

Episode 2 - Your Appointment

Intro (Fiona): Do you have an upcoming surgery? Are you feeling a little bit overwhelmed? Then this is the podcast for you. Welcome to Operation Preparation. You are listening to the Pre Anaesthetic Assessment Clinic podcast or PAAC for short from St. James's Hospital Dublin. Here, we put together a series of short episodes to help you, your family, and your loved ones learn more about your upcoming perioperative experience.

Fiona: Hi, everyone. Welcome back to operation preparation. It's Fiona here, the junior doctor working in Anaesthesia. With me here today, we have Aislinn, our consultant anaesthetist, and our clinical nurse specialists Pam and Rosie. Today, I'm going to take you through some common questions about attending your Pre Anaesthetic Assessment Clinic here or PAAC for short in St. James's Hospital. So to begin, Aislinn, can you tell me what is PAAC and why do I need to attend?

Aislinn: Thanks Fiona. So PAAC is a clinic run by the anaesthesiology doctors who are the doctors who put you asleep, our clinical nurse specialists and our clerical staff. And our aim overall is to get you ready for your upcoming procedure. So when any patient arrives into clinic, I usually tell them that their visit has two main purposes. The first one is to do a bit of an NCT, so to have a look at your overall health and see how that might affect any upcoming surgery that you might have or the anaesthetic that you might need. And the second reason is to tell you a bit about the surgery and tell you a bit about the anaesthetic that you're going to have for that procedure.

Fiona: Great. And Rosie, where is PAAC?

Rosie: So here in St. James's Hospital, it's in the main hospital where the big glass doors are. Inside there in the main reception and there's a winding stairs on the left hand side. If you feel that you're not able to use stairs, there's a set of lifts opposite. At the top of the stairs, there's a corridor called route 5 on the left hand side. Down that corridor on the left hand side, you'll see a sign called surgical day ward. Go in there and check-in with the clerical staff, and you'll be directed then or called by one of the Pre Anaesthetic Assessment Clinic staff. Someone will always point you in the right direction if you get a little bit lost. Or if you're delayed, we might get in contact with you, so keep an eye on your phone as it has happened before that patients are actually sitting in the wrong part of the hospital.

Fiona: Thanks, Rosie. That's very clear. And, Pam, how will I receive my appointment time and date?

Pam: There are a couple of ways you'll receive your appointment time and date. You may get a letter in the post. You may get a text a couple of days before your appointment, or you may just get a phone call from one of our secretaries organizing an appointment time with you. We would ask that if you can't make the appointment, that you let us know so that we can use the time for another patient.

Fiona: Yeah. That's perfect. And, Aislinn is there anything I can do to be prepared for my appointment?

Aislinn: Absolutely. And this links back to our title, 'Operation Preparation'. So, ideally, if you come into clinic, we'd like you to have a list of your medications and their dosages at the ready. You can get this from your pharmacist. They're usually really helpful. They'll print them out nice and clearly for you. Or if you've got a little blister pack with your medication stickers on it, bring those in, or even the boxes of the medications themselves. So this makes everything a little bit easier for us, particularly gives us kind of a clearer idea of your health overall, and it allows us to give you nice, clear, simple instructions about your medications before your surgery.

The other thing I would say is that try and have a list of any specialist that you attend, who they are, where you saw them, when you're due to see them again. If you've got any copies of any scans or letters, they're also really useful, so bring those along because it can be really hard to think of these things on the spot.

Rosie: Yeah. So another top tip would be to have a pen and paper to take things down as well and write down any questions that you might want to ask beforehand as well so that you don't forget when you're there. If you're coming in for a face to face appointment, you could ask someone to come with you. A second pair of ears is always useful.

They can sometimes take in information that you might not be taking in at the time, or they might think of a question that you haven't thought of. If it is a telephone appointment, we would always recommend as well that you try and find a quiet space to have that telephone appointment.

Fiona: Yeah. That's great. They're very important points. Pam, would you like to chat us through what I can expect from my appointment in the PAAC clinic?

Pam: Sure. So your appointment will either be over the phone or in person, or it may be a combination of both. If we give you a call, we'll introduce ourselves. We'll, ask you to confirm your details, your name, and the procedure that you're due to have done with us.

And then what we normally do is we will go through take a history of your general medical and surgical history and go through any of your medications that you may be on. At that stage, some patients don't need any further intervention, and if that is the case, we will confirm your surgery date with you. We will give you any instructions regarding fasting or medications, and we will organize to send out a letter confirming your date and time for surgery. If you need to come into us, and that's not unusual, you may be on medication, and that would indicate that you would need to come in and see us in clinic. We would organize to make an appointment for you to come in, and be reviewed and have a physical review with us.

What that involves is that you you'll come into the pre assessment clinic. You will normally see the nurse that you've been speaking to. We will weigh you. We'll check your height, your weight. We'll check your blood pressure.

If needed, we will do an ECG on you, and we'll organize some bloods. All that being well, we will confirm your medication advice pre surgery and discuss the discharge policy for the day surgery, and you'll be ready to come in to have your procedure.

Fiona: Thank you, Pam. So I suppose it can be daunting to think about what happens if there's an issue identified during this clinic. So could you chat to us through that, Aislinn?

Aislinn: Yeah. So look, it's sometimes happens that an issue is identified, and I suppose this is kind of our goal that we want to have your health as good as it can be prior to your surgery. So there's 2 main problems if there is a problem identified, is it something that we need to deal with before you have your surgery, or is it something that we can deal with maybe in the background, around the time of your surgery or after your surgery? So we have to figure out which of those problems it is. There can be lots of examples of this.

Rosie, you might be able to give us one.

Rosie: Yeah. So I suppose one of the more common examples that we can give is high blood pressure. So if we use, say, John as an example, John comes into the clinic, and we realize after his physical assessment that his blood pressure is too high and is just not controlled even though he's already on blood pressure medication. It's important here for our listeners to realise that the surgery isn't cancelled. We just put the surgery on hold for the moment or it's postponed. And what happens from here is we write to the GP, and we ask John to go and see his GP so that the GP can investigate it further and maybe adjust his medication. We then ask John to come back to the clinic in a couple of weeks' time and we recheck his blood pressure then. And once the blood pressure is back to a normal and safe level, we can then go ahead with his procedure. It's a very simple example, but this can happen when we find uncontrolled blood pressure or diabetes and other conditions.

So it's important to make sure that if you have a condition, if you're on medication to check-in with your healthcare providers to avoid delays of surgeries or cancellations. So if you are a patient who has high blood pressure, maybe check your blood pressure once a week. Or if you are a patient who has diabetes, make sure you're checking your blood sugars. It's all part of the name 'Operation Preparation'.

Fiona: Yeah that's great advice. Thank you, Rosie and Aislinn. So, Pam, the most important question of the lot, can I eat and drink as normal before attending PAC?

Pam: Absolutely yes. There's absolutely no need for you to fast coming in for your appointment. We don't do any fasting bloods, so we want you to be fighting fit when you come in. So have your breakfast or lunch depending on your appointment time. There's no need for fasting.

Fiona: Great thank you. And, Rosie, how long will my appointment take?

Rosie: This varies hugely depending on your medical history and your current health. You could be in the hospital anywhere between 1 to 3 hours. Telephone appointments are usually a little bit faster than in person appointments.

Bear in mind as well, though, if you are coming in for a face to face appointment, parking can sometimes be a little bit difficult, so just give yourself plenty of time for that as well.

Fiona: Great. So before you finish up, is there anything else I should know?

Aislinn: My key piece of advice from this is to make sure that you have a GP. So your GP is the key contact person that we will get in touch with if there's any issues or that the surgeon will get in touch with.

So it's really important to have that link person from the community to the hospital that we can make sure that you don't fall through the cracks.

Pam: Yes. And, also, I would say, just to be aware that you're not going to meet your surgeon at this appointment. This is purely an anaesthetic appointment, so we won't be able to answer any detailed questions that you may have regarding your surgery. But we can answer general questions, surgical related questions.

So, but if you're expecting a kind of a detailed explanation of your surgery, that won't happen at this appointment.

Rosie: If you feel that you or your family member will need a translator for their appointment, just ring ahead and let us know that we can organize that ahead of time. It is our policy that we can't allow a family member or a friend translate for their hospital appointment.

Fiona: Yeah. Thanks, everyone. That's great.

So the **key points** from this episode would be to have a GP, have your medications and dosages ready, have a list ready of your consultants that you see, when, where you've seen them, and any scans that may be available, bring a list of questions, and importantly you don't need to fast. We look forward to meeting you at your appointment.

Thanks everyone for listening, and join us in episode 3 where we will discuss different types of anaesthesia.

Outro (Fiona): You have been listening to 'Operation Preparation', the Pre Anaesthetic Assessment Clinic podcast from St. James's Hospital Dublin. Don't forget to subscribe and check out our website, links, and abbreviations in our show notes to learn more about the topics we've covered today. If you have a question that you would like us to cover here, email the podcast at perioperativepodcast@stjames.ie. Thank you for listening. Until next time.