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# Your operation and anaesthetic

*Your questions answered*



Patient Information





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## Introduction

This booklet is for adults who are expecting to have an operation. Most people feel anxious about having an operation and anaesthetic – this is quite normal. We hope the information in this booklet will help you to:

- Understand more about what happens to you
- Answer some of your questions
- Reduce any feelings of anxiety

**Every operation is unique because every person is unique. We cannot be specific about what will happen before, during or after your operation, however we can give you an idea of the usual order in which things will happen. You should be given extra information on what is planned for you, as well as being given the opportunity to ask questions. If you are worried or there is anything which is unclear, then please speak to your doctor or nurse.**

## Do I need to come into hospital?

Yes you will usually have to come into hospital and there are three options;

- If you are to have a small (minor) operation, it may be performed in the outpatients department under a local anaesthetic (see page 11) when you attend for your appointment.
- Many hospitals have a day surgery unit where people can be admitted in the morning for smaller operations. If you have a general anaesthetic or sedation, you will need to make arrangements to be collected by a relative or friend. You can usually return home that afternoon or evening.
- For larger operations you will need to be admitted to a ward for a longer stay of days, or possibly weeks.

## What will happen before my operation?

### Consent

The doctor will ask you to sign a consent form, which is a written record that you have agreed to the planned operation. Before you can give your consent, your doctor will discuss with you what the operation is likely to involve, the benefits and risks, the type of anaesthetic and any alternative treatments. You may also be given some written information to back up what you have been told.

It is important that you understand the information you have been given, so ask questions if you do not understand or if you want more information. Your doctor will write the main benefits and risks associated with the operation on the consent form before you sign it and you will then be given a copy of the page with the details of the operation.

### What questions should I ask before signing the consent form?

It is important that you understand what will happen and why, and you should be given a chance to ask questions. To help you think about what you want to ask your doctor, you may find the following questions helpful.

#### About the operation

- Why is the operation necessary?
- What does it involve?
- What are the benefits?
- What are the risks?
- Will the operation change the way I look?
- Are there any alternative treatments or operations?
- What are the risks if I decide to do nothing for the time being?

## About the anaesthetic

- Who will give my anaesthetic?
- Do I have to have a general anaesthetic?
- What type of anaesthetic is best for me?
- Is this type of anaesthetic used often?
- What are the risks of this type of anaesthetic?
- Do I have any special risks?
- How will I feel afterwards?

## About my stay in hospital

- How long will I need to stay in hospital?
- What should I bring with me into hospital?
- What can I expect to feel after the procedure?
- Will I have any pain?
- If I feel pain, how long is it likely to last?
- What pain treatments will be best for me and how do these work?
- Will I need to take time off from work?

You may be asked to sign the consent form some time before the operation (for example in outpatients or at a pre-assessment clinic). If this happens, you will be asked before the operation to confirm that you still wish to go ahead with it.

**You can withdraw consent if you change your mind later – even if you have already signed the consent form.**

## Who will I meet before my operation?

You will meet several people before your operation. Some of them are listed here but there may be other specialist doctors, nurses or therapists who will help with your care.



A **doctor** will examine you and ask questions about your health.

**Anaesthetists** are doctors who specialise in anaesthetics (see page 11) and pain relief. They are responsible for giving you anaesthetic, and for your wellbeing and safety throughout your surgery.

**Nurses** will care for you before, during and after your operation. They will advise you what you can and cannot do and how you can prepare yourself. They will also tell you what to expect afterwards. You may meet specialist nurses, depending on your operation.

A **physiotherapist** may visit you, and 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. You may also be taught other exercises, depending on the type of surgery you have.

A **welfare rights advisor** can offer advice or help regarding your job or finance situation such as welfare benefits. Please ask if you wish to see a welfare rights advisor.

Depending on the type of operation you have, you may meet other members of the rehabilitation team. These include **occupational therapists** to help you to achieve and maintain independence, or **speech and language therapists** who can help with communication and swallowing difficulties.

**Other members of the hospital team are also available to help, such as chaplains. Voluntary services and groups of people who have had a similar operation may also be able to offer support.**

## Pre-operative assessment

You may be asked to attend a pre-operative assessment appointment before admission for your operation. This is to make sure that you are well enough for an anaesthetic and surgery. You will be asked some questions about your health by a specialised pre-assessment nurse or nurse practitioner, and will have a chance to discuss any concerns or worries you might have.



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Some people find it useful to make a list of these questions before the appointment and bring a friend or relative with them to the appointment. Your general health will be assessed and you will be asked questions about any medicines you are taking and whether you have any allergies. Please bring all the pills, medicines, herbal remedies or supplements you are taking, both prescribed and those that you have purchased over the counter to hospital.

You may also see an anaesthetist depending on the degree of your surgery and your general fitness. Your pre-assessment nurse will explain fasting times, attendance instructions and what to expect after your surgery. Tests such as blood tests, x-rays or scans may also be carried out at this time.

Your pre-assessment may indicate that you need more investigations prior to your surgery. This will be organised by the pre-assessment team who will serve as your point of contact before your operation. The team can be contacted between 9am to 5pm on weekdays for any queries about your upcoming surgery.

Usually we will try to arrange admission on the day of surgery. Some surgeries, however, may require you to come in the day before for surgical preparation.

## The anaesthetic

An anaesthetic is given so that you do not feel any pain or other sensations during surgery. There are different types of anaesthetic and the anaesthetist will advise which one is best for you.

Anaesthetics can be given in various ways and do not always make you unconscious.

- A local anaesthetic uses a drug that numbs a small part of your body. It is usually injected and will sting for a few seconds at first. You stay conscious but free from pain.
- A regional anaesthetic uses an injection of local anaesthetic to numb a larger or deeper part of your body, for example an arm or a leg. The most common regional anaesthetics (also known as regional 'blocks') are spinal and epidural anaesthetics. They involve injections in the back to remove feeling from the waist down. You stay conscious but free from pain. Epidurals may be used during and/or after surgery for pain relief (see page 18).

- Conscious sedation; here you will be given drugs to make you sleepy, relaxed and pain free but you will not be unconscious.
- A general anaesthetic gives a state of controlled unconsciousness. It is essential for many operations. You are unconscious and feel nothing.

## How is the choice of anaesthetic made?

**Depending on your general health and the type of surgery you are having you may see an anaesthetist either at your pre-assessment visit or on the day of surgery.**

The anaesthetist will discuss with you which types of anaesthetic can be used and the benefits, risks and your preferences. **Nothing will happen to you until you understand and agree with what has been planned for you. You have the right to refuse if you do not want the treatment suggested.**

The choice of anaesthetic will depend on:

- Your operation
- Your answers to the questions you have been asked
- Your physical condition
- Your preferences and the reasons for them
- Your anaesthetist's recommendations for you and the reasons for them
- The equipment, staff and other resources at your hospital

If you are having a local or regional anaesthetic, you may also need to decide whether you would prefer to:

- Be fully alert
- Be relaxed and sleepy (sedation)
- Combine a local or regional anaesthetic with a general anaesthetic

Sedation is the use of small amounts of anaesthetic or similar drugs to produce a 'sleepy-like' state.

## What are the risks of having an anaesthetic?

In modern anaesthesia serious problems are uncommon, however risk cannot be removed completely. Modern equipment, training and drugs have made it a much safer procedure in recent years.

To understand a risk, you must know:

- How likely it is to happen
- How serious it could be
- How it can be treated

The risk to you as an individual will depend on:

- Whether you have any other illnesses
- Personal factors, such as smoking or being overweight
- Whether the surgery is complicated, long or carried out as an emergency

Your anaesthetist or pre-assessment nurse will discuss these risks with you at your appointments and in greater depth at your pre-assessment appointment.

## What should I do before coming into hospital?

Here are some things that you can do to prepare yourself for your operation:

- If you smoke, giving up for several weeks before the operation reduces the risk of breathing problems. It will also improve the post operative healing process and, for this reason, giving up is compulsory for some surgeries. The longer you can give up beforehand, the better. If you cannot stop smoking completely, cutting down will help. **Please ask if you need advice about this.** Your GP or local pharmacy may also be able to offer help.

- If you drink a lot of alcohol, cutting down before your operation will aid the anaesthetic and post-operative recovery.
- If you are overweight, reducing your weight will decrease many of the risks of having an anaesthetic.
- If you have loose teeth or crowns, treatment from your dentist may reduce the risk of damage to your teeth if the anaesthetist needs to put a tube in your throat to help you breathe.
- If you have any long-standing medical problem such as diabetes, asthma, thyroid problems, epilepsy or high blood pressure (hypertension), you should contact your GP to have a check-up.
- If you feel unwell when you are due to come to hospital, please telephone the admissions and pre-assessment unit for advice.

## What will happen to me when I come into hospital?

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

- At your pre-assessment visit you will be given clear instructions about when you should stop eating and drinking before your operation - it is important to follow these. If there is food or liquid in your stomach during your anaesthetic, it could come up to the back of your throat and damage your lungs, therefore it is crucial that you follow your pre-operative advice. For an early morning admission you must not have anything to eat after midnight the night before your operation. However we would encourage that you have a drink of water before 6 am. For a late morning admission you may have a light breakfast (such as toast or cereal) before 7am. You may have a drink of water before 11am.

- If you are taking medicines, you should continue to take them as usual unless your pre-assessment nurse, anaesthetist or surgeon has asked you not to. For example, if you take drugs to stop you getting blood clots (anticoagulants), aspirin, drugs for diabetes or herbal remedies, you will need specific instructions which will be given to you at your pre-assessment visit.

## Before the operation

- You will need to take a bath or shower to clean your skin and reduce the risk of infection. You will also be asked to remove all make-up and nail varnish. You will then be given a clean gown which ties at the back. If you wish to wear your underwear, please tell the nurse. It must be cotton.
- You will be asked to empty your bladder and bowels and may be given medicine to help with the latter at your pre-assessment appointment. This needs to be taken the evening before your surgery, or you may be given suppositories or an enema. Your pre-assessment nurse will explain this to you if this is the case.
- For some surgeries you may be asked to have an injection the evening before your operation to stop blood clots. If this is the case your pre-assessment nurse will explain this to you and teach you (or a friend or relative) to administer the injection yourself, or arrange for you to either have the injection at your GP surgery or for you to attend The Royal Marsden the day before to have this done.
- You may be asked to wear special support stockings to help keep your blood circulating and prevent a clot forming.
- You must tie back long hair and may be asked to wear a paper hat. Do not use metal hairclips.
- You must remove all jewellery except your wedding ring, which can be taped to your finger. We would recommend that you leave any valuables at home.

- You must remove contact lenses but you can wear your glasses, hearing aids, dentures or a wig to go to the operating theatre.
- You may be given a **pre-medication** (a 'premed'). This is the name for drugs which are sometimes given before an anaesthetic, although today they are not often used. Some premeds prepare your body for the anaesthetic, others help you to relax. This medication may make you drowsy so you must not get out of bed after you have been given it, but do call the nurses if you need anything. It may also make you drowsy after the operation, which can delay your discharge home. If you think a premed would help you, please ask your anaesthetist.

The nurses will explain each step before your operation. We will also try to respect any special requests or cultural needs. Please ask if you have any questions.

### When will the operation take place?

On arrival at the unit, we will tell you approximately when you will be taken to the operating theatre. However, there may be a slight wait before your operation as this time can change if there is an emergency or a delay. The nurses will keep you informed and up to date.

### How will I know what will happen after the operation?

The nurses in pre-assessment and the surgical unit/ward will explain what will happen afterwards, which of the common experiences apply (see page 13) and also anything which may be specific to you. For some types of surgery you may spend some time in the intensive care unit, however we will go into more detail later in this booklet.

## What will happen when I am called for my operation?

You will either walk down to theatre with a surgical nurse or will be taken on a trolley with a porter and a surgical nurse if you cannot walk. In special circumstances, a relative or friend may be able to go with you to the anaesthetic room. The nurse will introduce you to the theatre staff, hand over your notes and pass on any important information. The nurse may stay with you until you are asleep.

- You can wear your glasses, hearing aids, dentures or a wig until you are in the anaesthetic room. If you are having a general anaesthetic, you will probably have to remove them in the anaesthetic room to make sure they are not damaged or dislodged while you are anaesthetised. They will be returned to you as soon as you want them. If you are having a local or regional anaesthetic, you may keep them on.
- Theatre staff will check your identification bracelet, your name, your date of birth and will ask you about other details in your medical records as a final check that you are having the right operation.
- If you are having a local or regional anaesthetic, you may be able to take a personal music player with you to listen to music through your headphones.

## Where will the anaesthetic be given?

You will be taken into the anaesthetic room where you will meet the anaesthetist and an operating department practitioner. The anaesthetist will attach machines which measure your heart rate, blood pressure and oxygen levels. If you have a general anaesthetic, you will be given an injection into a vein in your arm or the back of your hand. Once you have been anaesthetised, you will be moved into the theatre. If you are to have a local anaesthetic, you may be given sedation by injection into a vein to help you relax. When you are moved into the theatre you will hear



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many unfamiliar sounds. The staff will explain what is happening. Please ask if you are worried about anything.

### How are regional anaesthetics given?

If you have a regional (spinal or epidural) anaesthetic, you may be asked to lie on your side or sit up while the anaesthetic is given through a fine needle into your back. Your anaesthetist will ask you to keep quite still while the injections are given. You may notice a warm tingling feeling as the anaesthetic takes effect. Your operation will only go ahead when you and your anaesthetist are sure that the area is numb.

After this you will be made comfortable and moved into the theatre. If you are not having sedation you will remain alert and aware of your surroundings. A screen shields the operating site, so you will not see the operation unless you want to. Your anaesthetist is always near to you and you can speak to him or her whenever you want to.

### How are general anaesthetics given?

There are two ways of starting a general anaesthetic.

- Anaesthetic drugs may be injected through a thin plastic tube (a cannula) into a vein in the back of your hand or arm (this is generally used for adults).
- You breathe anaesthetic gases and oxygen through a mask, which you may hold if you prefer.

Once you are unconscious, an anaesthetist stays with you at all times and continues to give you drugs to keep you anaesthetised.

### Who will look after me during my operation?

A team of theatre staff will look after you and treat you with care and dignity. The team includes nurses, surgeons, anaesthetists and operating department practitioners. All information about you will be kept confidential.

A theatre nurse may be able to visit you if you would like a more detailed explanation of what will happen. This may help if you are



to have a local or regional anaesthetic and will be awake during the operation.

## What should I expect immediately after my operation?

As soon as the operation is finished, the anaesthetic drugs will be stopped or reversed so that you regain consciousness. After the operation you may be taken to the recovery room. You will have an oxygen mask over your mouth and nose. Recovery nurses will watch you carefully while you are waking up and check your pulse and blood pressure regularly. When you have recovered safely from your anaesthetic, 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.

After some types of surgery you may be taken to the intensive care unit (ITU) because you need extra medical or nursing care. You will stay here until the consultant anaesthetist feels it is safe for you to be looked after on the ward.

You may feel sick after your operation. If this is the case please tell your doctor or nurse who can give you an anti-sickness (anti-emetic) drug, which can be taken 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 is normal for blood and fluid to be produced. You may have one or two wound drains (tubes) in place to remove this, and these are usually taken out after a few days.

Your wound (if you have one) may be stitched or clipped together (using staples), and dermabond glue or strips of sticky tape (Steristrips) may be used to close it. The body can absorb some types of stitches whilst others need to be removed several days after your operation.

A tube (catheter) may be 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 will not usually be able to eat or drink for a few days. During the



operation, the surgeon cannot avoid handling your bowel and this can cause it to stop working temporarily. It can take several days for the bowel to start working again following your operation, and during this time you will have a thin tube inserted up your nose and down into your stomach. This is to drain any fluid and to stop you from being sick, but will not affect your ability to speak.

You may have only one or two of these procedures, or possibly none at all, and your nurse will explain what is likely for you after your operation.

## **Pain control following surgery**

Good pain relief is important as it prevents you suffering and it helps you to recover more quickly.

### **Will I have any pain after the operation?**

The amount of pain that you experience will depend on the type of the surgery you have had and your mood. Anxiety is known to worsen pain. It is not uncommon to feel anxious after an operation, but you are less likely to feel anxious if you know what to expect. You can work with your doctors and nurses before and after surgery to help control your pain.

Your pain needs to be well controlled after surgery so that you can start walking, do your breathing exercises and gain strength back more quickly. You may also avoid problems, such as chest infections, which are more likely to occur if you are unable to breathe deeply or are in pain.

### **What treatments can control my pain?**

Both drug and non-drug treatments can be successful in helping to control pain. In most cases drugs are given to control pain for a few days after surgery. However, non-drug treatments can be just as important in helping to control pain. These may involve relaxation and distraction techniques, as well as learning how to support your wound during movement.

Both you and your doctors and nurses will work together to select the best treatments for your particular surgical pain.

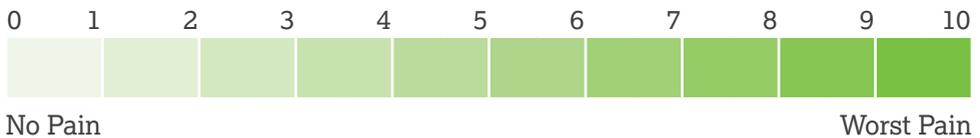
The most common drug and non-drug treatments are outlined on page 16. Do read about these before your surgery.

## How can I help with my pain control?

Your involvement in your pain control is important because pain is such a personal experience.

### Assessing your pain

Following your operation, the nurses may ask you to score your pain using a 0-10 scale (see below). At first you may be asked to score your pain quite regularly (such as every two hours).



This is important because your pain scores will be recorded on a chart which will help the doctors and nurses know whether your pain treatments are working.

## Can I ask for something to help my pain?

Painkillers (analgesics) are specific drugs which are used to relieve pain. After you have had your operation you will be given analgesics for as long as you need them.

If at any time you find it difficult to move or breathe deeply because of pain, you must tell the nurses so that they can review your pain control. Pain should be treated early rather than allowing it to become worse. If your pain is well controlled, you will be able to move and do your breathing exercises. This will prevent problems like chest infections that can extend your stay in hospital.

Many people fear that they may become addicted to analgesics, however this is very rare and is usually linked to previous drug abuse.

Some people also feel that pain is the body's way of stopping them doing too much before the healing process is complete.

Taking analgesics will not interfere with the healing process, but will help to make you feel comfortable whilst you are healing.

Try to keep relaxed, as anxiety affects the way you feel pain and tends to make it worse. If you are worried or feel you need more information, it can help to talk to your nurses and doctors.

## What analgesics are used for pain control?

Following your operation you will be given regular analgesics. The type of drugs you will be given will depend on the extent of your surgery and the amount of pain that you have. There are many different types of analgesics and your doctors and nurses will choose the best ones to control your pain after discussing these with you.

### **Analgesics for mild to moderate pain**

Common analgesics for mild to moderate pain include:

- **Paracetamol** for mild pain
- **Co-codamol** for mild/moderate pain
- **Tramadol** for mild/moderate pain

These drugs are often given after minor operations or when the pain following a major operation is beginning to settle. Sometimes these drugs cause drowsiness and constipation. If you are concerned about any of these side effects, please ask your nurse for further advice.

### **Analgesics for reducing inflammation**

Other analgesics work by reducing inflammation around the wound site. The most common anti-inflammatory drugs are:

- **Diclofenac** also known as Voltarol©. This can be given as a tablet or a suppository
- **Ibuprofen** also known as Brufen

Anti-inflammatory drugs are often given with other analgesics such as co-dydramol and morphine. This is because they increase

the pain relieving effects of these drugs.

Anti-inflammatory drugs can cause stomach irritation such as indigestion. To prevent this they should be taken with food. If you have had any stomach problems in the past, such as an ulcer, tell your doctor as you may not be able to take these drugs. People with asthma must also use these drugs carefully.

### **Analgesics for more intense pain**

Stronger analgesics are often used in the first few days following some types of surgery as pain is expected to be more intense.

Commonly used strong analgesics are morphine, diamorphine, oxycodone and fentanyl. These drugs may be given by infusion, injection or as patient-controlled analgesia (PCA) – see page 18.

Occasionally some side effects occur with stronger analgesics. A few people feel sick, although this may be due to other factors such as the anaesthetics. Sickness can usually be prevented with regular anti-sickness drugs. If you feel sick, or have felt sick after a previous operation, tell your doctor or nurse.

Sometimes strong analgesics cause other side effects such as drowsiness, itching and constipation. Usually these are not too troublesome, but if they are, you can be given other medicines to prevent them. Occasionally you may need to change to another drug to control your pain.

### **How are analgesics given?**

Analgesics can be given in the following ways;

- As tablets or liquid which you swallow or dissolve under your tongue
- As a suppository which is put into your rectum (back passage)
- By injection into the tissues just under the skin or into a muscle
- By a constant slow infusion into a vein or the tissues under the skin
- As patient-controlled analgesia (PCA) – which allows you to press a button on a handset to infuse a set dose of analgesic into the vein

- As a special infusion through a small tube into your back – this is known as an epidural

Your doctors and nurses will suggest the most suitable way of providing you with pain relief.

## Two methods for giving pain medicines after an operation

### **Patient-Controlled Analgesia (PCA)**

Patient-Controlled Analgesia (PCA) allows you to control your own pain by using a special PCA pump.

When you see the anaesthetist before your operation, you may be offered the opportunity to use a PCA pump. If you and your anaesthetist decide on this method, you will be given information about how to use the pump before your operation.

This kind of pump means you can press a hand-held button which will deliver a set dose of a strong analgesic (such as morphine, diamorphine or fentanyl) into your vein when you need it. In other words you are in control and can press the button as and when you want. You may worry that you might give yourself too much morphine, however there is no need as the pump is designed to only give you a safe dose each hour. You should press the PCA button whenever you start to feel uncomfortable and before moving in bed or getting out of bed.

The pump will be set up whilst you are in the recovery room. When you wake up, the nurses in the recovery room will remind you how the PCA works and help you start using it.

The PCA pump will be stopped when you and the nurses feel that you no longer need it. This may be a few days after your operation and usually you will need to take tablets for pain relief for a few days once the PCA has been stopped.

### **Epidural Analgesia**

Epidurals may be used during and/or after some types of surgery for pain relief. A fine plastic tube is inserted into your back into the 'epidural space', which is close to the nerves in the spinal cord.



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Drugs which are given through this fine tube act directly on spinal nerves without having to travel into the blood stream. This type of pain control can be used for hours and sometimes days after your operation.

An epidural may not always be possible or necessary, and your anaesthetist will discuss this with you before your operation. If you do have an epidural, your anaesthetist will administer it when you are in theatre.

A combination of two drugs is used in an epidural. These include a strong analgesic (such as fentanyl) and a local anaesthetic drug (such as bupivacaine). These drugs work together to provide very good pain relief. The aim of an epidural is to keep you comfortable and able to move around in bed, sit out of bed and even walk. Occasionally the local anaesthetic drug may make your legs feel a little numb and heavy. The heavy feeling soon wears off when the dose of the local anaesthetic drug is reduced or stopped.

A side effect of epidurals is the inability to pass urine. This is because the epidural affects the nerves that supply the bladder, so a tube (catheter) will usually have to be inserted to drain it. Bladder function returns to normal once the epidural wears off.

The epidural will be stopped when you, your doctor and your nurses feel you no longer need it, and this is usually three to five days after your surgery. Once the epidural has been stopped, you will be given analgesics by mouth until you no longer need them.

## Non-drug treatments to control pain

Non-drug treatments include some complementary therapies which can be effective for mild to moderate pain, and boost the pain-relief effects of drugs.

They include:

- Simple relaxation techniques such as abdominal breathing, visualization exercises, and listening to relaxing music
- Supporting your wound when coughing, deep breathing or moving after surgery

- Massage, which works on the muscles to release excess tension and can help relaxation

You can discuss these with your nurse before your operation. As some complementary therapies may not be suitable to use immediately after surgery, you should check first with your doctor or nurse.

If you are having a major operation, a physiotherapist will visit you before and afterwards. The physiotherapist will teach you breathing exercises and how to support your wound when moving.

## What can I do to help?

After your operation these points might be helpful:

- Ask for pain relief or anti-sickness 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. If you do not feel sick, you will be able to drink more and then have something light to eat.
- Do any deep breathing and leg exercises you were shown before your operation.
- Call the nurse if you want to get out of bed - do not try to do it on your own as it takes up to 24 hours for the effect of general anaesthetic to wear off. If you are going home on the day of your operation, check with your nurse or doctor what you can and cannot do. You will probably be advised not to drive a car, operate machinery or drink alcohol.
- Do not smoke if at all possible.
- Ask if you are unsure or anxious about anything. Everyone is here to help.



In this booklet we have tried to answer the most common questions people ask, but you may have further questions about your operation. Please ask your surgeon, anaesthetist or nurse if there is anything else you want to know.

You may also find other booklets in this series helpful (see back page).

## What will happen later?

Everyone is an individual. What happens after your operation will depend on the 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, but you will need to be collected by a relative or friend. Before your surgery, please ensure you have some paracetamol and ibuprofen at home as these will not be provided by the hospital. You may be given tablets to take for pain or sickness, and advice about what you can and cannot do. You will be given an appointment to come back to the hospital and informed when your stitches (or clips) 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 anaesthetic.

Over the next few days, any tubes you have will be removed – your surgeon and nurse will inform you of when this will be. You will be able to start drinking and then eating normally. Any stitches may be taken out between seven and 14 days after your operation. When it is time for you to go home we aim to discharge you by 10am. However, please be prepared for delays that can unfortunately occur; we will try to keep you up to date if this is the case.



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## Sources of information and support

### **Macmillan Cancer Support**

89 Albert Embankment

London SE1 7UQ

Tel: 020 7840 7840

Macmillan Cancerline (freephone): 0808 808 2020

Website: *www.macmillan.org.uk*

Provides free information and emotional support for people living with cancer and information about UK cancer support groups and organisations.

### **Patients Association**

PO Box 935

Harrow, Middlesex HA1 3YJ

Helpline: 020 8423 8999

Website: *www.patients-association.org.uk*

Offers a number of booklets and publications which can help individuals to make the right decision about their healthcare and that of their family. These are available for download as PDF files (Adobe Acrobat required).

### **Department of Health (DH)**

Richmond House

79 Whitehall

London SW1A 2NS

Fax: 0115 902 3202

Telephone: 020 7210 4850



## Notes/Questions

You may like to use this space to make notes or write questions as they occur to you, to discuss with your surgeon, anaesthetist or nurse.

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## Notes/Questions

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## Contact Us

If you have any queries about your illness or treatment, or have any unexpected problems, please contact The Royal Marsden switchboard who can put you through to the appropriate department on;

Chelsea 020 7352 8171

Sutton 020 8642 6011

Alternatively you will be provided with direct contact details for members of your team at your appointments, so please make a note of these.

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This booklet is evidence based wherever the appropriate evidence is available, and represents an accumulation of expert opinion and professional interpretation.

Details of references used in writing this booklet are available on request from: The Royal Marsden Help Centre

Freephone: 0800 783 7176

Email: [patientcentre@rmh.nhs.uk](mailto:patientcentre@rmh.nhs.uk)

**The Royal Marsden NHS Foundation Trust**  
**Fulham Road**  
**London SW3 6JJ**

**[www.royalmarsden.nhs.uk](http://www.royalmarsden.nhs.uk)**

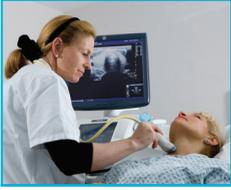
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No conflicts of interest were declared in the production of this booklet.

The information in this booklet is correct at the time of going to print.



The Royal Marsden publishes a number of booklets and leaflets about cancer care. Here is a list of information available to you.



## Diagnosis

- A beginner's guide to the *BRCA1* and *BRCA2* genes
- CT scan
- MRI scan
- Ultrasound scan



## Treatment

- Central venous access devices
- Chemotherapy
- Clinical trials
- Radiotherapy
- Radionuclide therapy
- Your operation and anaesthetic



## Supportive Care

- After treatment
- Coping with nausea and vomiting
- Eating well when you have cancer
- Lymphoedema
- Reducing the risk of healthcare associated infection
- Support at home
- Your guide to support, practical help and complimentary therapies



## Your hospital experience

- Help Centre for PALS and patient information
- How to raise a concern or make a complaint
- Your comments please
- Your health information, your confidentiality



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