Passenger Transport Executive (GMPT) Service Information line (0161) 228 7811, open 7 days 8 am to 8 pm (textphone available). Or visit the GMPT website [www.gmppte.gov.uk](http://www.gmppte.gov.uk) or the Traveline web site [www.traveline.org.uk](http://www.traveline.org.uk)

**By road:** The Central Manchester Hospitals are adjacent to the University of Manchester – following signs to the universities will assist your way-finding.

**From the North (M6):** Leave the M6 via the M61 and continue to the M60. Join the M60 and travel anti-clockwise to Junction 12 and join the M602. Then join the A57 Regent Road to the A57(M) Mancunian Way. Leave at the A34 Wilmslow sign, bearing left into the A34. Once on Upper Brook Street (A34) turn right at the 5th set of traffic lights into Grafton Street.

**From the Northeast (M62):** Leave the M62 at Junction 18 and join the M60 (Manchester). Leave at the next Junction to join the A576 (Manchester Central). After approximately one mile, bear left at the traffic lights into the A665 Bury Old Road. At the 5th set of traffic lights turn right (junction of the M.E.N. Arena) into Trinity Way, at the bottom of the hill turn left into Great Ducie Street. Drive down Deansgate and turn left into John Dalton Street (Halifax Building on the corner). Travel for approximately one and a half miles and then turn right at the traffic lights into Grafton Street.

**From the South (M6):** Leave the M6 at Junction 19 onto the A556 and then join the M56 at Junction 8 heading towards the Airport. Continue along the M56, which will continue as the A5103 (Princess Road). Turn right into the B5219 (Moss Lane East, by the brewery). Continue to the end and at the T junction turn left into the B5117 which is Oxford Road. Some 800 yards on the right are the hospitals.

**From the South (M1):** From the M1 join the M6 at Junction 19 and then follow directions from M6 (South).

**From the West (M61 & M62):** Leave the M62 at Junction 12 and join the M602 Salford. The end of the motorway will join the A57 Manchester, (becoming A57(M) after one mile). Leave the Mancunian Way, A57(M) at the A34 Congleton sign, bearing left into the A34. Once on Upper Brook Street (A34) turn right at the 5th set of traffic lights into Grafton Street.

**On arrival:** Pay & display and pay on foot car parks are available.

## Patient transport to and from hospital

If your condition qualifies you for NHS patient transport to get to the hospital, please contact your GP. **Your GP is responsible for arranging your transport into the hospital.**

When you leave hospital after your treatment you will generally be required to arrange for a responsible adult to take you home. This is especially the case with daycase surgery or where you have had an anaesthetic the same day as you are discharged.

**It is your responsibility to arrange transport for you to be picked up and taken home. If you are having a daycase operation, for your safety, you must arrange for a responsible adult to take you home after your treatment. If not, your operation is likely to be cancelled on the day.**

If you know beforehand that you will not have a responsible adult to take you home and stay with you, please tell us and we can rearrange your admission to a more suitable date. If, because of a medical condition, you require ambulance based transport to pick you up from the hospital when you are discharged, the ward team will help to arrange this.

## **Your appointments**

You will be provided with two dates, one to attend for your outpatient Pre-Operative Assessment and the other for the date of your Operation. You will receive a phone call or letter to inform you of your appointment dates. If the dates are unsuitable and you require an alternative please contact us on: (0161) 701 0716, Mon-Fri 08:30-16:00.

## **If you cannot attend**

We understand that occasionally circumstances change and you may not be able to attend for your admission. If at any point you are not able to attend for your admission, please call us on (0161) 701 0716 (Mon-Fri 08:30-16:00) to let us know.

**If you fail to attend your scheduled appointments without letting us know, you are at risk of being discharged back to your GP.** By telling us in advance that you cannot attend your admission, we can try to re-use your slot for another patient. This speeds up other patient's treatment and prevents wasting expensive NHS services.

## **Changes to admission dates (by us)**

However, as a large specialist hospital that deals with critically ill and emergency patients, there may be occasions when it is necessary to move your admission to accommodate these patients. We understand the inconvenience and anxiety this may cause and we do try to minimise these occasions. We will, of course, explain to you at the time the reason why your treatment date has to be moved and will rearrange as soon as possible.

### **👉 Useful reminder**

Missed appointments cost the NHS over £2,000 on average.

# Your pre-operative assessment

- Preparing for surgery
- Preparing for admission
- Your medication plan
- Your guide to anaesthesia

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# Welcome to the Gynaecology Pre Op Assessment Department



## Our Values:

Everyone Matters, Working Together,  
Dignity and Care, Open and Honest



# Your pre-operative assessment

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## Preparation for surgery

We know that when you have major surgery it puts a big strain on your body. However, there are several ways that you can improve your fitness leading up to your surgery that will help prepare your body for your operation and its recovery:

- Improve your fitness before a major operation
- Eat a healthy diet
- Stop or reduce smoking
- ERAS+

## ERAS+

ERAS+ is a program developed by a team of NHS professionals to support and guide you and your family in preparation for your surgery. This includes advice on how to improve your activity levels and pre-operative chest training.

Should you be suitable for ERAS+ more information will be provided by your Nurse at your pre-operative assessment appointment.

### Useful reminder

**If you feel unwell or experience a raised temperature, cough, cold, flu, diarrhoea or vomiting in five days leading up to your admission please contact us on:**

(0161) 701 0716 or (0161) 701 6045 Mon-Fri 08:30-16:00

Outside of this time please contact Ward 62 (0161) 276 6105

## Before coming to hospital

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

- If you smoke, giving up for several weeks before the operation will reduce the risk of you experiencing breathing problems. The longer you can give up beforehand, the better. If you cannot stop smoking completely, cutting down will help.
- Please speak with your GP or Pre-Operative Nurse for further advice regarding stopping smoking or alternatively visit the NHS website for further support and information: <https://www.nhs.uk/better-health/quit-smoking/>
- We advise no smoking on the day of your surgery, if you wish to discuss nicotine replacement therapy please speak with your Pre-Operative/Admitting nurse.
- If you are very overweight, reducing your weight will reduce many of the risks of having an anaesthetic.
- If you have loose teeth or crowns, treatment from your dentist may reduce the risk of damage to your teeth if the anaesthetist needs to put a tube in your throat to help you breathe.
- If you have a long-standing medical problem such as diabetes, asthma, thyroid problems, epilepsy or high blood pressure (hypertension) you should visit your GP for a check-up well in advance of your treatment.

## Additional support

If there is anything else you would like to ask before your admission, or if you do have any special needs, please call the number on your admissions letter before your admission so that we can help you.

## Preparing for your admission for surgery

### What to bring and what not to bring with you

When you attend for your admission please bring with you:

- This booklet and your appointment letter if you received one
- An overnight bag containing toiletries, night/casual wear, dressing gown and slippers
- Any medications (including inhalers) you are currently taking
- \* A urine sample in the specimen pot provided



**Please leave any valuables such as jewellery at home.** Depending on your treatment, you may be able to wear a wedding ring. If in doubt, please ask a member of staff. You may wish to bring a small amount of money with you to purchase magazines or newspapers.  
**Please remove any false nails and any nail varnish.**

## Arrival times and fasting instructions

The arrival time for your admission is on your admission letter. This will be either 7am or 11am.

Please arrive on time for your admission, this is to allow the clinical team to fully prepare you – and all the other patients – for your treatment. We have found this is the most efficient way to ensure all patients' treatments go as planned and reduces delays and cancellations.

If you are travelling from a long distance you may wish to stay in a local hotel. There is a Travelodge directly across from the hospital on Upper Brook Street. Other local hotels are also available. Any arrangement with one of these local hotels i.e. booking and payment is the responsibility of the individual booking the room and is not part of your NHS service.

## Not eating before your treatment

Fasting instructions are to enable safe treatment so please read and carefully follow the details provided. If you do not follow the instructions your treatment may be delayed or cancelled on the day for your own safety.

### 7am admissions:

- Stop eating at 02:00
- Still water only 02:00 - 06:00
- Nothing after 06:00

### Useful reminder

Please note you should also not chew chewing gum or suck mints/sweets on the day of surgery.

## Taking medicines before your surgery

It is important that certain medicines are stopped before surgery to reduce the risk of any complications. You should have been given instructions at your pre-operative appointment of any medication you should stop prior to your admission and when you should stop them.

If you have not been told to stop taking any medication, please continue to take all of your regular medication before your admission. On the morning of your admission, you can take your tablets with up to 200mls of water as long as this is done by 6am.

**If you are at all unclear about the advice you were given about your medication, please call the pre-operative service on (0161) 701 6045.**

Please remember to bring all of your medication (including inhalers) in with you to hospital, including any medicines that you have been asked to stop before surgery. This also includes any herbal remedies or alternative medicines that you are taking.

Any medicine that you stop before surgery will be reviewed by the surgical team before you are sent home and restarted as appropriate. Please make sure you know exactly which medicines you should be taking before you are discharged home. On discharge from the ward you will be given a list of the medicines you should be taking at home and a copy will be sent to your GP.

### Useful reminder

It's important that you fully understand what to do about any medication you are taking before you arrive: what to stop, what to continue taking and what to bring with you. Just ask if you are unsure as we're here to help.

## Your medication plan

After pre-op you will be provided with an after visit summary. This document will list all of your medications and provide advice about which to continue and which and when to stop prior to your operation.

Please make any notes on the table overleaf if you wish.

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Name of medication	When to stop

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## You and your anaesthetic

This section gives information to help you prepare for your anaesthetic. It has been written working with patients, patient representatives and anaesthetists. You can find more information from [www.youranaesthetic.info](http://www.youranaesthetic.info). You can also get further information from your anaesthetist when you see them before the operation.

## Some types of anaesthesia

Anaesthesia stops you feeling pain and other sensations. It can be given in various ways and does not always make you unconscious.

- **Local anaesthesia** involves injections that numb a small part of your body. You stay conscious and free from pain.
- **Regional anaesthesia** involves injections which numb a larger or deeper part of the body. You stay conscious but free from pain. Spinal anaesthesia is a form of anaesthetic that is placed directly into the lower back which numbs the nerves from the waist down.
- **General anaesthesia** gives a state of controlled unconsciousness. It is essential for some operations. You are unconscious and feel nothing.

## Anaesthetists

Anaesthetists are doctors with specialist training who:

- Discuss types of anaesthesia with you and find out what you would like, helping you to make choices
- Discuss the risks of anaesthesia with you
- Agree a plan with you for your anaesthetic and pain control
- Are responsible for giving your anaesthetic and for your wellbeing and safety throughout your surgery
- Manage any blood transfusions you may need
- Plan your care, if needed, in the Intensive Care Unit
- Make your experience as pleasant and pain free as possible.

## Before your anaesthetic

You will be asked some questions to check your health before your operation. This may be at a pre-assessment clinic, by filling in a questionnaire, by talking to doctors on the ward, or when you meet your anaesthetist. It is important for you to bring a list of:

- All the tablets, medicines, herbal remedies or supplements you are taking, both prescribed and those that you have purchased over the counter
- Any allergies you may have.

## On the day of your operation

The hospital will give you clear **instructions about fasting**. It is important to follow these. If there is food or liquid in your stomach during your anaesthetic, it could come up to the back of your throat and damage your lungs. If you are taking medicines, you should continue to take them as usual, unless your anaesthetist or surgeon has asked you not to. If you take drugs to stop you getting blood clots (anticoagulants), aspirin, drugs for diabetes or herbal remedies, you will need specific instructions at your pre-op appointment.

If you feel unwell when you are due to come into hospital, please call the number on your admissions letter.

Nothing will happen to you until you understand and agree with what has been planned for you. You have the right to refuse if you do not want any treatment suggested. The choice of anaesthetic depends on:

- Your operation
- Your answers to the questions you have been asked
- Your physical condition
- Your preferences and the reasons for them
- Your anaesthetist's recommendations for you and the reasons for them
- The equipment, staff and other resources at your hospital.

Premedication (a 'premed') is the name for drugs which are sometimes given before an anaesthetic. Some premeds prepare your body for the anaesthetic, others help you to relax. They may make you more drowsy after the operation so if you want to go home on the same day, this may be delayed. If you think a premed would help you, ask your anaesthetist.

An injection may be given to you to start your anaesthetic. If this worries you, you can ask to have a local anaesthetic cream put on your arm to numb the skin before you leave the ward to go to theatre. The ward nurses should be able to do this.

If you are having a local or regional anaesthetic you will also need to decide whether you would prefer to:

- Be fully alert
- Be relaxed and sleepy (sedation)
- Have a general anaesthetic as well.

Sedation is the use of small amounts of anaesthetic or similar drugs to produce a 'sleepy-like' state.

When you are called for your operation:

- A member of staff will go with you to the theatre.
- You can wear your glasses, hearing aids and dentures until you are in the anaesthetic room.
- Jewellery, including decorative piercings, should ideally be removed. If you cannot remove your jewellery, it can be covered with tape to prevent damage to it or to your skin.
- If you are having a local or regional anaesthetic, you can take a personal CD or MP3 player with you to listen to music through your headphones.
- Theatre staff will check your identification bracelet, your name and date of birth, and will ask you about other details in your medical records as a final check that your details are correct.

## **The operating department ('theatres')**

Your anaesthetic will take place in either the anaesthetic room or in the operating theatre. The anaesthetist will attach machines which measure your heart rate, blood pressure and oxygen levels. When anaesthesia has started, you will go through to the operating theatre for the operation.

## **Local and regional anaesthetics**

- Your surgeon or anaesthetist will ask you to keep quite 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 surgeon or anaesthetist are sure that the area is numb.

- PROOF
- If you are not having sedation you will remain alert and aware of your surroundings. A screen shields the operating site, so you will not see the operation unless you want to.
  - A member of your theatre 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 a plastic port and is generally used for adults)
- You can breathe anaesthetic gases and oxygen through a mask, which you may hold if you prefer.

Once you are unconscious, an anaesthetist stays with you at all times and continues to give you drugs to keep you anaesthetised. As soon as the operation is finished, the drugs will be stopped or reversed so that you regain consciousness. After the operation, you will be taken to the recovery room. Recovery staff will be with you at all times. When they are satisfied that you have recovered safely from your anaesthetic you will be taken back to the ward.

## What will I feel like afterwards?

How you feel will depend on the type of anaesthetic and operation you have had, how much pain relieving medicine you need and your general health.

## Understanding risk

In modern anaesthesia, serious problems are uncommon. Risk cannot be removed completely, but modern equipment, training and drugs have made it a much safer procedure in recent years. To understand a risk, you must know:

- How likely it is to happen
- How serious it could be
- How it can be treated.

The risk to you as an individual will depend on:

- Whether you have any other illness
- Personal factors, such as smoking or being overweight



- Surgery which is complicated, long or done in an emergency.

## Side effects and complications

Listed below are a number of side effects that may be experienced. Please ask your anaesthetist if you require more information.

**RA =** This may occur with a Regional Anaesthetic.

**GA =** This may occur with a General Anaesthetic.

## Very common and common side effects

<b>RA GA</b>	Feeling sick and vomiting after surgery
<b>GA</b>	Sore throat
<b>RA GA</b>	Dizziness, blurred vision
<b>RA GA</b>	Headache
<b>RA GA</b>	Itching
<b>RA GA</b>	Aches, pains and backache
<b>RA GA</b>	Pain during injection of drugs
<b>RA GA</b>	Bruising and soreness
<b>GA</b>	Confusion or memory loss

## Uncommon side effects and complications

<b>GA</b>	Chest infection
<b>RA GA</b>	Bladder problems
<b>GA</b>	Muscle pains
<b>RA GA</b>	Slow breathing (depressed respiration)
<b>GA</b>	Damage to teeth, lips or tongue
<b>RA GA</b>	An existing medical condition getting worse
<b>GA</b>	Awareness (becoming conscious during your operation)

### Rare or very rare complications

<b>GA</b>	Damage to the eyes
<b>RA GA</b>	Serious allergy to drugs
<b>RA GA</b>	Nerve damage
<b>RA GA</b>	Death
<b>RA GA</b>	Equipment failure

Deaths caused by anaesthesia are very rare, and are usually caused by a combination of four or five complications together. There are around five deaths for every million anaesthetics in the UK.

### Questions you may like to ask your anaesthetist

- Who will give my anaesthetic to me?
- Do I have to have a general anaesthetic?
- What type of anaesthetic do you recommend?
- Have you often used this type of anaesthetic?
- What are the risks of this type of anaesthetic?
- Do I have any special risks?
- How will I feel afterwards?

### Questions

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# Infection prevention, control and screening

- Hand hygiene
- Screening for MRSA
- Preventing surgical site infections

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# Infection prevention, control and screening

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## Hand hygiene

Washing your hands regularly is the best way to prevent infection. We are committed to reducing the risk of infection. All members of staff should thoroughly wash their hands with soap and water, or use the alcohol hand gel, before they undertake any clinical care, such as taking your blood pressure.

You can also help us fight infection by cleaning your own hands. You will see wall dispensers containing alcohol gel outside the wards, or at your bedside, as well as sinks for washing your hands. Please use the alcohol hand gel whenever you come onto or leave the ward. The staff on your ward will show you how to use the dispensers and will advise you when you should wash your hands. Please ask family and friends who visit to also follow this safety measure.

We encourage you to challenge any staff member who is caring for you, or anyone else with whom you will come into physical contact, if you think they have not washed their hands. If you find an alcohol gel dispenser which is empty, please inform a member of staff who will make sure it is refilled.

## Screening for MRSA

The full name of MRSA is methicillin-resistant *Staphylococcus aureus*. MRSA is a type of bacteria that is resistant to several widely used antibiotics. This means infections with MRSA can be harder to treat than other bacterial infections.

MRSA lives harmlessly on the skin of around 1 in 30 people, usually in the nose, armpits, groin or buttocks. Getting MRSA on your skin will not make you ill, and it may go away in a few hours, days, weeks or months without you noticing. But it could cause an infection if it gets deeper into your body.

If you are assessed to be at risk of MRSA, you will have a simple screening test to check your skin before your surgery. A nurse will run a cotton bud (swab) over your skin this may be taken from several places, such as your nose or groin. The results will be available within a few days.

## Preventing surgical site infections

Please do not remove hair by either shaving or waxing at the site of your surgery during the week before your operation. This is because the skin surface can be damaged which increases infection risk.

It is advisable to have a shower or bath using soap, the morning of your surgery.

Please bring your own clothing with you, including dressing gown and slippers as you will need these when transferring to theatre. Please inform staff if you feel cold at any time.

During your operation you may be given antibiotics to reduce the risk of infection (prophylaxis).

Following your operation you may have a drip, urinary catheter or drain in situ. We advise that you refrain from touching them as much as possible, to help reduce the risk of infection.

### Useful reminder

Infection control is taken very seriously. **If you feel unwell or experience a raised temperature, cough, cold, flu, diarrhoea or vomiting in five days leading up to your admission please contact us on:** (0161) 701 0716 or (0161) 701 6045 Mon-Fri 08:30-16:00. Outside of this time please contact Ward 62 (0161) 276 6105

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## The day of your surgery

- The day of your surgery
- Getting ready for theatre
- Recovery

PROOF





# The day of your surgery

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Coming into hospital for treatment can be a stressful experience for some people. This section aims to provide information about what to expect when you are admitted to the hospital for treatment so that you feel less anxious and are more prepared.

## Visitors and people dropping you off

Due to the number of patients arriving for admission, we cannot unfortunately provide facilities for both patients and visitors. **Therefore we politely ask that only one visitor remains with you** until you have booked in for your admission at the front desk, where all relatives, friends and carers will have to leave. Patients who are 16 to 19 years old, or with special care needs, can be accompanied by one relative, friend or carer.

## What to do when you arrive

When you arrive at the hospital please go straight to Ward 62 (Gynaecology Inpatients) unless you have been given different instructions on your admission letter. Ward 62 is located on the 2nd floor in Saint Mary's Hospital and at the front of this booklet you can find the necessary map. The map will help you decide on which entrance to use, where you can be dropped-off and/or park your car. There are also volunteers around the hospital (they wear red polo shirts) who can help and guide you.

Once you have arrived the reception staff will check your details. You will be asked to take a seat in the waiting area until the nurse is ready to call you through for admission.

**You will meet the surgeon and the anaesthetist shortly after your arrival and you will be asked to sign a consent form for your treatment, if you have not done so already. If you have any questions for your clinical team, please ask at any point.**

You may wonder why different people, or even the same person, asks you the same question a number of times, such as confirming your name. Don't worry; this is an important safety check to ensure all of your details and important information about your treatment are correct.

You will have an admission time of either 07:00 or 11:00 but you may not go to theatre until later in the day. You will either be asked to sit in the waiting area, or by your allocated bed space until it is time for your operation. Where possible, the nursing staff will be able to advise you how long this is likely to be.

**The list order of patients having an operation can change on the day. This can be due to a variety of reasons including a change in a patient's clinical condition. A patient may go earlier or later than expected, however please be reassured that this is for the safe and efficient running of the theatre list.**

## Getting ready for theatre

When you are getting ready for your treatment you will be asked to put on a surgical gown. Unless you have been told otherwise, please remove your underwear (you can request disposable underwear if you wish). The gown ties at the back. Please ask for any assistance required in fastening the gown to ensure you are fully covered.

### Useful reminder

For your own comfort and convenience, please remember to bring with you a dressing gown and slippers. If you do not have a dressing gown or slippers, please let the nursing team know as they can provide you with an alternative.

## Walking to theatre

If you are able to, you may be asked to walk to theatre. A staff member will walk with you to theatre which is based directly across from the ward. This is standard practice. If you are unable to walk to theatre you will be taken either in a wheelchair or on a bed/trolley.

## Going into theatre

When you arrive in theatre you will be seated in theatre reception, it is here you will be checked in. You will then be transferred into the anaesthetic room or straight into the theatre. (Having your anaesthetic in either room is completely normal).

## Theatre recovery

Following your operation you will be transferred to a recovery area, the same member of staff will be allocated to your care until you are taken back to your ward.

Maintaining your privacy and dignity during this time is our priority. Staff will ensure that you are covered at all times with a gown/blanket. We may need to check your wound dressings or examine you. At no time will this be undertaken without the use of curtains or screens.

# PROOF

## Your stay on Ward 62

- Your stay on Ward 62
- Visiting
- Food and Drink
- Quiet Times
- Ward Rounds
- Medication rounds

PROOF

← Ward 62 - 63  
→ St. Mary's Theatres

Ward  
62  
Gynaecology Ward



# Your stay on Ward 62

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This section helps explain what happens after your treatment. There are two main types of admission for elective patients (i.e. those who are booked for their admission) and these are daycase and inpatient. A daycase patient has their admission, treatment and discharge all within the same day. An inpatient stays overnight in hospital for one or more days.

## Moving between beds/wards

While we try to keep patients in the same location throughout their stay, on occasion it's necessary to move from one bed area to another. The reasons for this are many, including:

- Moving from a higher dependency bed to a step-down area where more appropriate 'getting ready for discharge' care can be provided.
- Moving patients to prevent and control infections.
- No longer needing specialist care as the patient's condition is improving.

If you are asked to move between bed spaces, please be patient as there will be a good and appropriate reason that should be explained to you.

## Your bed space

We ask for your help and assistance in keeping our hospital clean by keeping your bed space or side room tidy, and only having belongings that are essential for your stay in hospital. This helps us clean more effectively. Visitors may be able to help you with this by taking additional belongings home for you.

Each bed space has a patient locker provided to store belongings in. Your bed space will be cleaned by staff on a daily basis. You will regularly see the ward manager or matron conducting ward rounds to ensure that the ward and environment is clean. **If you have any concerns about cleanliness please speak to your nurse, ward manager or the matron who will be happy to help.**

## Visiting hours and parking for your visitors

Visitors are limited to two per patient at any one time. This is to ensure the safety of all our patients. Please adhere to this and communicate with other family members or friends prior to visiting.

PROOF

Visitors must be advised not to visit if they have any symptoms of COVID-19 or any cold/flu symptoms. Or have had confirmed contact with any person who has tested positive for COVID-19.

General visiting times 14:00 & 16:00 and 18:00 – 20:00. For infection control reasons, flowers are not permitted.

## Food and drink

Meal times on the ward are as follows:

**Breakfast** 07:30 - 08:30

**Lunch** 12.30 - 13.30

**Dinner** 17:15 - 18:15

**Hot Drinks** 10:00 - 10:30, 14:00 - 14:30, 16:00 - 16:30, 19:00 - 19:30 & 21:30 - 22:00.

However, if you wish for a hot drink outside of these hours please ask a member of staff at any time.

**Please inform us of any special dietary needs you may have, or if you feel you have lost weight, or your appetite has recently been affected** as we can refer you to a dietician if you would like help, advice or support.

**All wards operate a protected meal-times service.** This means everyone other than nursing staff, catering staff and volunteers are asked to avoid entering the ward or visiting during a set period of time over lunch and supper. All other ward activities (except emergency treatment) stop so that staff are available to serve food and give assistance to patients who need it. The service also creates a more relaxed and calm atmosphere, allowing patients to enjoy their meals without distractions.

A red tray is used at mealtimes to alert all staff that you may need assistance with your meal, or that the nursing staff need to monitor your meals to assist in assessing your nutritional status. The red tray can only be taken from you once a nurse has been with you or assessed the amount of food eaten.

**The catering department caters for everyone and can offer a range of meals** including Caribbean, kosher, halal and vegan/vegetarian. If you would like to speak to a member of the catering team, please ask the ward staff to ring the department.

**Food is available 24 hours a day** from the ward kitchen service or the snack box service. The ward kitchen service is available to provide hot and cold drinks and light refreshments including toast and biscuits throughout the day.

The snack box service is available to those patients who have missed a meal because they have been having treatment or tests, or for those patients who were admitted without having had the opportunity of a meal. It is also available to those patients who would like a lighter alternative to our usual menu.

Visitors are asked not to bring in high-risk food products for patients, such as cooked meats and meat products; cream products such as cream cakes and trifles; fish products; eggs; hot take-away items. Food that needs heating should not be brought into hospital as staff are not permitted to reheat.

The following items may be brought in: non-alcoholic canned or bottled drinks; pre-packed dry foods such as biscuits. Food placed in the ward fridge must be labelled with the patient's name and the date it was brought in. It will be discarded if not eaten within 24 hours therefore, please limit the amount you bring in at any time.

### Useful reminder

The hospital caters for a wide variety of food needs and food is available 24 hours a day. Just ask a member of the ward team for more information.

## Noise on the ward and quiet times at night

We recognise the importance of sleep and rest in the recovery of our patients. We aim to keep all disturbances, such as noise at night and the use of the main ward lights, to a minimum.

**The main ward lights should be turned out at 11.00 pm.**

When the main lights are switched off, there is a reading lamp next to your bed that either you may use or may be used by the nurses if you require late night care. Ear plugs and eye masks are available on all wards upon request.

If you are disturbed during the night or have difficulty sleeping please speak to one of the staff who will discuss with you options to improve your sleep and rest.

We ask that you are considerate of others and that phones are placed on silent/vibrate during the night. If you wish to use the TV or make a call you use headphones (available on request).

## Ward rounds and asking questions of the staff

The doctors and nurses on the ward aim to look after all aspects of our patients and their relatives requirements. The doctors and nurses will ensure that you understand your care and treatment options and involve you as much as you want in the decisions about your treatment.

The busy routine of the ward often means an early start to the day and you will normally be awakened about 6.30am. You will be reviewed daily by a Gynaecology Consultant and their team of Doctors along side the Nurse in Charge. Ward round starts at 8am and can take a few hours depending on the number of patients to be seen.

Due to the varying gynaecology specialities on the ward, it may appear as though the doctors have not reviewed you, however this will be due to your care being under a different team.

Staff are approachable and sensitive to each individual's needs. The ward rounds are an opportunity for the doctors and nurses to talk to you about your care and treatment and for you to ask questions. However, if you have any questions at any other time please approach a member of staff.

If you or your relatives wish to speak to a specific doctor individually, this can be arranged through the ward matron, senior sister or nurse in charge.

## Medicines rounds

Your Nurse will administer your prescribed oral medications during scheduled medicines rounds at 08:00, 13:00, 17:00 and 21:00.

Times for intravenous medication may vary depending on when these are due. If you require any medication outside of this time please use your nurse call bell to request.

## Security of your personal belongings

To ensure our patients and their belongings are safe whilst they are in our care we have launched a **Secure in our Care Initiative**. The initiative aims to engage with our patients to promote security and ensure they are aware of our commitment to provide a safe and secure environment during their stay.

Unfortunately we cannot accept responsibility or liability for any loss or damage to personal property on the hospital site. We therefore encourage patients not to bring any large amounts of money or valuables into hospital. You may need to keep a small amount of money for newspapers and magazines.



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If you feel you must keep valuables with you, our wards have a property safe that can accommodate small items. Please inform the staff if you want to use this facility whilst you are away from the ward for treatments/procedures and arrangements will be made for the safekeeping of your valuables. At all other times any valuables will be your responsibility to keep safe.

### **Using mobile phones**

You are permitted to use a mobile phone on the ward, however please be sensitive to other patients and staff around you. Mobile phones must not be used for photographing or filming staff or patients due to confidentiality concerns.

### **Matron's Charter and contact details**

The Divisional Matron's Charter is a framework for the ward matrons to engage with patients, visitors and staff to make improvements to our service.

Specifically, as part of the commitment to the charter, the matrons undertake walkrounds on their wards during evening visiting time talking to patients and their visitors. The direct feedback from patients and visitors enables the matrons to proactively address any areas of concern in real time and gather views on how to improve all aspects of our care and service in the future.

If you or your relatives wish to speak to the matron please ask the staff for their contact details.

# PROOF

## Key members of staff

Most of our ward staff wear uniforms to help indicate what role they undertake. The below picture will help you identify the staff you will meet.



### WARD MANAGER

NAVY  
I am a registered nurse and I have the responsibility for leading and managing the ward and staff. Ensuring the delivery of patient care.



### WARD SISTER

SKY BLUE,  
WHITE STRIPE  
I am a registered nurse in charge of the shift and I ensure high quality patient care is planned and delivered on every shift.



### STAFF NURSE

LIGHT BLUE,  
WHITE STRIPE  
I am a registered nurse and I have a responsibility for planning and delivering individual patient care.



### NURSING ASSISTANT

PALE GREEN,  
WHITE STRIPE  
I support the registered nurses to deliver patient care.



### ASSISTANT PRACTITIONER

DARK GREEN,  
WHITE STRIPE  
I support patient care by undertaking specific actions under the direction of the registered nurse.



### HOUSE KEEPER

PURPLE  
I keep the ward tidy and organised.



### MATRON

NAVY,  
RED STRIPE  
I am a registered nurse and I oversee the quality of patient care on the ward.



### ADVANCED NURSE PRACTITIONER

NAVY, PALE GREEN STRIPE  
I am a registered nurse and I deliver patient care which requires advanced clinical knowledge and expertise.



### SPECIALIST NURSE

NAVY,  
PALE BLUE STRIPE  
I am a registered nurse and I have the responsibility for planning and delivering specialist aspects of patient care.

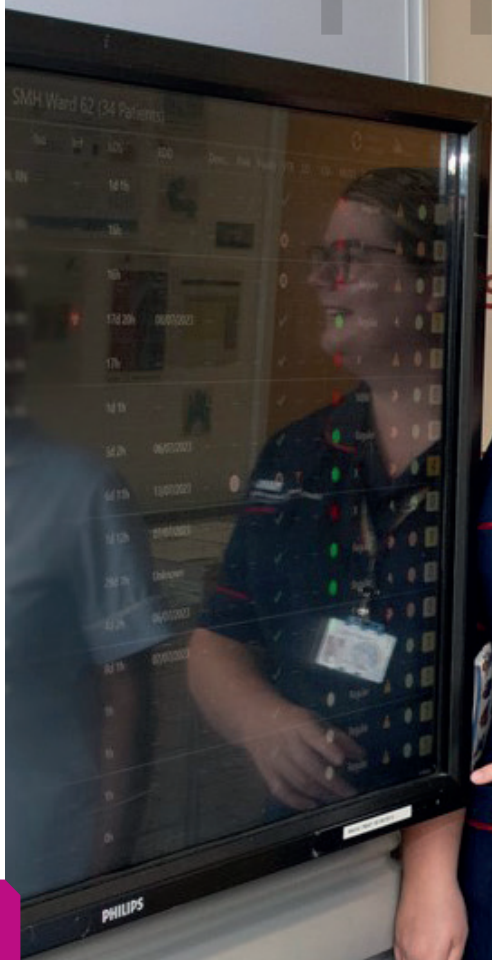
All staff should wear an easily visible identification badge. This badge displays a photo, name and role. Some staff members may also have an additional name badge. Please ask anyone to show you their ID if you cannot see it when they approach you as a member of staff.

# PROOF

## Your post-operative recovery

- Your enhanced recovery
- Understanding and managing your pain
- Caring for your surgical wound
- Preventing blood clots

PROOF



# Your post-operative recovery

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## Your Enhanced Recovery

On Ward 62, we follow an Enhanced Recovery protocol. This is an evidence-based approach to post-operative care that helps people have a smooth and swift recovery.

When you return to the ward you will have a full set of clinical observation taken (including blood pressure, heart rate and temperature). These will be monitored:

- half hourly for 2 hours
- hourly for 2 hours
- every 4 hours throughout your hospital stay (unless an increased frequency is required or you have had a spinal anaesthesia as this will require hourly observations for 12 hours).

You will most likely be able to eat and drink as soon as you feel up to it, unless your surgeon has requested otherwise.

Your surgical wound will be checked and monitored. You may have a sanitary towel in place following your surgery, your nurse will also monitor whether or not you are experiencing any vaginal bleeding. You will be offered assistance with any personal care needs as soon as you feel up to it.

Depending on your surgery, you may wake to find you are attached to the various medical devices. You will be informed of the likelihood of this prior to your operation. Most commonly these include:

- an IV fluid infusion attached via a Cannula in either your hand or arm.
- a face mask or small tubes that rest over your ears and sit at the entry to your nose (nasal cannulae) to deliver oxygen if required
- a urinary catheter – a small tube that is inserted into your bladder to allow it to automatically drain urine to prevent your bladder from overfilling.
- a surgical drain attached to your abdomen, to allow drainage of excess blood.
- pain relief devices e.g. PCA, local infiltration or Epidural (these are discussed in more detail on page 46).

The protocol that we follow states that where possible, patients should be sat out of bed 6 hours after surgery. You will see a physiotherapist to give you advice on mobilisation after major surgery. We would expect you to be up and walking around the day after your operation and promote healthy eating to encourage faster recovery times and better wound healing.

## Understanding and managing your pain

When coming into hospital many people are understandably worried about pain. However, with your help we can work together to keep your pain to a minimum.

## The aim of pain relief

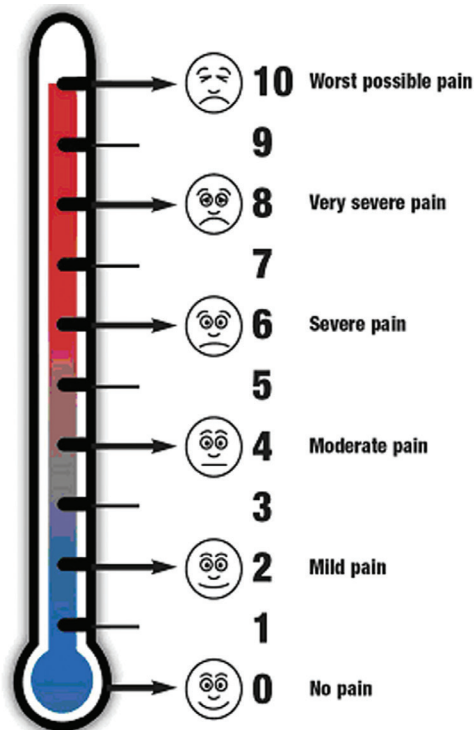
We aim to control your pain to a level that allows you to do the things you need to do to get better. It is particularly important that you are able to move around, cough and breathe deeply as this reduces the risk of complications such as:

- Bed sores.
- Stiff muscles and joints.
- Chest infections.
- Blood clots in your legs.

## Rating your pain

Whilst in hospital you will be asked regularly to rate your pain. This will give us an idea of how much pain you are in and whether your treatments are effective. The way we do this is by asking you to give your pain a number between 0 and 10. 0 indicates that you have no pain and 10 represents the worst pain you can imagine. There is no right or wrong answer, only you know the amount of pain you are in.

This method of rating pain does not suit everyone as some people may find it hard to simply pick a number to represent their pain. If this is the case, don't worry as we have different ways of assessing your pain. These can be discussed with you by your doctor or nurse.



## Asking for pain relief

Good pain relief is important and some people need more pain relief than others. Please ask for pain relief before you get too uncomfortable. By letting your doctor or nurse know early, it is easier to control the pain by taking pain relief sooner rather than later. If you find you are not getting relief from any treatment that has been given please tell a nurse so that further steps can be taken.

## Pain myths

- **'Aren't pain medicines addictive?'**

Despite what you may have heard or read, when pain medications such as morphine are taken to relieve pain the chances of addiction are extremely small.

- **'Enduring pain builds strength and character'**

This is not always true. 'Toughing it out' may not make you better at dealing with pain. Pain can wear you down and pain that prevents you from coughing or moving may delay your recovery. Pain should be treated as soon as possible, so you must let someone know when your pain starts as this is when it is most effectively treated.

- **'Complaining of pain will distract my doctor from treating me'**

This is not the case. It has been shown that people recover faster and suffer fewer complications when they have less pain. Therefore it is crucial that you talk about your pain to help your doctor treat you in the most effective way and help you recover faster.

## Pain relief after your operation

After an operation it is normal to feel some pain or discomfort for a few days while the healing process gets underway. This should not be severe pain. Pain relief can be increased, given more often, or given in different combinations. Occasionally, pain is a warning sign that all is not well, so you should ask for help when you feel pain.

Here are some ways of giving pain relief:

- **Pills, tablets or liquids to swallow**

These are used for all types of pain. They take at least half an hour to work. You need to be able to eat, drink and not feel sick for these pain medicines to work.

- **Injections**

These are often needed, and are given either into a vein for immediate effect, or into your leg or buttock muscle. If in a muscle they may take up to 20 minutes to work.

- **Suppositories**

These waxy pellets are put in your back passage (rectum). The pellet dissolves and the drug passes into the body.

- **Patient-controlled analgesia (PCA)**

This is a method using a machine that allows you to control your pain relief yourself. There is more detailed information about PCA below.

- **Local anaesthetics and regional blocks**

These types of anaesthesia can be very useful for relieving pain after surgery. More details can be found in the leaflet 'Epidurals for pain relief after surgery' available from the wards.

## Are there any side effects?

As with any medications some people may get side-effects. Common ones include drowsiness, feeling sick and constipation. It is important to remember that these can be easily treated and need not delay you going home.

## Patient controlled analgesia (PCA) and epidurals

You may be offered a PCA after your treatment to control pain. PCA is a technique which allows you to give yourself a dose of a strong pain relieving medication, usually morphine. This technique allows you to administer pain relief to suit your pain levels at a given time.

Your anaesthetist may decide an epidural is suitable for your treatment. An epidural is a local anaesthetic delivered through a catheter (small tube) into a vacant space outside the spinal cord called the epidural space. The injection can cause both a loss of sensation and a loss of pain by blocking the transmission of signals through nerves in or near the spinal cord.

If you wish to know anything further on these two techniques, please speak to your anaesthetist or a member of staff can give you a leaflet with more information.



## Caring for your surgical wound

### Eating and drinking

It is important to drink plenty of water after your operation to avoid dehydration which can prevent wound healing. Eating a balanced and healthy diet will give you the nutrients you require for your wound to heal. This includes a variety of fish, eggs, lean meat, fruit and vegetables. More information can be found on the NHS website, particularly if you have a vegetarian or vegan diet.

### Keeping your wound clean

You may shower the day after your operation. We recommended you shower rather than bath so your wound does not soak. If you do not have a shower at home you may take a bath but do not stay in the water too long and if you have an abdominal wound keep this out of the water as much as possible.

Avoid using any soap, cream or cleansing products directly on the area. Gently pat the area dry with a clean towel, try to avoid rubbing which may cause discomfort. You should shower daily or more often if advised by your consultant.

### Following vaginal surgery

After you have had vaginal surgery you will have no wounds on your abdomen. You may have sutures within your vagina and if so these will dissolve in 4-6 weeks. You do not need to have these removed.

### Following abdominal surgery

#### **After a Laparoscopy**

You will usually have 3-5 small incisions on your abdomen. They will either be glued or stitched.

#### **After a Laparotomy**

You will have an abdominal incision that will have been closed with stitches, staples or a combination of the two.

#### **Surgical glue**

The glue may appear slightly purple over your wounds, it is important not to pick the glue off. It will normally peel off itself in 5-10 days.

## **Dissolvable stitches**

These do not need to be removed, they usually dissolve in 1-3 weeks.

## **Staples or non-dissolvable stitches**

These will require removal, usually 5-10 days post-surgery. Day 7 for a transverse wound (typical 'C-Section' line) or day 10 for midline wound (wound from abdomen to pubic region). This will be done by a nurse on the ward if you are still an inpatient or by a district nurse/GP if you have been discharged home. If required a referral will be sent on your discharge for a community appointment to be arranged.

You may see small pieces of the stitch material poking out of your wound. Do not be tempted to pull on these. If you have loose ends that are catching on clothing, trim them carefully with a clean pair of scissors or discuss with a nurse. Otherwise, wait until they are removed.

## **Wound infections**

Most wounds will heal without any complications however it is possible that your wound can become infected after your surgery. You are at increased risk of infection if you:

- have a high BMI
- have Diabetes
- have had a previous wound infection
- smoke
- are undergoing treatment which affects your immune system such as chemotherapy

## **When to seek further advice**

If you are concerned about your wound or you have any of the following symptoms please contact your GP or the ward on the number provided on discharge.

- Redness to the wound or surrounding skin
- The wound or surrounding skin is hot to touch
- The wound site/s are oozing, bleeding, gaping or foul smelling
- Any heavy vaginal bleeding, unusual/foul smelling discharge or discomfort

If you develop an infection you will usually be given a course of oral antibiotics, though serious infections may require antibiotics through a drip, drainage or further surgery.

## Preventing blood clots in adult patients

This section will give you information on how to reduce the risk of developing blood clots during and after your stay in hospital. Most patients who come into hospital for treatment have a straightforward stay and leave hospital after treatment feeling better. However, a small number of people will develop a blood clot.

### What is venous thromboembolism (VTE)?

Venous thrombosis is a condition in which a blood clot forms, often in the deep veins in the calf, thigh or pelvis. This is also known as deep vein thrombosis (DVT). Veins are blood vessels that return blood to the heart. When you have a DVT the blood flow is partially or completely blocked.

An embolism is created if a part or all of the blood clot in the deep vein breaks off from the site where it is created and travels through the venous system. This is called Venous Thromboembolism (VTE). The clot can lodge in the lung giving rise to a very serious condition called pulmonary embolism (PE). Venous thromboembolism can be a very serious condition and the information in this section can help avoid it from happening.

### What causes VTE?

VTE can be an inherited problem (inherited thrombophilias) that allows the blood to clot easily. Some medical conditions will increase the risk of blood clots. When you are inactive your blood tends to collect in the lower parts of your body, often in your lower legs. This is usually nothing to worry about because when you start to move, your blood flow increases and moves evenly around your body. However, if you are immobile (unable to move) for a long period of time, such as after an operation, because of an illness or injury, or during a long journey, your blood flow can slow down considerably. A slow blood flow increases the chances of a blood clot forming. A DVT sometimes occurs for no apparent reason.

### What are the symptoms of a VTE (DVT) and PE?

In some cases of DVT there may be no symptoms, but possible symptoms can include:

- Pain, swelling and tenderness in one of your legs (usually calf).
- A heavy ache in the affected area.
- Warm skin in the area of the clot.

- PROOF
- Redness of your skin, particularly at the back of your leg below the knee. DVT usually affects one leg, but this is not always the case. The pain may be made worse by bending your foot upward towards your knee.

Sometimes there are no symptoms and a DVT only becomes apparent when pulmonary embolism (PE) develops. Symptoms of a PE include breathlessness, chest pain and in severe cases, collapse. Both DVT and PE are serious conditions and require urgent investigation and treatment.

### Will my risk of VTE be assessed?

Your individual risk for VTE will be assessed by a doctor or an advanced nurse practitioner. They will discuss your risk with you including, what can be done to reduce your risk. Your doctor will follow national guidelines and if needed offer you protection against VTE. This must be done within 24 hours of coming into hospital preferably within 6 hours. If this has not been done please tell a member of the nursing or medical staff.

### What can I do to reduce my risk?

If possible before you come into hospital:

- Talk to your doctor about contraceptives and hormone replacement therapy if you are on any of these.
- Keep a healthy weight and
- Try and take regular exercise, even just gentle movements.

### When in hospital:

- Avoid long periods of immobility such as sitting in a chair for many hours. If you are able, get up and walk around. A daily brisk walk for 30 – 60 minutes is even better if you can do this. The aim is to stop the blood 'pooling', and to get the circulation in the legs moving.
- Regular exercise of the calf and foot muscles. You can do some calf exercises even when you are sitting.
- Drink plenty of water to avoid dehydration.
- If advised by the ward staff to wear elastic compression stockings it is important that you do so. They will assist in fitting these for you. What will be done in hospital to reduce my risk of VTE?

- PROOF
- If considered appropriate by your doctor you will be measured and fitted with knee or thigh length stockings. The slight pressure from the stocking helps to prevent blood 'pooling' in the calf. You should still continue with your regular exercise as stockings do not replace the need for exercise.
  - For those at moderate to high risk, you may be given a blood thinner (anticoagulant) such as a heparin type injection.
  - An inflatable sleeve connected to a pump to compress the legs during a long operation may also be used.
  - It is also common practice to get you up and walking as soon as possible after an operation. Major operations are known to be a risk of VTE for example operations to the hip, lower abdomen and leg.

### Anticoagulant medication

If you are at moderate or high risk of VTE, your doctor may advise you to take blood thinning medication (e.g. heparin). While in hospital discuss this option with your doctor if you:

- Have had a previous DVT or PE.
- Have a family history of clotting conditions.
- Have cancer, or had treatment for cancer in the past.
- Had major surgery in the last 3 months. In particular if you had a hip or knee replacement within the last 3 months.
- Have had a stroke.
- Have had a recent long flight or journey greater than 3 hours

### How long will I need to be on any anticoagulant medication?

How long you need to take your anticoagulant medication depends on your individual condition. Your doctor will discuss this with you and agree with you how long you need to continue your treatment.

## What happens when I go home?

If you have been advised to wear anti embolism stockings you should wear them until you return to your normal level of mobility. If you have been given anticoagulation medicine to take home and you need help with administration of injections or tablets please ask your nurse or doctor before your discharge. If you develop any signs or symptoms of DVT or PE at home, you must seek medical advice immediately either from your GP or your nearest hospital emergency department.

## Anti-embolism stockings (AES)

You may be measured and fitted with anti-embolic stockings (AES). The stockings work by gently compressing your legs. This increases the blood flow and prevents your leg veins from expanding, which stops blood pooling in your legs and forming a clot. They should be worn day and night until you are back to your normal levels of mobility. AES are very effective in reducing DVT in surgical patients. It is important that you are shown how to put them on and care for them before you go home. If you are not sure, please ask a member of your healthcare team.

## What kind of anticoagulant medicine will I be given?

Your doctor will advise you on what medicine you need depending on your individual condition. You could be given one of the following: Heparin, Clexane® (enoxaparin) Innohep® (tinzaparin), Fragmin® (dalteparin), Rivaroxaban, Fondaparinux.

## Pharmacy medicine helpline

If you have any questions about your medication when you are discharged from the hospital, you can phone the number below: Pharmacy medicines helpline (0161) 276 6270 Monday – Friday 9.00 am – 5.00 pm. We can only provide information on medicines prescribed for you by the hospital. We cannot answer questions on medicines that belong to someone else. We cannot take calls regarding your medication while you are still an in-patient. Please discuss any issues with your clinical team on the ward.

## Further advice

- [www.thrombosisuk.org](http://www.thrombosisuk.org)

# PROOF

## Going home after surgery

- Going home following daycase surgery
- Going home following major surgery
- Day of discharge
- Follow up care
- Recovering at home

# ROOF





# Going home after surgery

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## Going home following daycase surgery

Having a general anaesthetic or sedation can affect judgement and concentration, therefore you will require an escort home. This person should drive you or accompany you in a taxi. Public transport is not recommended, and we cannot take responsibility for your welfare should you choose to use public transport or travel home alone.

You will also require a responsible adult (over the age of 16) to stay with you overnight with access to a phone in case of emergency.

If you require hospital transport please see advice on page 62.

This section provides you with information about your discharge from hospital and any arrangements for follow-up care and support that you may need.

## Going home following major surgery

### Planning your discharge

Once a discharge timeframe is agreed, it is important that you consider the following:

- Do you have suitable clothing and footwear to travel home?
- Do you have a key to access your property?
- Has any equipment you may need to provide continuing care in your home been delivered?
- Have you arranged for someone to pick you up and take you home? Please remember that you are responsible for providing your own transport unless there is a specific medical need where an ambulance is required.
- Mild analgesia/pain relief will not be prescribed so it is advisable to have as a supply of Paracetamol, Ibuprofen or low dose Co-Codamol at home. You can purchase these medications from your local pharmacy or any supermarket pharmacist. Please check with the nurse when being discharged which of these medications is appropriate and do not exceed the recommended dosage on the packet.

We will aim to have everything in place so that you are able to leave the ward as early as possible on the day of discharge.

## Day of discharge

On the day of discharge, once the medical staff have confirmed that you are fit to leave hospital, you might be asked to transfer from your bed area to a waiting area. This assists with the smooth running of the ward as it ensures that beds are available for patients being admitted that day.

**Please be assured that you will only be asked to vacate your bed once the medical and nursing staff are absolutely certain you are fit to be discharged.**

Our pharmacy department provides services to the whole hospital, which can impact with delays for us dispensing your take home medication, which in turn can delay your discharge. We ask for your patience with this.

Depending on your surgeons instructions, we may provide medications for you to take home. You will be instructed how to take them and will not have to pay for them.

Simple pain relief such as Paracetamol and Ibuprofen would not be provided so please ensure that you have these at home ready for when you are discharged. These medications can be obtained from your local pharmacy or supermarket.

We will return your own medications but will not provide a further supply of these. These must be obtained from your GP. If you have any questions or concerns about your medication, please speak to the nurse caring for you.

Following discharge, unless you are told otherwise by you clinical team, you can return home via public transport or your own arranged transport. You may feel rather tired and lethargic for as long as a week following your admission. Do not worry if this happens to you as it is quite normal, but do consider this possibility when you are thinking of returning to work.

Many people are surprised by the length of time it takes them to recover fully from their treatment, even if it is fairly minor. Do not be afraid to ask for advice. However small your worry may seem, the nursing staff will be pleased to help you, and a few words can often save a great deal of anxiety.

## Medical certificates (sick notes)

For the first seven days you should use a self-certification form. Medical certificates are available for periods of eight days or more.

If you require a final certificate of discharge from the hospital this should be obtained before you leave the ward. Please ask your named nurse during ward round to arrange this for you.

## **Discharge summary**

The Discharge Summary is a document that is sent to your GP. It details the reason for your hospital stay, any tests you have undergone and any further treatment or appointments you may require. A copy of your discharge summary will be sent to your GP within 24 hours of your discharge. You will be given a copy also along with any relevant information leaflets prior to discharge.

## **Follow-up care/out-patient appointments**

If any follow-up treatment is required, normally arrangements will be made before you leave the unit. If this is not possible, you will be sent a letter advising you of the date and time of your follow-up appointment. This will usually take place in the out-patients area where you came for your initial clinic with the consultant.

If you were on an enhanced recovery pathway, you can expect to receive a phonecall from a member of the Ward 62 nursing team 2-3days following your discharge. This is to check how you are doing and answer any queries or concerns you may have.

## **If you need further support at home**

If there are any difficulties in returning to your home, you will be assessed and a number of options can be considered and will be discussed with you and your family/carer. The options can include:

- A care package provided in your home (either short or long term)
- Adaptations or equipment in your own home
- Moving to supported living accommodation
- Community based rehabilitation care
- Longer term accommodation in a residential or nursing home
- One of the continuing care assessment wards based at Manchester Royal Infirmary (this may also be Trafford Hospital).

## Recovering from your operation/procedure

### Local anaesthetic

The effects of a local anaesthetic should wear off within two to four hours. It is wise to rest at home for the remainder of the day. You may eat and drink normally.

### General anaesthetic/sedation

Although you may feel that you are back to normal quite quickly after your operation/procedure, the anaesthetic agents affect your reactions and co-ordination for up to 48 hours (24 hours following sedation). **For this reason you must be accompanied home by a responsible adult** and rest, in bed if you wish, for the remainder of the day. For at least the first 24 hours following the procedure you should ensure that a responsible adult is with you and that you are not alone looking after young children.

If this happens to you, drink plenty of fluid (a glass or a cup per hour if you can) and eat small amounts of light, easily digested food until the following day. Avoid rich, heavy or spicy meals.

Remember not to drink alcohol for at least 24 hours after a general anaesthetic. You may feel rather tired and lethargic for as long as a week following your admission. Do not worry if this happens to you as it is quite normal, but do consider this possibility when you are thinking of returning to work.

### General anaesthetic patients only

**Important:** When you return home and for at least 48 hours after your operation:

- **You must not** drive (you will not be covered by your insurance if you have an accident).
- **You must not** ride a bicycle.
- **You must not** operate machinery (this includes cookers, irons and other domestic appliances).
- **You must not** sign any important documents.
- **You must not** return to work.

## Your recovery at home

### Clothing

After an operation you will find loose clothing is generally the most comfortable.

## Movement

Until you are fully recovered, you may find that household jobs are tiring and cause discomfort. It may be useful if help is available from relatives or friends for a week or two. Otherwise take steps to reduce the strain such as sitting down to do the ironing or washing up.

## Work

Returning to work depends on both the type of treatment you have had and the nature of your job. It is advisable to feel completely recovered before returning to work, particularly if yours is an active job. Many people feel tired and find concentration difficult to start with. Specific advice will be given to you by your nurse before you leave.

## Driving

The time at which it is safe to drive again will vary, depending on the treatment you have had. Ask your nurse for specific advice and remember, should you have an accident you may not be covered by your insurance if you drive when it is not safe to do so. Your movement and strength must be up to coping with an emergency stop as well as normal driving.

## Sexual activity

We advise you to wait six weeks after surgery before resuming penetrative intercourse and to ensure that you have no vaginal bleeding or discharge.

If you have any concerns about resuming your usual method of contraception, especially if you are on the pill, please ask for advice.

## Bowels

Changes in diet, activity and the use of some pain relieving medicines can lead to irregular bowel habits but this usually returns to normal with time. Straining can be uncomfortable, particularly after rectal surgery, and it may be helpful to take a mild laxative. If you are in any doubt about this, please ask for further advice.

## Sleeping

Difficulties in sleeping can be caused by changes in your normal routine and restricted movements. Some people are awakened by pain which is caused by sudden movement. If this does occur, it may be helpful to take pain relief before bedtime.

## Post Discharge Advice from Ward 62

### Who to contact post discharge with post operative concerns/complications.

If you have any complications post discharge, please use the list below to find the right department to contact.

#### Contact Ward 62 (0161 701 0023) for:

- Questions regarding a TTO (to take own) medications.
- Concerns with constipation.
- Wound care questions.
- Post operative advice.

#### Contact GP for:

- Concerns regarding redness surrounding wound sites but have no symptomatic symptoms such as fever, oozing/pus from wounds.
- Concerns regarding UTIs.
- Chest infections.
- Non-gynaecological concerns.

#### Contact Emergency Gynaecology Unit (0161 291 2561) for:

- Uncontrolled pain.
- Symptomatic of infection: fever, oozing/pus from wounds, generally feeling unwell.
- Increased vaginal bleeding.
- Unusual/offensive smelling vaginal discharge.

If you are unable to contact EGU on 0161 291 2561 or attend EGU, please attend your nearest A&E.

#### Urogynaecology patients:

Contact urogynaecology CNS team on 0161 701 6151 or 701 6676 if you have any concerns with your catheter or concerns post VVF surgery. Please note their working hours are Monday – Friday 09.00-17.00. Out of these hours please contact EGU on 0161 291 2561.

#### If you have any of the following symptoms, please attend your nearest A&E or contact 999:

- Chest Pain.
- Signs of deep vein thrombosis / pulmonary embolism.

# PROOF

## General information

- Privacy and dignity
- No smoking policy
- Zero tolerance policy
- Chaplaincy and spiritual care
- Interpretation and translation services
- Suggestions, concerns and complaints

# Gynaecology Reception

PROOF

St. Mary's  
C





# General information

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## Privacy and dignity

Taking **PRIDE** (Privacy, Respect, Individuality, Dignity and Empathy) in your care is important to us. Everyone has a right to be treated with dignity and respect. It is our responsibility to ensure that this happens whilst you are in our care.

## Teaching & research

We are a national centre of excellence, and research and training is an important part of our work. Medical students may be present during your consultation and you may also be asked to take part in research studies. This is entirely voluntary and your decision will not affect your treatment.

## No smoking policy

The NHS has a responsibility for the nation's health. Protect yourself, patients, visitors and staff by adhering to our no smoking policy. Smoking is not permitted within any of our hospital buildings or grounds.

The Manchester Stop Smoking Service can be contacted on Tel: (0161) 205 5998 ([www.stopsmokingmanchester.co.uk](http://www.stopsmokingmanchester.co.uk)) or for more information go to [www.nhs.uk/smokefree](http://www.nhs.uk/smokefree).

## Female doctors

Unfortunately we cannot guarantee that a female doctor will be present or available at the time of your appointment. Should you specifically require a female doctor please contact us in advance.

## Here to help

We have a number of volunteers who may be available on your arrival to assist you in reaching your destination. Please ask for help if needed. The volunteers typically wear red polo shirts and stand at main entrances or key hospital junctions.

## Zero tolerance policy

We are committed to the well-being and safety of our patients and of our staff. Please treat other patients and staff with the courtesy and respect that you expect to receive. Verbal abuse, harassment and physical violence are unacceptable and will lead to prosecutions.

## Chaplaincy & spiritual care

Our chaplains work alongside medical and other staff in the hospital, caring for you and your carers/relatives by:

- Spending time with you; listening to your concerns
- Accompanying you in your exploration of what is happening to you
- Working with you as you deal with questions such as 'Why me?' or 'Where is God in all this?'
- Praying with you and for you
- Performing any rites or ceremonies that may be appropriate
- Offering bereavement care and end of life care.

We have dedicated prayer/quiet spaces within the hospitals and regular services of worship are held. Your ward staff will be able to give you details of service times and chaplaincy facilities. If you are an inpatient and unable to get to one of the services then a chaplain will come to your bedside if you request it.

You may wish to visit the Multi-faith Centre where you'll usually find a chaplain on duty between 9.00 am – 5.00 pm. If you would like to receive bedside communion, please contact the chaplaincy on (0161) 276 8792.

## Interpretation and translation services

Interpretation and translation services are accessed by staff on behalf of patients. Patients can request an interpreter at any stage of their care pathway.

If you need interpretation services (including British Sign Language) please request this as soon as you receive your admissions letter. To arrange interpretation services please call (0161) 276 6202 or email [interpreter.bookings@mft.nhs.uk](mailto:interpreter.bookings@mft.nhs.uk).

Please note that generally you cannot use a friend or family member to interpret for you.

## Suggestions, concerns and complaints

### Friends and Family survey

To ensure we provide the best possible service to all our patients and visitors to the ward, we encourage you to complete our friends and family survey that can be found on the bedside TV's. This allows us to listen to you concerns and act positively to put matters right when they might have gone wrong to improve the overall quality of our service.

You can also access the friends and family test through the QR code below, scan with your camera phone to complete.



### What Matters to Me survey

During your stay we also encourage you to complete the what matters to me survey. This enables us to see whats important to our patients during their hospital admission to ensure we provide you with the best care during your stay.

You can also access this through the QR code below, scan with your camera phone to complete.







## No Smoking Policy

Please protect our patients, visitors and staff by adhering to our no smoking policy. Smoking is not permitted in any of our hospital buildings or grounds, except in the dedicated smoking shelters in the grounds of our Hospital site.

For advice and support on how to give up smoking, go to [www.nhs.uk/smokefree](http://www.nhs.uk/smokefree).

تنص سياستنا على عدم السماح لافراد عائلة المرضى او اقاربهم او اصداقائهم بالترجمة لهم. اذا احتجت الى مترجم فيرجى ان تطلب ذلك من احد العاملين ليرتب لك ذلك.

بماری یہ پالیسی ہے کہ خاندان، رشتہ دار اور دوست مریضوں کے لئے ترجمہ نہیں کر سکتے۔ اگر آپ کو مترجم کی ضرورت ہے تو عملے کے کسی رکن سے کہیں کہ وہ آپ کے لئے اس کا بندوبست کر دے۔

ইহা আমাদের নীতি যে, একজন রোগীর জন্য তার পরিবারের সদস্য, আত্মীয় বা কোন বন্ধু অনুবাদক হতে পারবেন না। আপনার একজন অনুবাদকের প্রয়োজন হলে তা একজন কর্মচারীকে জানান অনুবাদকের ব্যবস্থা করার জন্য।

Nasze zasady nie pozwalają na korzystanie z pomocy członków rodzin pacjentów, ich przyjaciół lub ich krewnych jako tłumaczy. Jeśli potrzebują Państwo tłumacza, prosimy o kontakt z członkiem personelu, który zorganizuje go dla Państwa.

Waa nidaamkeena in qoys, qaraaboamasaaxiiboaysanu tarjumikarinbukaanka. Haddiiaad u baahatotarjumaankacodsoxubinka mid ah shaqaalahainaykuusameeyaan.

我们的方针是，家属，亲戚和朋友不能为病人做口译。如果您需要口译员，请叫员工给您安排。

## Translation and Interpretation Service

It is our policy that family, relatives or friends cannot interpret for patients. Should you require an interpreter ask a member of staff to arrange it for you.



@MFTNHS



[www.mft.nhs.uk](http://www.mft.nhs.uk)



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