



# Your Surgery

A guide to having surgery at the Manchester Royal Infirmary

# Manchester Royal Infirmary

Manchester Royal Infirmary

- ▶ Access Point for Home
- ▶ Car Park
- ▶ For Further Patient Support
- ▶ Information

No Smoking



# Welcome

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Welcome to the Manchester Royal Infirmary and the Division of Surgery. If you've been given one of these booklets it's likely you will be visiting us to have an operation or surgical treatment in the near future. You can be confident that you'll 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. Normally, your treatment will involve an operation so we've written the 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's very important that you read through this booklet so you have all of the information you will need. Alternatively, if you're 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 Surgery and a successful outcome.

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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.

Introducing the Theatre Team

MR. JOHN

DR. JOHNSON

JOANNE

LIMCY

PAT

MEG.

LINDA

Central Manchester University Hospitals  
NHS Foundation Trust



Will the list break for lunch? Yes / No

Procedure

Procedure	List order	Anaesthetic review	Medication	Allergies	MRSA / CJD risk	Antibiotic prophylaxis	Equipment	Blood loss	Imaging	Positioning	Post-operative care	Duration
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CAROTID

STERECTOMY

1	✓	✓	✓	✓	✓							
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# Your medication plan

This section gives you information about any medicine you are currently taking and what to do with it before and on the day of your admission. Please pay particular attention to those medicines you should stop and those you should continue and bring with you.

## Your medication plan

## Your medication plan

# Before you arrive

If you feel unwell, or have any infections leading up to your admission, it is important you call the Pre-operative Service straight away.

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

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.

A photograph of a modern hospital building with a large, multi-tiered sign in the foreground. The sign lists five departments: Saint Mary's Hospital, Royal Manchester Children's Hospital, Manchester Royal Eye Hospital, Manchester Royal Infirmary, and Adult Rehabilitation Unit. The building has a contemporary design with large windows and a flat roof. The foreground is a grassy area with some young trees and a parking lot with several cars.

Saint Mary's Hospital  
Royal Manchester Children's Hospital  
Manchester Royal Eye Hospital  
Manchester Royal Infirmary  
Adult Rehabilitation Unit

# Before you arrive

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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.

## Changing your date of admission

You may have been given a provisional admission date, or you may still be waiting for your operation date to be confirmed. If you have been given a date, we hope that the time and date you've been given is convenient for you. If it is not, please phone us immediately using the phone number on your admission letter. We can then offer someone else this admission and arrange another one for you.

We also use a text message or voice activated reminder service for our admissions. If you would rather not have this service, please let us know. **Please also call us to confirm you are happy with your admission date using the number on the admission letter.**

## 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 the number on your admission letter to let us know. This is for two main reasons:

- **If you do not attend your admission without letting us know in advance, you will be discharged back to your GP.** This effectively means you're putting yourself to the back of the queue for treatment. If you let us know, we can usually rearrange your admission in the near future.
- 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.

### Useful reminder

It's important that you confirm your admission date and also to let us know if at any point you cannot attend your admission. You will find the number on your admissions letter.

## Changes to admission dates (by us)

On most occasions the admission date you are given will go ahead as planned. 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.

## Pre-admission health check

Before your admission to hospital, you should expect to be reminded of your admission by a text or automated telephone call. At this point, or at any point close to your admission, if you're feeling unwell, have an infected area close to your operation site, or you've recently been to your GP, please contact our Pre-operative Service on (0161) 276 3624.

When you call, the pre-operative nurse will ask you a few questions to check you are still fit for surgery.

## Preparation for major 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+ incorporating iCoughUK

## ERAS+

Enhanced recovery after surgery (ERAS) programmes have been very successful in improving patient recovery and outcomes from major surgery. Central Manchester University Hospital NHS Foundation Trust is a leading NHS trust in the field of ERAS. We have now developed ERAS+, incorporating iCough UK and other best practice innovations.

We aim to optimise all areas of a patient's journey through surgery from diagnosis to full recovery. The ERAS+ programme comprises the following key elements:

- Pre-habilitation – six weeks before surgery
- 24 hour period before surgery
- Operating Theatre – optimisation occurring during surgery
- Critical Care and Surgical Wards – In-patient stay incorporating iCough UK
- Rehabilitation – The six weeks after surgery.

## iCough UK

iCough is a programme developed to reduce lung complications following major surgery. The programme seeks to maximise the health of a patient's lungs pre and post-surgery to reduce the likelihood of complications such as pneumonia. Patients will perform breathing strengthening exercises and other related activities.

## Surgery School

All patients who are going to have major surgery are invited to attend Surgery School. Surgery School is held weekly at the MRI and run by a number of healthcare professionals including consultant anaesthetists, physiotherapists and specialist nurses. Surgery School will help you understand what you can do to improve your health and fitness before you have your operation, what to expect when you are in hospital and how to continue your recovery at home.

If you are having surgery that would benefit from ERAS+ incorporating iCough UK and Surgery School, you will be given more information before you come in for your operation. You can also ask about this at your pre-operative appointment.

Further information can be found at: [www.cmft.nhs.uk/royal-infirmary](http://www.cmft.nhs.uk/royal-infirmary)

### Useful reminder

If you feel unwell, or have any infections leading up to your admission, it is important you call the Pre-operative Service straight away.

## Short notice operations – your opportunity!

At your pre-operative appointment you should have been asked if you would consider coming in at short notice if the opportunity arises. Sometimes patients cancel their admission at short notice and we can offer that patient's slot to another patient. This means you would get your treatment quicker than planned.

If you haven't already indicated that you would be prepared to come in at short notice for your treatment, you can call the number on your admissions letter and let us know. Your treatment will be exactly the same; you'll just have it sooner.

## 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
- Night/casual wear, dressing gown and slippers
- Any medications you're currently taking

**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.**

## Bringing things to keep you occupied and rules around electronic devices

Before and after your treatment there may be times where you will be waiting. You may have a wait before having your treatment and depending upon what treatment you have, there will be a period of post treatment recovery and rest. We therefore recommend that you bring items with you to help keep you entertained. You may bring a book, magazine, music player, crossword, or even knitting for example. **Please note that you are responsible for the security of all your items you bring with you.**

In terms of electronic devices (music players, smartphones, tablets, etc.) on most occasions you will be able to use them. However, headphones must be used at all times and volumes kept to a reasonable level. Other people around you must always be respected. You may be asked by a member of staff to stop using an electronic device at various points such as ward rounds, meal times, or if there could be an effect on hospital equipment. If this happens the staff member will politely explain why you have been asked to refrain from using your electronic device.

We ask that you'll be sensitive to both other patients and the staff's responsibility for providing care.

You are permitted to use a mobile phone in most hospital areas and on the ward, however, please be sensitive of those around you. You may be asked to stop using your phone by staff in certain situations and we ask that you respect this request if it is given.

## Arrival times

The arrival time for your admission is on your admission letter. For the majority of admissions the arrival time will be early in the morning although you may not have your treatment until later in the day. The reason for early admissions 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 on your admission letter. If you need any help or advice, please call the number on your admission letter.

Fasting instructions are to enable safe treatment so please read and carefully follow the details provided. Please note that you should also **not** chew chewing gum. If you do not follow the instructions your treatment may be delayed or cancelled on the day for your own safety. You will therefore have to wait longer for your treatment. **Taking medicines with up to 200mls of water is permitted.**

### Useful reminder

Don't forget to read your fasting instructions and ask us for advice if you need any help.

## How to get to the hospital

At the back of this booklet are instructions on how to get to the hospital 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.cmft.nhs.uk](http://www.cmft.nhs.uk). Click on the 'Manchester Royal Infirmary' button/tab and then the 'Plan Your Visit' button/tab.

## 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.

## 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@cmft.nhs.uk](mailto:interpreter.bookings@cmft.nhs.uk).

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

## Taking medicines before your treatment

Sometimes certain medicines need to be stopped before surgery, for example, blood thinning medicines. You should have been given instructions at your pre-operative appointment of any medication you should stop prior to your admission and at what point you should stop them.

It is important that you continue all your other medicines (tablets, liquids, inhalers, patches, creams, etc.) as normal. On the morning of your admission, you can take your tablets with up to 200mls of water as long as this is done by 7am.

**If you are at all unclear about the advice you were given about your medication, please call the Pre-operative Service on (0161) 276 3624.**

Please remember to bring all of your medication 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 doctor before you are sent home and re-started after your treatment, if it is safe to do so. Please make sure that 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're taking before you arrive: what to stop, what to continue taking and what to bring with you. Just ask if you're unsure as we're here to help.

## Infection prevention and control

### 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.

## Infection control

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.

Another way to keep the hospital free from infection is to screen patients before they are admitted to hospital for a planned procedure. This is a simple procedure involving a swab (large cotton bud) of your nostril and groin. Additionally you may be asked to have swabs taken during your inpatient stay. You will be informed and treated if the swabs are positive for an infection.

To help reduce the risk of infection, if you have any drips, drains or catheters we advise that you refrain from touching them. To do so may increase the chances of infection occurring.

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.**

### Useful reminder

Infection control is taken very seriously. A key point to remember is that everyone should wash their hands before coming into contact with you; this includes your visitors. It's your right to challenge anyone who you do not see washing their hands.

## You and your anaesthetic

A more detailed section on your anaesthetic is provided later on in this booklet. However there are a few things to consider before your admission.

### 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.
- 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.



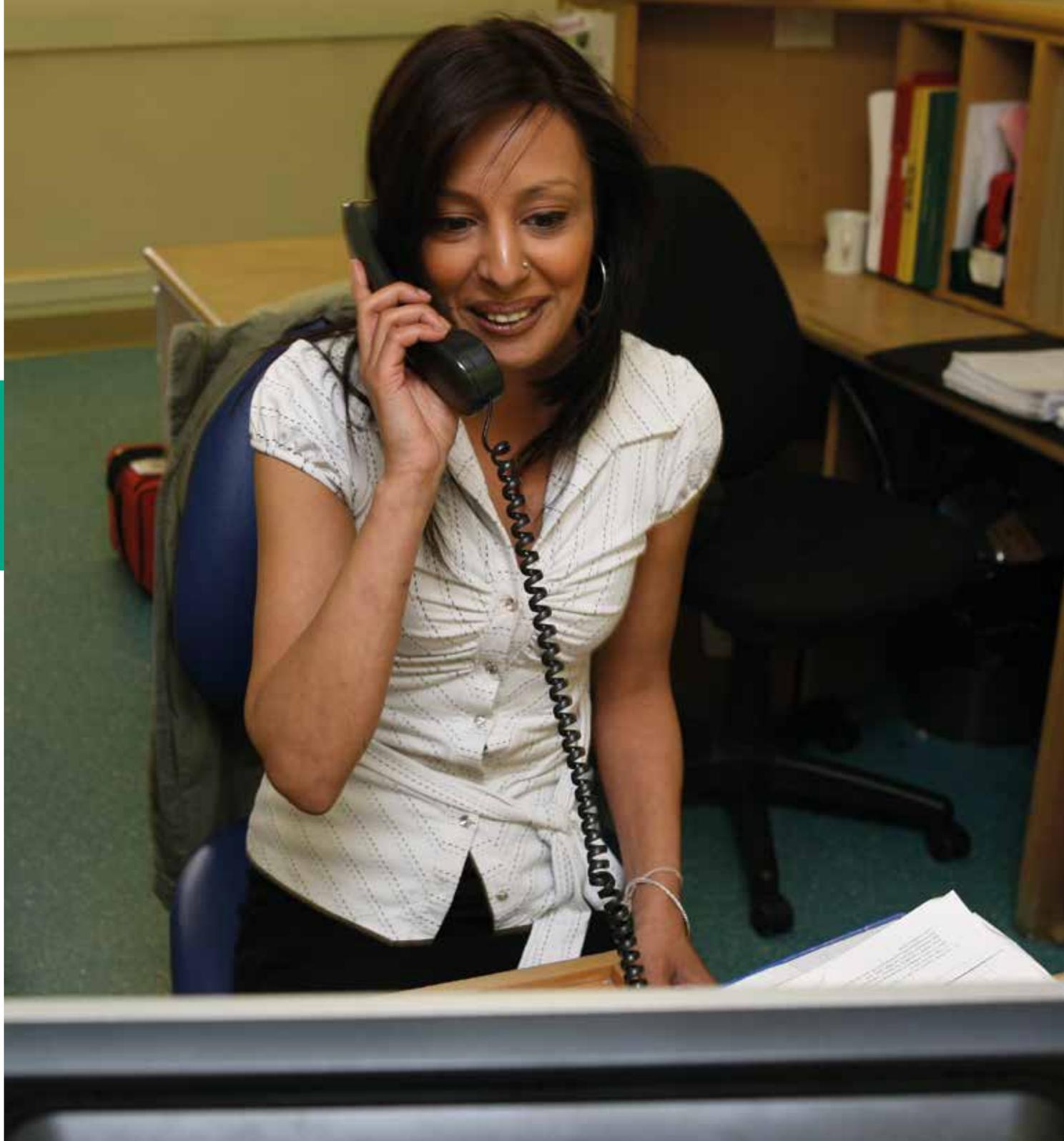
# The day of your admission

Admissions are typically at 7 am, but you may wait some time for your operation to start. The order in which patients go to theatre can depend upon a number of reasons such as a changing clinical priority.

We politely ask that only one visitor remains with you. All other visitors must leave once you have been dropped off for your admission.

For your own comfort and convenience, please remember to bring with you a dressing gown and slippers.

Infection control is taken very seriously. A key point to remember is that everyone should wash their hands before coming into contact with you; this includes your visitors. It's your right to challenge anyone who you do not see washing their hands.



# The day of your admission

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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.

## What to do when you arrive

When you arrive at the hospital please go straight to the Elective Treatment Centre (ETC) unless you have been given different instructions on your admission letter. Your admission letter gives brief instructions on how to get to the ETC and at the back 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 at the admissions area a member of 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 if you have not done so already, you will be asked to sign a consent form for your treatment. If you have any questions for your clinical team, please ask at any point.**

You will have an admission time of either 7.00 am or 11.00 am but you may not go to theatre until later in the day. You will either be asked to sit in the ETC waiting area, or Surgical Admission Lounge until it is time to prepare you for your operation. Where possible, the nursing staff will be able to advise you how long this is likely to be. Following your operation you will wake up in the recovery area and then be taken to a ward.

**The list order of patients having an operation can change on the day. This is due to changes 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.**

## 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,  
WHITE 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.

## Visitors and people dropping you off

Due to the number of people arriving for admission we cannot, unfortunately, provide facilities for both patients and visitors. When you arrive a number of admission tasks need to be carried out. It would be difficult to achieve this if each patient had visitors with them. **Therefore we politely ask that only one visitor remains with you.** All other visitors must leave once you have been dropped off for your admission.

## Surgical gowns

When you're 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 and to ensure you are fully covered **we advise you bring a dressing gown and slippers with you.** If you do not have a dressing gown or slippers we will provide some for you.

### Useful reminder

For your own comfort and convenience, please remember to bring with you a dressing gown and slippers.

## Walking to theatre

If you are able to, you will be asked to walk to theatre. 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. When walking to theatre, please ask for clothing that will keep you fully covered, such as a dressing gown or blanket, if you haven't brought your own.

## Being asked questions

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.

## Waiting to go to theatre

Sometimes it may be necessary to wait for some time to go to theatre. The surgeon performing your treatment will have an operating list of perhaps five or six people. The surgeon arranges the order of his/her list as best as possible to fit the clinical needs of the patients. You can ask your surgeon, or the nursing staff, when you're likely to be going to theatre. Please remember that operations can take varied lengths of time depending upon the patient and circumstances.

## Going into theatre

When you arrive in theatre you will most likely be asked to lie down on an operating table. You will then be transferred into the anaesthetic room where you will be anaesthetised and then transferred through into the theatre (if you're having a local anaesthetic you'll more than likely go directly to where you're having your treatment).

## Theatre recovery

Following your operation you will be transferred to a recovery area in theatre. This area may contain both male and female patients who, like you, will be recovering from their operation.

Maintaining your privacy and dignity during this time is our priority:

- We will separate men and women where practically possible.
- 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 to ensure your privacy and dignity is maintained.
- Throughout your stay in recovery the same member of staff will be allocated to your care until you are taken back to your ward.

### Useful reminder

Hospitals are busy and unusual places. If there is anything you don't understand or you have any questions, please just ask a member of staff who will happily help you.

## 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.
- **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**; this is **found on your admission letter**. 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.

Your anaesthetist will meet you before your operation and will:

- Ask you about your health
- Discuss with you which types of anaesthetic can be used
- Discuss with you the benefits, risks and your preferences
- Decide with you which anaesthetic would be best for you
- Make the decision for you, if you would prefer that.

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.
- A relative or friend may be able to go with you to the anaesthetic room. A parent or guardian will normally go with a child.
- You can wear your glasses, hearing aids and dentures until you are in the anaesthetic room. If you are having a local or regional anaesthetic, you may not have to remove them.
- 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')

Most anaesthetics are started in the anaesthetic room. 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 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 anaesthetist are sure that the area is numb.
- 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.
- Your anaesthetist is always near to you and you can speak to him or her 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 needle 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

If you have any questions for your anaesthetist you can use the blank section at the end of this booklet.



# Your stay in hospital

Visiting hours are between 2 pm and 4 pm and then 6 pm and 8 pm. Mealtimes are usually 12.00 pm to 1.15 pm and 5.00 pm to 6.15 pm.

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.

After an operation it is normal to feel some pain, discomfort or nausea for a few days while the healing process gets underway. This should not be severe pain or regular vomiting. Pain relief or anti-nausea medicines can be increased, given more often, or given in different combinations.

Everyone should wash their hands before coming into contact with you; this includes your visitors.

Please leave any valuables such as jewellery or expensive items at home. Please note that you are responsible for the security of all your items you bring with you.



# Your stay in hospital

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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.

## Single (same) sex accommodation

We realise that coming into hospital can be a stressful and anxious time. The NHS Constitution states that all patients should feel that their privacy and dignity are respected during their time in hospital. Generally you will spend your post treatment time on a ward. The following information gives a brief overview of the Division of Surgery wards and their status with regard to same sex accommodation. Same sex accommodation is where men and women are bedded in separate areas. This could be a whole ward or a bay within a ward.

## Times when same-sex accommodation is not possible

In some circumstances it might be appropriate to have patients in mixed sex accommodation for clinical reasons. For example, where close monitoring or highly specialised care is required.

## 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.
- The need to move patients to protect same sex areas.
- 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.

## Privacy and dignity

Taking **PRIDE** (Privacy, Respect, Individuality, Dignity and Empathy) in your care within the Division of Surgery (and across the whole organisation) 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.

## Visiting hours and parking for your visitors

Visiting is generally between 2.00pm and 4.00pm and then 6.00pm to 8.00pm, with most areas having slightly different arrangements so please check the exact times with ward staff. If your family or friends need to visit outside these times please speak to the ward staff, **but please remember that they cannot visit at mealtimes. Mealtimes are usually 12.00pm to 1.15pm and 5.00pm to 6.15pm.**

### Useful reminder

Visiting hours are between 2pm and 4pm and then 6pm and 8pm. Please don't visit at meal times.

For infection control reasons, flowers are not permitted in some wards. Please ask the nurses on your ward if flowers are allowed.

Family and friends are welcome to visit you. We ask that you restrict visitors to two people at a time and that any children are closely supervised for their safety (and out of consideration for other patients).

## Our wards

The following section describes the type of events and items that will be helpful to know during your stay on a ward.

On your admission, depending on your specific clinical condition(s), it is likely that you will be cared for on a specialist ward.

On arrival on the ward, if you are unsure of anything, please ask a member of staff who will explain about the ward routine and show you the location of the dayroom, toilets and bathrooms.

## Food and drink

Meal times on the ward are as follows:

**Breakfast** 8.00 am – 8.30 am

**Lunch** 12.00 pm – 1.15 pm

**Dinner** 5.00 pm – 6.15 pm

You will be asked to complete a menu sheet. The nursing staff will help you if needed. **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.

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.

### 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.

## 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 doctors undertake regular ward rounds with most doctors having specific times in the week when they visit the ward. Please check the exact times with the ward staff.

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.

## 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.

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 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.

## Understanding 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.

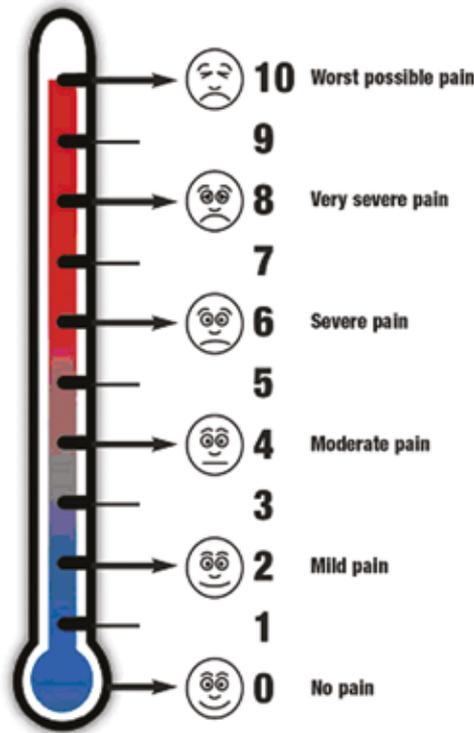
### The aim of pain relief

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.

## **Early planning for your discharge**

Either following your admission, or prior to a planned admission, the hospital team will start to ask you questions about your home circumstances and this is in order for us to start to plan your safe/appropriate discharge at the earliest opportunity. This is to ensure you are discharged from hospital at the right time to the right place with the right post treatment care in place.



# Going home after surgery

When you leave hospital after a ward stay you will generally be able to make your own way home via public transport or your own arranged transport. However, for daycase surgery, or where you have had an anaesthetic the same day as you are discharged. It is your responsibility to arrange transport to be picked up and taken home and for a responsible adult to stay with you overnight.

After general anaesthetic/sedation often people may feel sick and/or develop a headache. These symptoms will generally get better and go away after 24 hours and should not prevent your discharge.

If you have a medical complication (please ask your doctor about the type of potential complications related to your treatment) within 24 to 48 hours of your treatment call the number the ward staff provided to you when you were discharged. If you have a medical complication after 48 hours, please call your GP. Naturally, if you feel it's an emergency call 999 or go to your nearest A&E.



# Going home after surgery

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

## 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.

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.

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).

If it is decided that longer term accommodation in a residential home is the best option for you, we will provide you with information about homes with a vacancy. You have the right to choose a home but if the home of your choice does not have any vacancies, you will not be able to stay in hospital while you wait. In these circumstances, we will help you find a suitable alternative until your preferred option becomes available.

If you are homeless, please advise the nurse caring for you or the nurse in charge of the ward as soon as possible to allow us to arrange a referral to a homeless hostel, as once you are medically fit, you will not be able to stay in a hospital bed.

## Day of discharge

On most wards you will be discharged when the clinical staff say you are fit to go home – this can be at different times of the day depending upon test results and assessments. There are large numbers of patients admitted and discharged each day. It may therefore be necessary that you vacate your bed early on the morning of discharge. In this instance, the ward staff will ask you to sit in the ward day room to wait for your medications, relatives, or your transport.

**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.**

A supply and explanation of your current medication will be given to you or your family/carer by the nurse. 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 your 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.

## **Sick notes & 'simplyhealth' forms**

Please give the ward staff 24 hours' notice if you require a sick note or a simplyhealth form completing. The sick note will cover you for your inpatient stay plus 7 days following discharge. You will need to arrange an appointment with your GP if you require a further sick note.

## **Wound care/dressing and district nurse visits**

If you require district nurse input, the following will happen:

- If you are able to attend an appointment, a self-referral document will be given to you detailing your wound/dressing requirements and contact numbers for the District Nursing Service. You will be advised to telephone the district nurses for an appointment.
- If it is necessary for the district nurse to visit you, you will be given a copy of the district nurse referral form detailing your requirements. The district nurse will telephone you and make arrangements to visit you in your home.
- A week's supply of any dressing(s) will be given to you prior to discharge.

## **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 may also be given a copy before you are discharged.

## **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.

## Transport and being picked up after treatment

When you leave hospital after a ward stay you will generally be able to make your own way home via public transport or your own arranged transport. However, for daycase surgery, or where you have had an anaesthetic the same day as you are discharged. It is your responsibility to arrange transport to be picked up and taken home and for a responsible adult to stay with you overnight.

### Useful reminder

If you are having a daycase operation, for your safety, if you have not arranged for a responsible adult to take you home after your treatment and stay with you overnight, your operation is likely to be cancelled.

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 advise, arrange and help you with this.

### Useful reminder

Plan your discharge well in advance of arriving at the hospital and try to find someone who is flexible in case your date/time of discharge changes. This way you won't be anxious about who will take you home.

## 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.

## Bathing and showering

It is quite safe to get your wound wet 48 hours after the operation unless you are advised otherwise. Do not add anything to the water and do not put any creams, ointments or talcum powder on the operation site. In cases where it is important to keep the wound covered, you will be provided with a supply of dressings for this purpose.

## **Clothing**

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

## **Movement**

You will be advised if specific exercises are needed to aid your recovery and an appointment will be made for you to return to physiotherapy if necessary. 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**

You may resume your usual sexual relationships once you feel comfortable to do so. However, if your operation is related to this area of the body, specific advice will be given by your nurse.

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

## Wound Healing

All wounds progress through several stages of healing and you will be able to see changes yourself as time progresses. The following are frequently experienced:

- Sensations such as tingling, numbness or itching.
- A slightly hard lumpy feeling as the new tissue forms.
- Slight pulling around the stitches as the wound heals.

## 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 a pain reliever before bedtime.

## Medication/Pain

In general, following minor operations any pain can be controlled by using a mild pain-reliever such as paracetamol. Take one or two tablets every four to six hours, but do not exceed a dose of eight tablets over a 24 hour period. A supply of tablets may be prescribed for you to take home. If so, it is important that you do not take any other pain-reliever that you already have at home, unless told that you may do so.

Your nurse will discuss pain control with you prior to discharge. If you find that your pain is not controlled when you are following the advice you have been given, please contact your GP.

## What to do if you have a complication after discharge

If you have a medical complication (please ask your doctor about the type of potential complications related to your treatment) within 24 to 48 hours of your treatment call the number the ward staff provided to you when you were discharged. If you have a medical complication after 48 hours, please call your GP. Naturally, if you feel it's an emergency call 999 or go to your nearest A&E.

## Contacting your GP

Information will be sent to your GP when you leave the hospital to explain the treatment you have received. This is to assist the doctor should you need to consult them. If the following occurs, contact your GP:

- The amount of pain around your wound increases.
- The amount of redness and/or swelling increases.
- There is any unexpected discharge/bleeding from your wound.

In an emergency attend an A&E Department, calling an ambulance if necessary.

# General information

## Car parking

When visiting the hospitals on the central site, the following car parking facilities are available: Hathersage Road multi-storey car park and Grafton Street multi-storey car park. The following are the most frequently used tariffs for visitors:

- 0–30 minutes = Free
- 30 minutes–3 hours = £2.50
- 3–6 hours = £5.00

## Suggestions, concerns and complaints

We welcome your feedback so we can continue to improve our services. You can speak to the ward manager or senior staff member if you have a concern or wish to provide some feedback. We also have feedback cards that you can use.

Should you wish to use it, we have a Patient Advice and Liaison Service (PALS) who can be contacted on (0161) 276 8686 or you can e-mail [pals@cmft.nhs.uk](mailto:pals@cmft.nhs.uk)



# General information

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## 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)).

## 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.

## Car parking

When visiting the hospitals on the central site, the following car parking facilities are available:

- **Hathersage Road multi-storey car park** – This facility is situated on the corner of Hathersage Road and Upper Brook Street and has more than 1,600 spaces available. Access is from Hathersage Road and there are 70 spaces available on the ground floor reserved for disabled badge holders. A 'pay on foot' system is operated within this car park.

- **Grafton Street multi-storey car park** – This car park has 706 spaces available of which 36 are reserved for disabled badge holders. There are a further 77 spaces on the external surface area of which 36 are reserved for disabled badge holders. The multi-storey car park operates a ‘pay on foot’ system and the external surface car park is ‘pay and display’.

## Car park tariffs

The following tariff applies to the above car parks:

- 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
- Relatives of Intensive Care/High Dependency Unit Patients = No Charge
- Frequent Attenders (three or more times a week) = No Charge
- Relatives of long stay patients = No Charge

Disabled badge holders are allowed to park free of charge when displaying a valid badge. If all disabled spaces are full, disabled badge holders are allowed to park in any normal car park space free of charge.

If you have been to an out-patient appointment or attended Accident & Emergency and your visit has gone over six hours, you will only be charged the £5.00 rate. If you speak to a member of the security staff at the car park before paying, just provide proof of your appointment or attendance.

## 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.

## Suggestions, concerns and complaints

If you would like to provide feedback you can:

- Ask to speak to the ward or department manager.
- Write to us: Patient Advice and Liaison Services, 1st Floor, Cobbett House, Manchester Royal Infirmary, Oxford Road, Manchester M13 9WL
- Log onto the NHS Choices website [www.nhs.uk](http://www.nhs.uk) – click on 'Comments'.

If you would like to discuss a concern or make a complaint:

- Ask to speak to the ward or department manager – they may be able to help straight away.
- Contact our Patient Advice and Liaison Service (PALS) – Tel: (0161) 276 8686 e-mail: [pals@cmft.nhs.uk](mailto:pals@cmft.nhs.uk). Ask for our information leaflet.

We welcome your feedback so we can continue to improve our services.

## Contact information for the wards

Ward Name	Ward Phone Number
Emergency Surgery & Trauma Unit (ESTU)	(0161) 276 4817 / 4050
Ward 7	(0161) 276 4055
Ward 8	(0161) 901 0873
Ward 9	(0161) 276 4518
Ward 10	(0161) 276 4402
Ward 11	(0161) 276 4057
Ward 12	(0161) 276 4053
Ward 14	(0161) 901 0873
Elective Treatment Centre – Short stay and Head & Neck	(0161) 276 8688
Elective Treatment Centre – Day Case Unit & Surgical Admissions Lounge	(0161) 276 8657

## 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 (GMPTE) Service Information line (0161) 228 7811, open 7 days 8am to 8pm (textphone available). Or visit the GMPTE 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.

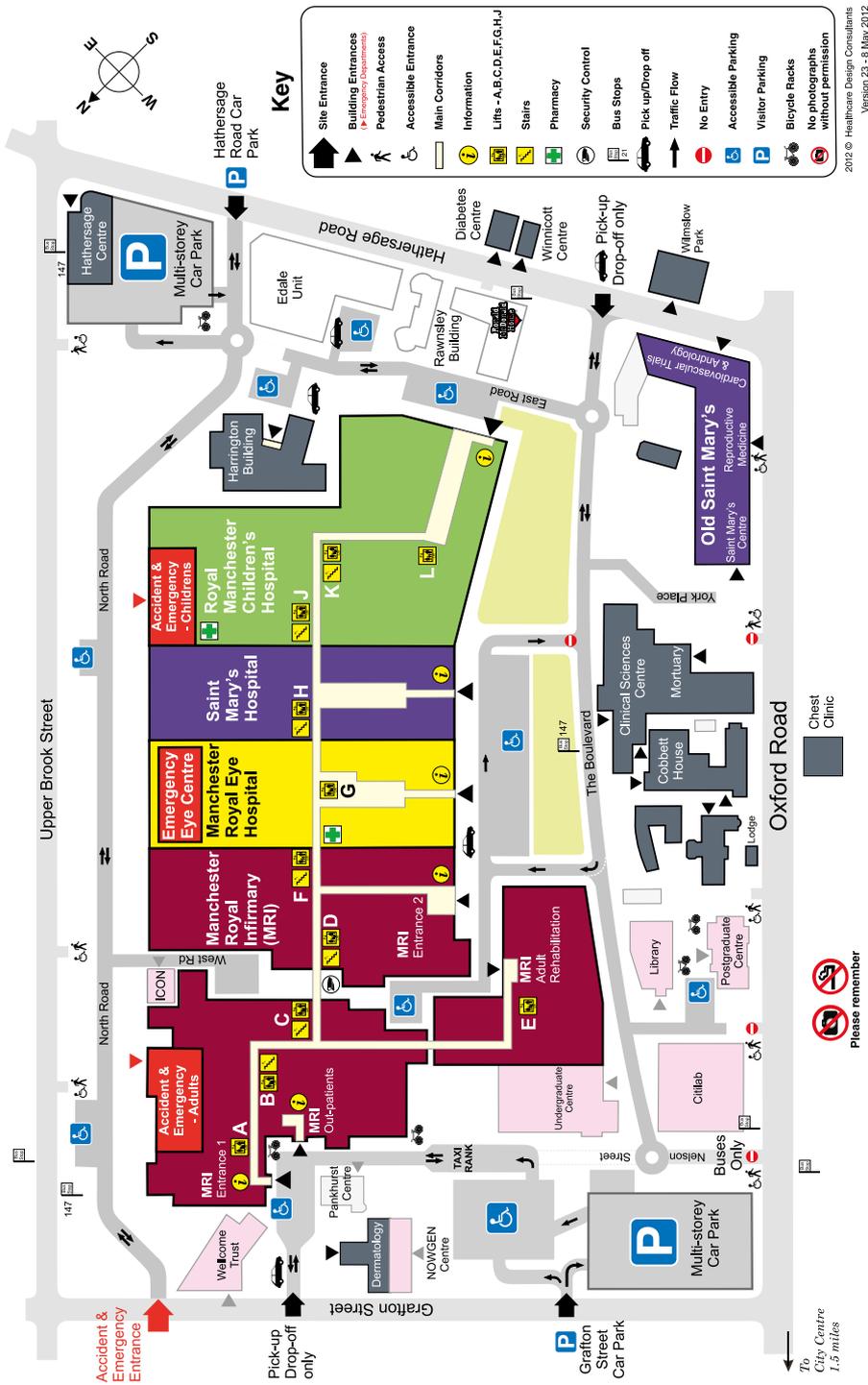
**From the South (M6):** Leave the M6 at Junction 19 onto the A556 and then join the M56 at Junction 8 heading towards the Airport. Continue along the M56, which will continue as the A5103 (Princess Road). Turn right into the B5219 (Moss Lane East, by the brewery). Continue to the end and at the T junction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

# Hospital map



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## 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 Central Manchester site.

For advice and support on how to give up smoking, go to <http://www.nhs.uk/smokefree>.

## 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.

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

بمازى به 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 goys, qaraaboamasaa xiiboaysanu tarjumikarinbukaanka. Haddii aad u baahototarjumaankacodsoxubinka 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。



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



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