

Episode 4 – A Journey Through The Surgical Day Ward

Intro (Rosie): Do you have an upcoming surgery? Are you feeling a little overwhelmed? Then this is the podcast for you. Welcome to 'Operation Preparation'. You are listening to 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 Alan, our consultant anaesthetist, and our clinical nurse specialist, Rosie. Today, we're going to chat about a patient's journey through Surgical Day Ward and as someone who's new to anaesthesia in St. James's, Rosie, you might be able to talk me through the basics of attending the Surgical Day Ward starting with where it is.

Rosie : So it's exactly where you would have had your pre assessment appointment. But here's a reminder for where it is. So here in St James' Hospital, the Surgical Day Ward, it's just inside the main hospital where the big glass doors are. That's the main reception or concourse. And to your left, at the top of the winding stairs, is corridor route 5 on your left hand side. Down that corridor on the left hand side is a sign for the Surgical Day Ward, and we're just in there. You'll see a reception as you walk in, so you check-in there. If you find that you're unable to use the stairs, there is a set of lifts opposite that you can use as well. If you find that you get a bit lost, you can always ask someone who'll point you in the right direction. If you get a little bit delayed, you can telephone us and let us know, or we might telephone you as well just to make sure that you're on the way or to make sure that you're not sitting in the wrong part of the hospital.

Fiona: Perfect. So all patients will come fasting. What does this mean, Alan?

Alan: Really, basically, fasting means not eating or drinking anything over a certain time period. Your fasting instructions for the surgical day ward will differ slightly depending on whether you're a morning or an afternoon case. I'll give the instructions for a morning case. And if it turns out you are in an afternoon case, you'll be given further timings. In the case of a morning operation, you would be expected to not eat any food after midnight the night before. Many patients feel they should fast for much longer than this. It's just not necessary. If before midnight the day before your surgery, you can eat and drink as normal. That means if you normally have your dinner at 8 o'clock in the evening, that's absolutely fine. Go ahead. However, you cannot take any solid food after midnight and this would include milk. Milk unfortunately becomes food once it hits your stomach. So no milk or food or anything that contains particles such as orange juice with bits in it after midnight. Between midnight and 6, you can continue to drink clear fluids. This would include water, black tea, black coffee, or a cordial drink such as mi-wadi. And you can drink as much of those as you may need if you are thirsty up until 6 in the morning. That's the next time point - after 6 in the morning - you need to restrict yourself to sips of these, but leave out the caffeine at this stage. So clear fluids like water or cordial at that stage would be fine, but the smallest amounts that you can use to get by.

Fiona: Perfect. And why is fasting important? Why do patients have to fast?

Alan: In a nutshell, we want patients to fast so that they don't vomit while they're asleep and cause problems with their breathing.

Fiona: And what happens if we realize a patient has fasted incorrectly?

Alan: Unfortunately, if someone wasn't fasted adequately before surgery, they would have to be cancelled as a safety measure. We would arrange a new date as soon as possible. Although, as an anaesthetist, we don't have any control over when that new date might be, and the patient could end up waiting a number of weeks for the next available appointment. So it's very important to fast appropriately. And then if you're any in any doubt about the timing points or the cutoffs for fasting, please discuss it at the clinic or contact us.

Fiona: Perfect. Yeah. And I suppose a lot of people are scared to take their medications as they believe that this means that they're not adequately fasted. So, Rosie, can you explain a bit about this to us?

Rosie: So, there's certain medications we definitely do want you to take and some that we definitely don't want you to take the day of your surgery. And there's even some that we need you to stop taking a few days beforehand as well. But the pre assessment clinic will go through those instructions with you, and they can write them down for you as well or you may get them verbally over the telephone during your appointment, but you will be given very clear instructions before your surgery.

Fiona: Great. Thank you, Rosie. So we know a bit about what to do before you arrive to the Surgical Day Ward. But can you tell me step by step what to expect when a patient arrives in Surgical Day Ward?

Rosie: So once you find us, check-in at reception and confirm your details. Make sure you have a GP as well. We did mention this in a previous episode, and then wait to be called by the nurse. So the nurse will call you and check the details of who will be collecting you and bring you to a cubicle and check all of your personal details again and check that you've been fasting correctly and which medications you might have taken that morning. Some people require a weight check or tests like an ECG or a blood test if they haven't been taken already, and you'll have your blood pressure taken and be given a theatre gown, a hat, and some nice net pants to change into as well. You will then meet your surgeons and anaesthetists and sign your consent form. This is also a great opportunity to ask any questions you still might have. So if you want to write them down before you come and when all that's done, you wait to be brought down to theatre.

Alan: So hopefully after not too long, you'll be brought to theatre and you will see different patients around you being taken to and from theatre or to other areas of the hospital. Don't worry. We're not skipping anybody. We will get to you. Your details will be checked again once you arrive into the theatre area. So this will be either in an operating theatre itself or in an anaesthetic room next to the operating theatre. This is to confirm again your identity to make sure that your consent form has been signed. And at that point, you'd usually have a

drip or a needle inserted into your arm. And the anaesthetist who'll be with you will explain briefly again what's going to happen, and the monitoring that we have discussed in other episodes will be attached to you such as blood pressure monitoring, tracing of your heart, and an oxygen monitor will be attached. And then you'll head off to sleep. Once you wake up from anaesthesia, you'll find yourself in the recovery room, which is close to the operating theatres. And the nurses in the recovery area will look after any pain or nausea or vomiting issues you may have. You'll be returned to the ward between 30 - 60 minutes later where the nurses will continue to look after you. And later on, an assessment will be made as to whether you're ready to be discharged home. And the basic criteria for going home are that you are fully awake and alert, that you've been able to eat and drink something. It'll be tea and toast, And that you've been able to keep that down without getting sick. And finally, that you've been able to pee.

Rosie: So soon after that, once you're ready to go home and once you're wide awake, the nurse will go through your postoperative instructions or the instructions for you once your surgery is finished. That will be specific to your surgery, and this leaflet will also have telephone numbers on it for you for some advice should you need it. You will get a prescription going home for pain relief or antibiotics if it's needed as well, and an outpatient appointment will be organized for you again to see your surgeon. You'll have to go home with a responsible adult who will stay overnight with you as well.

Fiona: So, Alan, let's talk a little bit more about the discharge policy and what could it mean for me if I don't have someone to collect me.

Alan: Well, it's very important that there is somebody to collect you and take you home, ideally not on public transport, and particularly to stay with you overnight. And this is because many of the medications we give can have some residual after effects such as mild sedation or sleepiness or a slightly reduced ability to make coherent decisions. So for example, we tell people that they cannot drive for 24 hours after surgery. They should also not operate any heavy machinery. I would also strongly advise against making any important life decisions such as altering your Will. If it turns out that there wasn't a responsible adult who could look after you adequately in the first 24 hours after surgery, it would not be possible for you to be discharged.

Fiona: Perfect. Thank you for that, Alan. So I suppose just for the key takeaway points, ensure you fast correctly, ensure you know which medications to take and not to take, check with your team or the clinic if you're not sure, check-in on time and call if you're delayed, Write down any questions you have for your surgeons, and make sure the discharge policy is followed. And also, I think it's important for our listeners to acknowledge that this is specific to St James' Hospital, So it is crucial to follow the specific instructions given to you by your own clinic if this is outside of St. James'. Thanks everyone for listening. Join us for episode 5 where we will discuss a patient's inpatient versus day of surgery admission.

Outro (Rosie): 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 covered today. If you have a question that you would like us to cover here, email the podcast at operationpreparation@stjames.ie.

Thanks for listening. Until next time.