

Having an Operation

unfamiliar sounds. Don't be afraid, the staff will explain what is happening. Ask if you're worried about anything. If you are to have a spinal anesthetic, you may be asked to lie on your side or to sit up while the anesthetic is given through a fine needle into your back. After this you will be made comfortable and moved into the theater.

What should I expect immediately after my operation?

When your operation is finished, you will be taken to the recovery room. You may have an oxygen mask over your nose and mouth. Trained staff will watch you carefully while you are waking up and check your pulse and blood pressure regularly.

When the anesthetist is satisfied with your condition, you will be taken back to your ward. The oxygen mask will be removed and although the ward nurses will continue the observations, they will do so less frequently.

If you have had a large operation, you may be taken to the Intensive Care Unit because you may need extra medical or nursing care. People feel pain in different ways and at different levels. The pain or discomfort will also vary depending on your operation. If you have any discomfort, ask your doctor or nurse for analgesia (pain relief). You can have this regularly. Analgesia may be given as tablets or injections for as long as you need it.

You may feel nauseated and vomit after a general anesthetic. Again tell your doctor or nurse who can give you an anti-emetic (anti-vomiting drug). You can also have these regularly. A call button will be placed close by so you can call the nurse if necessary.

You may be given fluids and any drugs you need, by an infusion (drip) into a vein usually in your arm. This will stay in place until you are able to drink normally. When any tissue is cut, it's normal for blood and fluid to be produced. You may have one or two wound drains (tubes) in place to remove this. Drains are usually taken out after a few days.

Your wound (if you have one) may be stitched together or Steristrips (strips of sticky tape) may be used to close it. Some types of stitches can be absorbed by the body while others need to be removed several days after your operation.

A catheter (tube) may have been placed in your bladder to drain away urine. Catheters are not left in place any longer than necessary. If you have had an operation on your stomach or bowel, you won't usually be able to drink or eat for a few days. During the operation, the surgeon can't avoid handling your bowel and this can cause it to stop working temporarily.

Afterwards it takes several days to the bowel to start working again. You will have a thin tube inserted up your nose and down into your stomach. This is to drain off any fluid and stop you from being sick. It won't affect your ability to speak. Your nurse will have explained what is likely for you after your operation; you may have none of these procedures or only one or two.

What will happen later?

Everyone is an individual. What happens after your operation will depend on the size and type of operation itself and how quickly you recover.

If you have had a small operation, perhaps as a day patient, you will probably be able to go home the same evening. You may be given tablets to take for pain or vomiting and advice about what you can and can't do.

You will be given an appointment to come back to the hospital and told when your stitches need to be removed. If you have had a bigger operation, you will be staying in hospital longer. You will usually be encouraged to get up and move around with help, when you have recovered from the anesthetic.

Over the next few days any tubes you have will be removed, your surgeon and nurse will tell you when. You will be able to start drinking and then eating normally. Any stitches may be taken out between 7 to 10 days after your operation.

What can I do to help?

After your operation, these points may be helpful:

- Ask for pain relief or anti-vomiting drugs if you feel uncomfortable. If you are given tablets to take home, remember to take them regularly for the first couple of days.
- Check before drinking or eating anything. Your mouth may feel very dry and you will want to drink. Use a

mouthwash first of all and then start taking sips of water only. If you don't feel nausea and vomiting you will be able to drink more and then have something light to eat.

- Do the deep breathing and leg exercises explained by the physiotherapist and nurses.
- Call a nurse if you want to get out of bed; don't try to do it on your own. It takes up to 24 hours for the effect of general anesthetic to wear off. If you are going home on the day of your operation, ask what you can and cannot do. You will probably be advised not to drive a car or operate machinery.
- Don't smoke, if at all possible.
- Ask if you are unsure or anxious about anything. Everyone is here to help you.

In this booklet we have tried to answer the most common questions people ask. You may have more or difficult questions about your operation before it or afterwards. Please ask your surgeon or nurse if there is anything else you want to know.

Where can I get help?

If you have any queries or problems related to your operation, please contact your hospital doctor (Consultant) or one of his/her team on the following numbers.

Phone # : 0092-42-35905000

Ext: 2191, 5112 (Inpatient Department-Surgical Unit)
4112 (Secretary Surgical Oncology)

Days: Monday-Friday

Timings: 8:00am-5:00pm

Reference: CancerBacup (UK) (2002)

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Shaukat Khanum
Memorial Cancer Hospital
and Research Centre



Introduction

Most people feel anxious about having an operation – this is quite natural. We hope the information in this booklet will help you to:

- Understand more about what will happen to you
- Answer some of your questions
- Reduce any feeling of anxiety

Every operation is unique because every person is unique. We can't be specific about what will happen before, during and after your operation. However we can give you an idea of the usual order in which things will happen. If you're worried or there is anything which is unclear, speak to your doctor or nurse.

Do I need to come into hospital?

Yes, usually. There are three options:

- If you are to have a minor (small) operation, it may be performed in the out-patients department under a local anesthetic when you attend for your appointment.
- Many hospitals have a day surgery unit where people can be admitted in the morning for tests or smaller operations. They can usually return home that afternoon or evening.
- For larger operations you will be admitted to a ward for a longer stay of days or weeks. You may be asked to come into hospital one or two days before the operation is due to take place. This means you can get used to the ward, meet the staff caring for you, have any tests which are needed or receive any special preparation. You should be given extra information on what is planned for you. You should also have an opportunity to ask questions.

Who will I meet before it?

You will meet several people before your operation.

Some of them are specialist doctors, nurses or therapists who will help with your care.

The doctor or surgeon will examine you and ask various questions about your health. Blood tests and x-rays may be needed to check your general health or to find out more about your illness.

The consent form

The doctor will ask you to sign a consent form. This is

a written record that you have agreed to the planned operation. A surgeon can't perform any operation without your consent. Before you sign this form, the doctor should tell you:

- What the operation involves
- Why it is necessary
- How it will affect you
- The benefits and any risks
- Any alternative treatments or operations and he/she should answer all your questions. It's important that you understand what will happen and why. If a change of plan is necessary during the operation, the surgeon must explain what was done and why, straight afterwards.

An anesthetist who specializes in relieving pain will visit you. She/He will ask questions about your general health, what medicines you are taking and whether you have any allergies. You will also be asked if you have any problems with your teeth or have crowns, bridges or dentures. You may like to think about the answers to these questions in advance. Bring any medicines you're taking into hospital with you. Don't forget to tell your doctor/nurse if you are diabetic, hypertensive, have allergy to some drug or food or if you have any infectious disease like TB, Hep B/C, HIV etc.

The Anesthetic

There are different types of anesthetic. The anesthetist will decide which one is best for you. The most common is a general anesthetic. This means you are deeply slept throughout the operation. A local anesthetic numbs the area which is being operated on. A sedative, an injection which makes you very sleepy, may be used as well.

A spinal or epidural anesthetic removes feeling from a part of your body, for example from the waist down. There is no feeling at the sight of the operation but you remain awake throughout.

A physiotherapist may also visit you. She/He will teach you breathing and leg exercises. Deep breathing can help to prevent a chest infection. Moving your legs keeps the blood circulating and can help prevent clots.

Nurses will care for you before and after your operation. They will advise you what you can and can't do and how you can prepare yourself. They will also tell you what to expect afterwards.

What preparation is needed before an operation?

The preparation may vary depending on the operation. The following are general points which apply in most instances.

- You may be offered a sleeping tablet the night before so you are well rested in the morning
- You will be asked not to eat or drink for six hours before a general anesthetic with sedation. If there is anything in your stomach, you may be sick. Your normal reflexes don't work when you are deeply asleep and if you were sick, fluid could enter your lungs.
- You may need to have body hair removed from the operation site. You will be told if this is needed and a nurse may do this or assist you.
- You will need to take a bath or shower and then you will be given a clean gown which ties at the back. If you wish to wear your underwear, tell the nurse. It must be of cotton.
- You will be asked to empty your bladder and bowels. You may be given suppositories or an enema to help with the latter.
- You may be asked to wear special support stockings to help keep your blood circulating.
- You must tie back long hair. Don't use metal hair clips. You may be asked to wear a Theatre Cap
- You must remove all jewellery (except your marriage ring). This can be taped to your finger for safety. Jewellery and other valuables must be given to your relative or the nurse to lock away for safekeeping. Don't leave any valuables in your bedside locker.
- You will be asked to remove all make-up, nail varnish, glasses, contact lenses, hearing aid or dentures.
- You may be given a premedication, an injection or tablets to make you feel relaxed. This may make you drowsy so you must not get out of bed after you have been given it. Call the nurses if you need anything.

Don't worry if you don't remember everything. The nurses will explain each step and anything which is different for you. We

will also try to respect any special requests or cultural/religious needs. Ask if you have any questions. You will be advised to cut down or give up smoking before your operation. Please ask if you need advice about this.

How will I know what will happen after the operation?

The nurses will explain what will happen afterwards, which of the common experiences apply and also anything which may be special to you. If you're having a large operation, you may spend some time in a high dependency unit (Intensive Care Unit). One of the nurses from the unit may visit you to explain the surroundings and procedures.

Where will the operation take place?

The operation will take place in the operating theatre department.

Who will look after me during my operation?

You will be cared for by trained theatre staff. They will treat you with care and dignity. All information about you will be kept confidential.

A theatre nurse may be able to visit you if you want a more detailed explanation of what will happen. This may help if you are to have a local or spinal anesthetic and will be awaked during the operation.

When will the operation take place?

You will be told roughly when you will be taken to the operating theatre. This time may change if there is an emergency or a delay.

What happens next?

You will go to the theatre on a bed with a porter and a ward nurse. The nurse will introduce you to the theatre staff, hand over your notes and pass on any important information.

You will be taken into the anesthetic room where you will meet the anesthetist and an assistant. If you have a general anesthetic, you will be given an injection into a vein in your arm or the back of your hand. Then you will drift off to sleep. After this you will be moved into the theatre. If you are to have a local anesthetic, you'll be given your sedation by injection into a vein and will start to feel very sleepy and relaxed.

When you're moved into the theatre you will hear many