

# Patient information

## Discharge Information Following Surgery

Please take some time to read this information while you are in hospital and keep it with you so that you can refer to it when you are at home.

Before you are discharged a member of staff will discuss the following points with you:

- Medicines to take at home including painkillers
- Wound care
- Care at home
- Discharge letter and post discharge contact details
- Follow-up appointments
- Any other concerns that you may have

### Recovering at home

#### Urgent concerns after discharge

Following discharge, if you have any urgent concerns about your recovery relating to your treatment or procedure then please contact the ward where you were cared for using the main hospital switchboard number: **01284 713000**.

Contact the emergency services by dialling 999 if you have:

- Sudden onset of chest pain
- Sudden severe shortness of breath
- Heavy and uncontrolled bleeding

#### Rest and activity

It is normal when recovering from surgery to feel tired and it is important to rest when you get home. Gradually increase your activity over a few days and be aware of how you are feeling before increasing your daily activities.

## **Returning to work**

Resuming work depends on the type of operation you had and what your job involves eg heavy lifting, long hours. It is best to feel completely well before you return to work as many people tire easily after surgery. You are able to self certify for a week and will then require a sick note from you GP for further time away from work.

## **Driving**

Do not drive for 24 hours following an anaesthetic. You can start to drive when you are able to safely and quickly perform an emergency stop. Check with your car insurance company as a specific period of time when you must not drive might apply, depending upon the type of operation that you have had.

Please be aware that if you are not used to taking strong painkillers (morphine or oxycodone) then these may impair your driving ability. From March 2015 you may be liable to prosecution by the police if you have levels of these drugs in your blood above specified limits. Further information can be found at [www.britishpainsociety.org](http://www.britishpainsociety.org).

## **Eating**

Your appetite might be reduced and your digestive systems normal pattern may be altered temporarily. It is common to feel bloated and have some indigestion. Small regular meals with fruit and fibre may help.

## **Nausea and sickness**

These symptoms should resolve speedily and may be helped by sipping cold water and resting. Take any anti- sickness medication that you have been prescribed before eating. Uncontrolled pain can make nausea worse so try to take any pain medication that you have been prescribed regularly.

## **Passing urine**

Most patients will have no difficulty passing urine after discharge. It is important to remain well hydrated, especially in warmer months. If you are unable to pass urine and have associated discomfort then please contact the hospital.

## **Bowel actions**

Change in diet, reduced activity and some medication can lead to a change in bowel habit. It is quite normal for your bowels not to open for a few days after an operation but they should return to normal when you are eating normally and fully mobile.

## **Caring for surgical wounds**

A surgical wound is a cut made in the skin at the time of your operation. At the end of the operation the skin edges are brought together and closed with stitches (sutures), metal clips (staples) or skin glue (tissue adhesive).

The skin edges usually form a seal within a day or two after the operation. There are several stages of wound healing and you may experience any of the following:

- Sensations such as tingling, numbness or itching.
- A firm and uneven feeling to the skin as new tissue forms.
- Pulling sensation around the stitches as the wound heals.

Some swelling around the wound is normal and can take several weeks to settle. There may also be bruising which can take a few weeks to disappear.

## **Dressings**

Not all surgical wounds need dressings. The dressing is there to absorb any leakage from the wound and protect the area until the wound has begun to heal. The dressing will also help prevent stitches or clips catching on clothing. The original dressing can be left in place as long as it is dry and not damp with blood or other fluid.

## **Stitches (sutures)**

Some stitches are dissolvable and do not need to be removed. If removal is necessary your nurse will arrange a follow up appointment at the hospital or your GP surgery.

## **Skin glue (tissue adhesive)**

Skin glue can be used alone to close a small wound or in combination with stitches for a larger wound. Although the glue is waterproof, it is preferable not to soak the area. The glue will usually peel off within 5 to 10 days.

## Bathing and Showering

It is usually possible to have a bath or a shower the day after surgery if you are independently mobile. If not you will be offered assistance to wash at your bedside.

When you are at home, it is advisable to use a bath mat to reduce the chance of slipping and, if possible, have a chair in the bathroom to sit on if required. Dry the healing area gently by patting with a towel.

## Problems with wound healing

Most surgical wounds heal without causing any problems. However, wound infections are one of the more common complications after surgery. They are normally treated with a course of antibiotics. If a wound becomes infected it may:

- Become more painful
- Be red, inflamed or swollen
- Leak or weep pus or blood-stained fluid
- Smell unpleasant

If you are concerned about your wound or develop a temperature then you should contact your GP.

## Managing pain after surgery

It is normal to experience some discomfort after surgery but good pain relief allows you to recover more quickly by allowing breathing exercises, mobilisation and physiotherapy with less discomfort.

When you are discharged you will be given at least three days supply of painkillers, if you were having them while in hospital.

We strongly advise you to continue to take painkillers for at least two to three days after surgery. **Do not wait for your pain to become severe;** it is much easier to prevent pain becoming severe by treating mild pain actively.

## Coping with pain

Decide how bad your pain is and whether it increases with movement. Is your pain mild, moderate or severe?

- If the pain is mild then take paracetamol regularly every 6 hours.

- If the pain is moderate then take paracetamol (as above) and add in ibuprofen regularly every 8 hours (if you have been prescribed this and are not allergic or unable to take it for another medical reason).
- If you have been requiring strong opioid pain killers (eg Oramorph® or oxycodone) whilst in hospital, you may continue to need the strong opioid pain killers on discharge and this will be part of your discharge medication.
- If you do not gain sufficient pain relief from your regular paracetamol and the regular ibuprofen (if prescribed) you will need to take the strong opioid pain killer by mouth. Draw up the prescribed volume of the strong opioid pain killer in the dedicated syringe and slowly press the plunger with the syringe tip in your mouth.
- You should not require the strong opioid pain killer more than once every 4 hours.
- Allow 20-30 minutes for the painkillers to work.
- Take your pain killers to match the severity of pain you are experiencing. Do not exceed the maximum dose in 24 hours.
- If you are in severe pain despite taking the prescribed pain killers then please contact the ward where you were cared for using the main hospital switchboard number **01284 71300**.
- It may be useful to take painkillers 30 minutes before physiotherapy or increasing your activity.
- Remember that the strong opioids may affect your driving and you may be prosecuted if you drive whilst taking strong opioid pain killers.
- Once your pain has resolved, any remaining unused strong opioids should be returned to your usual community pharmacy or dispensing practice for safe disposal.

## Stopping painkillers

In the week following surgery you can start to reduce the amount of painkillers that you are taking as your discomfort decreases.

Discontinue the strong opioid painkillers first (eg oral morphine or oxycodone immediate release). Then next stop ibuprofen if you are taking this. The last painkiller that you should stop is paracetamol.

You may find it helpful to continue to take some stronger painkillers at bed time for

the first few nights after your operation as this will let you get a good night's sleep.

Within two weeks you should be able to stop the strong opioid painkillers that were commenced for treating the pain of surgery.

If you were on strong opioid painkillers prior to surgery, you should see your GP and discuss whether these drugs can be reduced and discontinued.

If you are on 'antineuropathic pain killers' for 'nerve pain' such as gabapentin and pregabalin, you should also see your GP to discuss the potential for these drugs to be reduced and then discontinued.

*If you would like any information regarding access to the West Suffolk Hospital and its facilities please visit the hospital website [www.wsh.nhs.uk](http://www.wsh.nhs.uk) and click on the link, or visit the disabledgo website:*

*<http://www.disabledgo.com/organisations/west-suffolk-nhs-foundation-trust/main>*