

Episode 5 – Your Surgical Inpatient Stay

(Intro) Pam: 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. Today, we have Aislinn, our consultant anaesthetist, and our clinical nurse specialists, Julie and Pam. The last episode, we spoke about a patient's journey through the Surgical Day Ward. And today, we're going to talk through a patient's journey as either an inpatient versus a Day Of Surgery Admission or what we call DOSA for short. So, Julie, could you tell me what the difference between being a DOSA patient versus an inpatient?

Julie: Well, Fiona, what we would say to our patients, the difference is a good night sleep. Because essentially, as a DOSA patient, you're staying at home the night before your surgery, You're resting and sleeping in your own bed, and you present yourself to the hospital at approximately 7 AM that morning, fasting and ready to go straight to surgery. Then as an inpatient, it's sort of the traditional method of being admitted the day before going to a ward and staying in a hospital bed overnight and then going straight to the operating theatre. So hence, the good night sleep. If you can stay at home, it's always better.

Fiona: Yeah. Of course. And how is it decided which one you are, either an inpatient or a DOSA admission?

Julie: So, again, that is the purpose and the beauty of the Pre Anaesthetic Assessment Clinic. It's an individualized assessment. So not everybody coming for the same procedure would even come in the same pathway. So we do strive to have as many as possible come the same morning of their surgery, but it really just depends on each patient, their own individual health needs, their particular procedure they're having done. And, also, you're taking into account where they come from because as we discussed in our introduction, St. James is a national cancer referral centre. So we do see patients from all over Ireland. So sometimes, it just might be in the patient's best interest to come in the night before from a logistics perspective.

Fiona: Perfect. Okay. And how would I know which one?

Julie: So, again, this is the joy of being at the Pre Assessment Clinic is you'll get all of this information. The decision will be made when you see the anaesthetist, which will be discussed with you as to what the best option is, and then we'll talk you through everything. So when you're finished your appointment, you will be classed as either requiring admission or being made suitable as a Day Of Surgery Admission. We will give you a letter, and on the letter, it will tell you what to do, how long you need to fast for, what you're allowed to eat or drink, what to do with your medications. Sometimes we need you to hold medications. Sometimes we need you to take them. So you get all of that information.

And then once you leave us at the Pre Assessment Clinic, the admissions department contact you with your date and time. We don't always have access to that.

Fiona: Okay. So you mentioned the admissions department. Logistically wise, where is the admissions department in St James's?

Pam: So, Fiona, the admissions department is on route 1, which is one of the corridors on the right hand side off the main concourse of the hospital. So when you come into the main concourse, the reception desk is on your right hand side, and there is a corridor beside it, which is called route 1. And as you go into that corridor, literally as you turn in on your left hand side, the admissions office is there. And if you're coming in as an inpatient, meaning you're coming in the day before your surgery, you will come and present yourself to the admissions office, normally around 3 or 4 in the afternoon. They will check your information, your name, date of birth, and then they will send you to whichever ward you're going to be admitted to for your surgery.

Once you're up on the ward, the nurses will, do their admission, and you will be seen by one of the doctors, either on call or one of the doctors from the team, and they will admit you to the hospital. They may order some tests, ideally not, because if you've been in Pre Assessment, all of that will be done. And then you're really just resting and waiting to go to theatre the next day, which will either be first thing in the morning, and it could be later in the morning or into the afternoon, really depending on how theatre availability and where you're a surgeon, what time his list starts at.

Fiona: Perfect. Thank you, Pam. So I suppose you've talked me through there what I can expect if I'm admitted as an inpatient. But if we go on to maybe a DOSA admission, then the differences...

Pam: So the DOSA is, as Julie said earlier, means that you're coming in on the morning of your surgery. So what will have happened, admissions will have contacted you and let you know that you will be admitted as a DOSA patient. So you will be asked to fast from midnight, and we you will be have been given that information by ourselves in the Pre Assessment Clinic, and you will come into the hospital normally around 7, 7:30 in the morning. It can be a little bit later, again, depending on what time your theatre list will start at, and you will present yourself to the admissions department, which, as I said earlier, is in route 1 on the left hand side. Once there, you will be checked in again. And instead of being brought to a ward this time, you will be brought up to the theatre areas into an area called the holding area or the DOSA lounge. And there, you'll be greeted by one of the nurses in the theatres, and they will ask you to get out of your clothes and your underwear, and they'll ask you to get into a gown and some netty disposable underwear. They'll ask you to put on some elasticated stockings. They will take your belongings, but they will be locked away and kept safe until you're being transferred after your operation to your ward.

And you will be then seen by one of the doctors from your team, and you'll be brought to theatre shortly after that.

Fiona: That's great, Pam. Really clear on what I can expect if I was admitted as an inpatient versus a DOSA admission. So, Julie, I suppose from here, is the journey the same? Are the holding bays and the DOSA lounge a similar experience?

Julie: Yeah. Fiona, at that stage, it's a level playing field. You're there just waiting to go for surgery, and this is when an extra little bit of work happens. So as Pam had said, you're already in your long white socks and your lovely gown sitting waiting to go. You're going to meet your surgeon just before you go through. But also what we would always say to patients just to reassure them, there are a lot of safety checks done at this point, and we haven't forgotten your details. We can read what's on your chart, but there are checks where you will be repeatedly asked when is the last time you ate something? When is the last time you drank something? What is your date of birth? Are you allergic to medications?

You will hear those questions repeatedly. And we just remind patients not to get frustrated because it's not that we haven't listened or documented, but there's a very balanced safety check from staff member to staff member. So, from that point, you're almost ready to go into the anaesthetic room to meet your anaesthetist.

Fiona: Thank you, Julie. You mentioned fasting there. I'm going to throw this question to Aislinn. So does everyone have to fast? And can you tell us again how patients should fast before their procedure?

Aislinn: Sure. So everybody fasts, and I suppose it's one of the important, instructions that we give you when you come into the Pre Anaesthetic Assessment Clinic. So we usually send you home with a piece of paper with the instructions clearly spelled out. So every hospital has different fasting policies. Our particular policy in St James' is that you fast from midnight the night before. So that means no food after midnight the night before your surgery. However, we have had a recent change because we recognize that it's very uncomfortable and not very pleasant for patients to fast, and I particularly get very hangry. But if you, fast at midnight the night before your surgery, you can drink as much as you want of black tea, black coffee, water, fruit juice without pulp in it, or you can add some cordial to your water if you want to do that. As I say to patients, you can drink gallons of that up until 6 AM on the morning of your surgery. But after 6 AM, you need to go back to sipping. I find the easiest thing to do, because I always have a bottle of water with me, is just bring a bottle of water with you and just sip away. There's plenty of water coolers around the hospital, and that will keep your mouth not too dry and not too uncomfortable before, your procedure.

And just to bear in mind, some people think that milk is okay. Milk is not okay. It's a food. And the reason that we want you to fast is because we don't want you to have anything really in your stomach that might come back up when we put you asleep and cause problems with your breathing. So things like milk, food, they tend to stay in your stomach a little bit longer than things like black tea, black coffee, or water.

So that's why we have these different fasting guidelines for different types of food and different types of fluid.

Fiona: Great. Thank you, Ashlinn. It's definitely important to highlight that milk is a food and not to use that in your tea or coffee. 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'. Can you tell me what happens when a patient has fasted incorrectly?

Aislinn: Yeah. So I think we mentioned this in the previous episode for our day cases. So the rules essentially are the same. Either depending on what time of day you've eaten or drunk, we might have to cancel your procedure. And the reason we do that is we're all preoccupied with your safety. So it's making the best decision for you at that time.

Potentially, we can, get you a new date. It could be the following week. It could be a different time. We have no control really over when your follow-up procedure would be. But it is so important that you follow the guidance that's been given to you by either ourselves here in St. James' Hospital or in the other hospital that you're attending for your procedure.

Fiona: Great. Thank you. Julie, can you chat to us a little bit about medications and fasting?

Julie: Yeah, Fiona. Absolutely. It's one of the first questions patients ask, Actually, I'm fasting. Can I take my medications? The straightforward answer is absolutely. Medications are allowed while you're fasting, but there are certain medications we don't want you to take. There are certain medications we absolutely want you to take. And then there are some that need to be stopped in advance of the surgery for anywhere between 1 to 7 days. So that is why, again, going back to the beauty and the necessity of attending the Pre Anaesthetic Assessment Clinic, it's individualized. So if you're talking to your neighbour and they told you they took everything, we've told you to stop something, that is because everybody is an individual and medications are particular to you. So when you come to us, we'll go through that with you, and we'll give it to you written down. And you also have a contact detail in the Pre Assessment Clinic if you forget about something. Or after we've seen you, if you see your GP and they start you on a new medication, you can always call us, update us, and we'll give you advice on that. Again, I suppose the beauty of being an inpatient is the nurses will do all of that for you. You don't have to worry about it.

Fiona: Great. So I suppose we went through, you know, what I can expect the morning of admission, medications, fasting, etc. So what happens then when it's my turn to go down to theatre?

Aislinn: So I suppose we went through in a good bit of detail in our previous episode number 3 on the types of anaesthetic and I know Pam explained a lot about this. So we won't get into it all again. But briefly, once more, your details are checked. And I know Julie has mentioned this is not us forgetting them. It's just us being really safety conscious. And at that point, you'll get your monitors on and your intravenous cannula or your drip, popped in. And, usually, you'll have a chat about, you know, what's going to happen there with the anaesthetist and the anaesthetic team in the induction room before you go off to sleep.

Fiona: Great. Thank you. Pam, back to you. Recovery, what happens once I've woken up from my surgery?

Pam: So, normally, Fiona, once you've woken up, you're brought out into what we call the recovery room. And in St James, it's quite a large room. It can be busy and noisy, but, really, you probably won't really notice that for a little while. When you're in the recovery room, when you wake up in the recovery room, you will have an oxygen mask on. That's quite normal. Everybody does. You'll still have your monitoring equipment, your blood pressure cuff, your ECG stickers, clip on your finger. That just means we can still continue to monitor your blood pressure, your oxygen levels. You may, when you wake up, be a little bit shaky or feel a bit cold, so we may put on what we call a space blanket. Patients kind of say, oh, they had tinfoil on me, but it's just this helps to keep the heat in, and it keeps you warm. And we put that in on under your blankets, or we might have the luxurious, warming blanket, which pumps warm air. You may have either one of those, but very quickly you get comfortable, and you lose that kind of shivery, shaky feeling. So when you're in the recovery room, you'll have a recovery nurse looking after you. So she's monitoring your blood pressure, your heart rate, your oxygen levels. She's going to ask you about your pain levels. You may be very comfortable.

The anaesthetist, as we said earlier, will have given you pain medication and anti-sickness medication during your operation. So you when you wake up, you may be quite comfortable and just doze off back to sleep, but you may wake up feeling sore or feeling very nauseated or that you might want to get sick. In that situation, I do always say to patients, don't panic. We have plenty of medication that we can give, and very quickly, because you have your cannula or your drip in your hand, we can put pain medication or anti sickness medication into that within and within a few minutes, you're normally fairly comfortable. The, recovery nurse will kind of keep asking you how you're feeling, you know, getting you to score your pain.

So that's what they'll ask you to do is if 0 was no pain and 10 was the worst pain you ever had, they'll ask you to give a score between 0 and 10. And they're looking for you to become comfortable and to be giving a low score for your pain relief. They'll also be monitoring if you have any drains in. They'll be having a look at the wound. If you have a catheter, which would be a tube that would go into your bladder to drain the urine away, they'll be checking all of that.

But that is all individual to each patient and to each operation you have done. So you may have none of those. And, really, once you're comfortable, you will be brought back to the ward. Now that can be after half an hour, but you could be a number of hours in the recovery room. It really just depends again on the operation you've had and how comfortable you are, and that's our aim. Our aim is to get you very comfortable. You know, your pain under control, any nausea you may have under control, and that you'll go back to the ward and you'll sleep and rest in the ward.

Fiona: Perfect. Thank you, Pam. Another question and a very important one, when will I be allowed to eat and drink after my surgery?

Pam: Well, normally, once you go back to the ward and you've had a rest, you will you'll be offered some water to begin with to make sure ,you're not ,you know, you may be slightly nauseous. You may not be aware of it. And once you're tolerating water, you'll be given a light meal, probably to begin with some tea and toast. So within a number of hours, unless it's been specified by your doctors, your surgeons that they don't want you to eat for a number of hours, within a couple of hours of returning to the ward, you should have been given a light meal.

Fiona: Okay. Great. Thank you. So thanks, everyone. I suppose before you finish, I might give you some tips for your hospital stay:

So number 1, extra long phone chargers. Chargers are definitely needed on the wards.

And pyjamas with buttons down the front for easy access.

Some shorts if you may have a catheter in place.

Slippers with good grip,

EarPods or earphones with a mouthpiece so your hands are free.

Small amount of change for the shop trolley visit around the ward

a book (you may be bored lying in bed)

and then get familiar with your phone, iPad or tablet for admissions. You've plenty to do while you're in here.

Thanks, everyone. Join us for episode 6 where we will discuss how to improve your health before surgery.

(Outro) Pam: 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 our website, links and abbreviations in our show notes to learn more about the topics we cover today. If you have any questions that you would like us to cover here, email the podcast at perioperativepodcast@stjames.ie. Thank you for listening.

Until next time.