

# Going home after your procedure

If you have any immediate questions for us, find your local hospital contact details by clicking below.

Be sure that you understand everything thoroughly before leaving the hospital. Nuffield Health will provide you with written instructions regarding your recovery, which you will be able to review and refer to afterwards.

Please arrange for a responsible adult to escort you home after your surgery. If you live alone, arrangements should be made before the day of your surgery with family or friends to visit and assist you in the initial post-operative period. If you are coming in as a day case, and having a general anaesthetic or sedation, you must have someone to stay with you for the first 24 hours after your surgery.

- ◆ [Getting home](#)
- ◆ [Pain relief and other medication](#)
- ◆ [Complications](#)
- ◆ [Getting up after surgery](#)
- ◆ [Wound care](#)
- ◆ [What happens next?](#)

## Getting home



### Normal recovery expectations

You may or may not experience some of the following symptoms however don't worry as this is a perfectly normal part of your recovery.

- ◆ General tiredness
- ◆ Surgical pain. All surgery involves some pain, and your consultant will recommend or prescribe the best pain relief medication to help you through the first few days after discharge
- ◆ Muscle aches and sore throat



## Eating & drinking

If your level of activity has been reduced, you may lose your appetite.

Small regular meals can help until your appetite returns. A possible difference in diet, the change in level of activity and the prescription of medication can lead to irregular bowel habits. This is normal and the problem should correct itself in time. If you've been prescribed laxatives to take at home, it's important you follow the advice on when to take them, as they are intended to prevent constipation occurring. If you do develop constipation, you can help yourself by eating a high fibre diet with plenty of fresh fruit and vegetables and drinking plenty of fluids.

You may also have been given medication to help with constipation, so follow the advice on when to take them. If your constipation doesn't resolve after 3 days, please contact the hospital for advice.



## Fitness to Work Certificate

Your consultant will advise when you may return to work.

You can self-certify for the first seven days, so will only need a certificate if you are expected to be off for longer than that. If you require a certificate, please ask a member of the healthcare team.



## Aids and equipment

If you have been supplied with any walking aids or equipment following your surgery, you should continue to use these as directed by your physiotherapist. It is important that any safety information and guidance on the use of this equipment is followed closely. Everyone recovers at different rate and in a different way, however we would recommend everyone to relax and rest as much as possible.

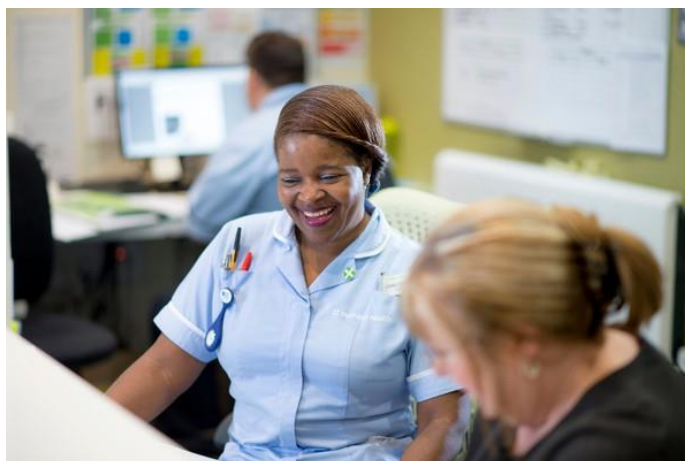


## Driving

However if you feel, you should not drive for 24 hours after an operation involving sedation or general anaesthetic. In order to drive safely you must be able to perform an emergency stop. Therefore, any operation that affects your ability to perform an emergency stop, means driving is inadvisable and your insurance cover may be affected.

# Pain relief and other medication

Pain is often an inevitable consequence of surgery, but it is possible to reduce pain in most cases. Good pain control is not only important for your comfort, but it is also important in your recovery. If your pain is well controlled you will be better able to complete important tasks such as walking and deep breathing exercises, which may reduce your risk of developing certain complications after surgery. If you feel that your pain is not manageable once you are at home, do not hesitate to contact us.



## What is pain relief?

You may be given pain relief medication to take at home or you may have been advised to buy some over-the-counter pain relief, typically paracetamol or an anti-inflammatory such as Ibuprofen, prior to coming into hospital.

Always take medication as instructed on the label and read the patient information leaflet – this can usually be found with your medicines, please ask a member of staff if you cannot find it.

## What is the best way to take pain relief?

All painkillers work best when preventing pain rather than treating pain once it has occurred therefore, for the first day or two you may be advised to take your pain relief medication regularly, whether you have pain or not. Do not wait to be in pain before taking any pain relief.

Everyone is different, and you may find you get more effective pain relief from one type of medicine rather than another.

Taking painkillers one hour before participating in certain activities such as physiotherapy or walking may help to prevent pain during the activity.

## How long should I take painkillers for?

Take the painkillers for as long as you need to control the pain, or for as long as your doctor has told you to do so. As you recover, you will be able to reduce the number of painkillers you take - your doctor will advise when you should be able to start reducing. If you require more medication, contact your GP or community pharmacist for further supplies.

## Will any of the medicines make me sleepy?

Some pain relief medicines can make you feel sleepy or dizzy. Check your patient information leaflet and if you experience feeling sleepy or dizzy, do not drive or operate machinery.

## Can I drink alcohol whilst taking the painkillers?

Avoid drinking alcohol whilst taking painkillers as you will be more severely affected than usual by side effects such as dizziness, sleepiness, and stomach irritation.

## What do I do if I am at home and the medicines are not controlling the pain?

Never take more pain killers than you have been directed to do so. Contact the hospital if your pain is not being controlled or seek medical advice from your GP where pain is on-going

## Other medication

If you brought your own medicine to hospital this will be returned to you to continue taking as before. Sometimes your own medication will need to be stopped or altered following your discharge home. A member of the healthcare team will discuss this with you and explain the changes. We will inform your GP, but it is a good idea for you to also inform the surgery next time you are there.

You may also be given new medication to take home with you such as antibiotics. If you require new medication a member of the healthcare team will go through with you why you need to take the medicine, when, how often to take it and for how long.

If you are given a course of antibiotics, it is really important that you complete the course; otherwise the efficiency of the treatment will be affected.

Before taking any medicine, always read the label and the patient information leaflet.

If you have any questions regarding your medicine(s) once you are home, please don't hesitate to contact the pharmacy team at the hospital where you had your surgery.

## Complications

### Blood clots

Being immobile during and after surgery causes the blood flow to slow and increases the chance of a clot occurring, usually in the leg, this is called a DVT (deep vein thrombosis). This clot can occasionally break off and move through the bloodstream to the lungs and cause difficulty in breathing – this is called a PE (pulmonary embolism). These events can be life threatening but there are simple steps you can take to reduce your risk.

### Mobilisation

The risk of developing a clot increases the less mobile you are. After surgery this can be more difficult for some people. It is important that you move around as much as you are able. You may have seen the physiotherapist before you were discharged who gave you some exercises to do, this will help. If not, avoid sitting for long periods of time, do regular leg exercises and walk to improve the blood flow in your legs.

### Hydration

It is important that you keep well hydrated when you go home. Drinking around 8 glasses of water per day will help to reduce the risk of a clot forming.

**Anti-coagulants** You may be prescribed anticoagulant injections or tablets to take home to lower your risk of developing blood clots. It is important that you take the medication as prescribed. If for any reason you are unable to complete the course, please contact the hospital for advice.

## Instructions for taking anti-coagulants injections

### DO

Take at the same time every day for the exact number of days prescribed by your consultant.

Alternate injection sites for each injection.

Contact the hospital if you miss a dose or experience any side effects.

Remove the needle from the injection site before activating the safety lock.

Use your thumb and exert firm pressure when deploying the safety.

### DON'T

Activate the safety lock until the syringe has been removed from your skin.

Inject into bruised or scarred areas.

Pinch the skin fold too hard.

Rub the injection site after the injection as this may cause bruising.

Fully slide the lid shut on the sharps box, as this will lock it.

Fill the sharps box past the 'warning do not fill above the line' marker.

## Anti-embolism stockings

You may also be given anti-embolism stockings to wear. These provide a firm elastic compression to the legs which reduces the 'pooling' of blood in the veins and damage to the vein walls which can contribute to the formation of blood clots. The stockings should be worn day and night for the length of time stipulated by your consultant, but certainly until you have resumed your usual level of activity. You will be measured and fitted for your stockings and be given two pairs. If you find that the stockings become too tight or are rolling down, they must be remeasured. Contact the hospital to arrange a visit to have your legs re-measured and collect new stockings.

- Your heel must be centered in the heel pocket and the toe hole should be under your foot. Ensure there are no wrinkles
- Stockings should be removed for no longer than 30 minutes every day
- Stockings must be removed every day to inspect your skin and undertake personal hygiene
- Look for signs of skin discolouration, redness, or soreness. If you are concerned, contact your GP or the hospital
- Avoid greasy ointments, oils, and lanolin's on your skin as this damage the elastic fibres in the stockings
- Reapply a freshly laundered pair of stockings every day
- Stockings should be hand washed or machine washed on a delicate cycle with cool water to maintain the elastic fibers. Avoid using bleach
- Stockings should be air dried, do not hang them over a radiator as the intense heat will damage the elastic fibers
- Avoid allowing your stockings to roll down as this will create a tight band, causing constriction, and may affect the blood flow
- When moving around, make sure you are wearing slippers or shoes as the stockings can be slippery on hard floors
- Leg exercises can be done to improve blood flow in the legs
- The stockings can be difficult to put on, you may need help from a relative or carer

## Signs and symptoms of DVT/PE to look out for

- Unexplained pain and swelling in your legs
- Chest pain when you take a breath
- Breathlessness
- Coughing up blood

If you have any of the signs or symptoms go straight to your nearest accident and emergency department.

## Post-operative bleeding

Bleeding is a risk with any type of surgery and can result in bruising that may cause discomfort. Severe bleeding is very unusual but if you experience excessive bleeding that does not stop within 15-20 minutes, attend the nearest Accident and Emergency Department.

## Nausea and some vomiting

Some people experience nausea and/or vomiting after surgery. If you have persistent vomiting or an inability to tolerate liquids for more than 12 hours contact us or your GP.

## Pressure ulcers

These can develop in areas of the body such as buttocks, heels, and elbows and if you experience any blistering, bruising or breaks in the skin you should seek further medical attention as soon as possible as minor problems can rapidly develop into a more serious condition.

We don't want you to worry. If you have any concern or notice something unusual, please call us. We are here to help.

# Getting up after surgery

## Chest

After having a general anaesthetic, it is very important to ensure you keep your chest as clear as possible to reduce the chance of a chest infection developing. The easiest way to do this is to walk regularly, sit in a chair rather than lying in bed, and make sure that you cough up any secretions that may be on your chest. It can be uncomfortable to cough following surgery, but this can be eased by placing your hands or a folded towel over your wound site. This can also help if you need to sneeze.

## Exercise

If you have been taught any specific exercises by a physiotherapist whilst in hospital you should continue to do these at home. It is important that you continue to follow any guidance with regard to rehabilitation as directed by your physiotherapist and consultant.

For further information, view our physiotherapy services or search for your local gym.

## Mobility

It is generally accepted that you should move around as soon as possible after surgery, unless specifically directed not to by your consultant. This will play a vital part in speeding up your recovery.

Following discharge from hospital you will find a small amount of daily exercise is very helpful. You should try starting with a short walk, gradually increasing the distance over the following weeks. Remember it is normal to tire easily after any surgery so activity should be balanced with periods of rest.

# Wound care

Depending on the nature of your surgery, you may have a dressing to cover your operation site and it is advisable not to remove it for the first 48 hours. Please keep the wound area clean and dry. Do not touch the wound and wash your hands with soap and water before and after touching the dressing.

Many dressings used are splash-proof, you may be able to shower but should not soak the dressing with the shower spray. These dressings will not cope with immersion; therefore, bathing should be avoided. We will let you know when you can bath and shower as normal. We will advise you as to when any dressings should be changed or can be removed.

Don't be tempted to remove your dressing or touch the wound or drain. You could accidentally transfer germs from your fingers to your wound which could result in an infection developing.

## Normal wound healing

All wounds go through several stages of healing and your wound will change over time. It is common for people to feel:

- An unusual stretching feeling like tingling, numbness, or itching.
- A slight hard lumpy feeling as the skin heals.
- A slight pulling around the stitches as the wound heals.
- Bruising that may extend further than the wound site.

If the wound bleeds when you get home apply pressure for 15 minutes with a clean dry cloth directly over the wound dressing. Always wash your hands with soap and water and dry thoroughly before and after touching your wound or the dressing.

## Infection

Most surgical wounds heal rapidly without complications; however, a small number are complicated by infection. This occurs when germs (micro-organisms such as bacteria) enter the incision (cut) that the surgeon makes through your skin to perform the operation.

Many germs live in and on our bodies and in our environment. Most are harmless or even useful. Our bodies have natural defences against the germs that can cause harm. Our skin normally prevents germs from entering the body, but any break in the skin can allow them to enter and cause an infection.

A surgical wound infection can develop at any time from 2 - 3 days after surgery until the wound has healed, usually 2 - 3 weeks after surgery. Very occasionally, an infection can occur several months after an operation. Wound infection is a risk of any surgery. If you notice any of the following signs, please contact us:

The wound may be warm to the touch

Pain or tenderness around the wound site

Redness or swelling around the wound site

Oozing of pus or fluid

Offensive smell

You are feeling unwell or feverish, or you have a temperature



## Sepsis

Sepsis in adults is a serious condition that can initially look like flu, gastroenteritis, or a chest infection. Sepsis affects more than 250,000 people every year in the UK. Seek urgent medical help if you develop one of the following

**S**lurred speech or confusion

**E**xtrême shivering or muscle pain

**P**assing no urine (in a day)

**S**evere breathlessness

**I**t feels like you are going to die

**S**kin mottled or discoloured

If you have any of the above, please contact the ward.

## Sutures

If you have had a surgical procedure your consultant may have used clips or sutures (commonly known as stitches) to close your wound. Many sutures used nowadays are soluble (this means they will usually dissolve within 10 days) and will not need to be removed.

If the sutures are not soluble, they will need to be removed and you will need to arrange to go to your General Practitioner (GP) or make an appointment at the hospital for you to have them removed usually 5 -14 days after, depending on your surgery.

## What happens next

Please ensure that you know if you require a follow up appointment with your consultant and when you should have this. You should be clear about the date, time, and venue of this outpatient visit. This is normally arranged by the hospital before you go home or by your consultant's medical secretary. If you are unsure, please ask a member of the health care team or your consultant's medical secretary for advice.

You will be given a personal discharge information checklist which you can use to make note of important points to remember.

Details of follow-up appointments will either be given to you during your stay or sent to you via post by your consultant, it may be useful to write down any questions you may have for your consultant.

## Talk to us

We don't want you to worry, so, if you do have any concerns at any time relating to your appointment or procedure, please remember that our nurses are available to talk to you day and night. Please do call us at the hospital and ask to speak to the nurse in charge. We are here to help you recover safely from your procedure.

