

Episode 9 – The Recovery Room

(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 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.

Clare: Welcome back to 'Operation Preparation' and in today's episode, we're going to be talking about the Recovery Room. I'm Clare, one of the clinical nurse specialists. And joining me today are Julie and Rosie, who are also clinical nurse specialists in the clinic. So the big day has arrived. I went off to sleep and had my procedure under general anesthetic. And the next thing I know, I'm awake and it's all done. So where am I now? Julie, could you tell us what exactly is the Recovery Room?

Julie: I can Clare. The Recovery Room is exactly as it says. It's a room to recover after you've had your anaesthetic, after you've had your procedure. So, it is quite a large room that's located right next to the Operating Theatres, and it's well-staffed with the nursing staff that are highly trained to look after any common complications that could arise while you're recovering from the anaesthetic. A lot of people don't even remember being in the Recovery Room, but it's really where you start your recovery before you move to the ward to continue on your journey.

Clare: That's great. Thanks Julie. And Rosie, what happens in the Recovery Room?

Rosie: So a nurse will be allocated to look after you and during this time your blood pressure, your heart rate, oxygen levels, and level of consciousness will be monitored regularly. If you have any epidurals, dressings, surgical drains, catheters, or wounds, they will be checked regularly as well. They'll be watching for any signs of complications or side effects, and we aim to maintain your dignity at all times. And you'll never be unnecessarily exposed during these checks. You'll be asked regularly as well if you've any pain and where that pain is exactly. So the pain ladder is one common way of measuring pain that we use and we'll explain this now a little bit further.

So the pain ladder is a way, that we measure pain by scoring it between 0 to 10. So 10 out of 10 would be, like, the worst pain that you've ever experienced in your life, while 0 means that you don't have any pain at all. So we'd ask you to describe the pain that you're experiencing such as, is it sharp or shooting, stabbing, aching, throbbing, pinching, burning, or dull as this helps us to select the right kind of pain relief for you and to make sure that you're comfortable before you leave recovery. We'll also be asking you if you're feeling sick or nauseated as it's a common side effect of a general anesthetic and some of the pain medicine that we use. So make sure to tell us if you're still feeling unwell as there's always more options to manage your symptoms.

Clare: Thanks Rosie. And Rosie what does the recovery room look like?

Rosie: So the recovery room is usually a large open room with lots of bays for patients with monitors and has a nurse's station, which is a large desk. It's a very busy room with lots of

patients, all recovering from very minor to very major surgeries. There are lots of staff, other patients, staff talking, machines beeping, and lots of movement around the room. If you gave the staff your hearing aids before you went to sleep, you'll get them back once you've woken up in the Recovery Room. And so to help patients prepare, here's a little sound bite of how this room can sound at its busiest.

(***sound of recovery room played***)

We've included in the show notes as well a link to a video of the Recovery Room here in St. James's Hospital so you can see what it looks like before you come in. Another thing to know is that patients are ready to leave the Recovery Room at different amount of time, and the wards are ready to collect patients again at different times as well. So if you ever see a patient leaving before you, no one's skipping the queue. It's just everyone is different and every case is different as well.

Clare: And, Julie, what should I do in the Recovery Room if I'm experiencing pain?

Julie: So Clare, we will have sort of talked you through this in the Anaesthetic or the Pre Assessment appointment so that you're ready and that you know what to expect. But as Rosie has explained earlier this pain ladder is how we measure pain - so 0 being no pain, 10 being the worst in the world.

So, it's really really advisable for you to communicate with the nurse that's close by. Let them know if you're feeling pain. If what we've given you to reduce your pain hasn't worked, we need to know about it. Again, we would say there is no place for a martyr in the recovery room. You need to let us know so that we can get on top of your pain, get you comfortable so that you can continue your journey.

If you're still in pain, you're not going to be able to get up and move about. You're not going to be able to do the things we want you to do, and you're not going to recover as well as we would expect. So just always let the nurses know, work with them, and just be an active participant in your own care as well.

Clare: That's great. Thanks, Julie. And, Rosie, what should I do if I'm feeling sick or nauseous?

Rosie: Again, there'll always be a nurse near you who you'll be able to tell. So tell the nurse that you're feeling sick, and they'll be able to help manage your symptoms after a quick assessment. The nurses in the Recovery Room can give medications through your drip that can quickly help to alleviate any pain or nausea that you're having, from the side effects of the anaesthetic.

Clare: And Julie, will I be allowed to drink water?

Julie: That is the number one question Clare when patients arrive in the Recovery Room. Generally, patients' mouths are quite dry after having the anaesthetic and having their procedure. So we would love to be able to give you water if we can, but it's not always possible. It depends on the type of surgery you've had. But what we also can always do just to try and alleviate that dry mouth sensation and to help you communicate better with us is

we can give you a small little sponge that just wets your lips, And when it's appropriate, when we're able to give you something to drink, by all means, we will. And once you get back to the ward, then you'll be able to eat and drink provided that there are no particular instructions that you need to stay fasting. But the nurses on the ward will help you with that then as well.

Clare: Thanks Julie. And Rosie, how long do I go to the Recovery Room for?

Rosie: You know, as mentioned, everyone recovers at a different rate, but it could be anything from thirty minutes to a few hours. And this will depend as well on the kind of surgery that you've had and how your condition is. But once you do meet the discharge criteria, you will be discharged to the ward. But logistics do come into play here, so while you might be ready to go to the ward, sometimes the ward isn't quite ready to collect you because of things such as the nurses report time, emergency situations, or staffing levels. So, we just have to be patient here sometimes.

Clare: Thanks, Rosie. And Julie, sometimes we get asked by patients, are visitors allowed in the Recovery Room?

Julie: Generally, the answer to that will be no. It's not really an appropriate place for visitors. The patient that has arrived back to the Recovery Room is still under the influence of an anaesthetic. They're not in a position to communicate with anybody that comes to see them. And it is still under the auspice of the Operating Department, the Operating Theatre. So they're still technically, as we would say, gone for their surgery. I know it can be quite frightening for families that have had people go for surgery in an emergency situation, but the staff and the department will keep family members updated at all times as to the condition of the patient. And in very sort of special circumstances, it could be discussed with the manager if a person needs to come into the recovery room, but that would be a very, very rare circumstance.

Clare: Okay. Thanks, Julie. And Rosie, could you tell us what is the discharge criteria to go back to the ward, or how is it decided when I should go back to the ward?

Rosie: So we'd need to make sure that your blood pressure, your heart rate, oxygen levels are all within safe limits. And we'd also have to ensure that your pain is under control, that you're not nauseated or that you're feeling sick, and that you're easily woken up, and that any wounds or dressings that you have look okay. And if you have any surgical drains or catheters, that they're all working well and that we're happy with them.

If you're staying in the hospital as an inpatient, you'd go back to the ward then. And if you're a day case patient, you'll return to the day surgery ward where you'll have a light meal and then return home later that day.

Clare: That's great. Thanks, Rosie. And Julie, have you any tips for patients?

Julie: Tips, I suppose the first thing is education is key...knowledge is power. So for any of the patients that come through our pre assessment clinic, the first thing would be to ask as

many questions as you can so that you're prepared so that you know what to expect in the recovery room. We will go through all of this information with you, but it's less alarming for you to be aware of what you're going to face with regards to the noise, the beeping sounds, and also to understand how important it is for you to communicate with the staff there. You have to be an active participant. If you feel nauseated or sick, if you're in pain, you do need to let us know so that we can manage all of that, that we can keep you comfortable. The idea of keeping you comfortable is to increase your recovery, to get you up, to get you doing your deep breathing exercises so that we can try and avoid chest infections, move the secretions around your chest. So all of those things aid your recovery. And really, if you've got any questions, just ask. Don't be afraid to call the staff.

Clare: Thanks, Julie. They're great tips. And thanks Julie and Rosie, for telling us about the recovery room. And thanks everyone for listening. Join us again for episode 10 where we will talk about all the different types of drips, lines, and tubes.

(Outro) Rosie: You've 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. Thanks for listening. Until next time.