



How things work at our surgical wards

ALL ABOUT OUR SURGICAL WARDS

Here is a little brochure to help you know what to expect while you are here.

It's normal to be uneasy at the prospect of surgery and anaesthesia. A little information about our procedures and some pictures of what we do may make it easier to feel relaxed, safe and secure when you arrive.

PLEASE COME ON AN EMPTY STOMACH

Do not eat within six hours of the time that your operation is scheduled. Feel free to drink 200 ml of clear liquids – water, tea, fruit drinks (but not juice), or coffee (without milk or cream) – up to two hours in advance. You should also avoid chewing gum, throat lozenges and snuff.

Unless we tell you something different, don't eat after midnight.

What we want to avoid is food getting into your lungs during surgery, which can cause severe damage.

Follow these rules to minimise the risk of anaesthesia. If you don't, we will have no choice but to postpone your operation.

Make sure not to smoke for six weeks prior to surgery.

CLEANLINESS

Take a shower and wash your hair with the special soap/shampoo that is available at any pharmacy (see the notification of your appointment). Follow the directions on the container. The soap/shampoo protects you from the bacteria that live on the skin. They are harmless in their natural habitat but can cause infections if they get into an operation wound.

Remove any nail polish, artificial nails, makeup, jewellery or piercings. A full beard poses a risk in connection with anaesthesia. We would like you to keep your beard short.

MEDICATIONS

The anaesthesiologist or nurse will let you know what medications you need to take on the day of your operation.

WAITING ROOM

You will first go to the waiting room at the surgical ward.

Members of the staff will ask you a few questions: your Swedish personal ID number, when you ate



and drank last, what other medical conditions you have, anything you might be hypersensitive to, and whether you have had anaesthesia before.

We usually check that the surgeon has marked the operation site with a felt-tip pen. However, that might not be necessary in your particular case.

Several staff members will ask you the same questions over and over. That's because we want to be sure that we haven't missed anything.

WE WILL USE THE FOLLOWING DEVICES TO VERIFY THAT YOU ARE OKAY THROUGHOUT THE OPERATION

Pulse oximeter

A clip-on device for your finger that monitors the oxygen saturation of your blood.

EKG

Patches (electrodes) on your chest to monitor the electrical activity of your heart.

Blood pressure cuff

We may insert a catheter through a blood vessel of your wrist to monitor your blood pressure.

A peripheral venous catheter in a vessel of your hand or crook of your arm will administer medication or intravenous drip.

LOCAL OR GENERAL ANAESTHESIA

We may use one of various local or general anaesthesia methods, or a combination of the two.



SPINAL ANAESTHESIA

If you are to receive spinal anaesthesia, you will first lie on your side or sit on the edge of the bed. By bending your back, you can create more space between your vertebrae and make it easier for us to give you an injection.

The anaesthesiologist will wash your back with an alcohol solution that causes a cold sensation and then inject the anaesthetic through a thin needle. You will not be able to move your legs, and you won't feel any pain. The anaesthesia will last for 2-5 hours. We are likely to use this method if your surgery is in the knee, hip or genital area.

If you receive major surgery of the stomach or certain other parts of the body such that you are likely to feel pain for several days, we will probably use epidural anaesthesia. We will administer it during the course of the operation so that it will

begin to take effect once the local or general anaesthesia wears off. We will prepare for it at the very beginning by inserting a thin plastic tube between your vertebrae through a needle. The tube will remain in place and permit release of the anaesthetic for as long as necessary, presumably a day or two. We will carefully test how well the anaesthesia is working.

Both spinal and epidural anaesthesia can inhibit your bladder from signalling when you need to urinate. That's why we will probably insert a catheter to empty the bladder automatically. Because you will be under anaesthesia, you are unlikely to feel anything while we are doing that.

Generally speaking, we will be able to administer a strong analgesic and tranquillizer through a blood vessel to minimise the discomfort of the injection itself.

ANAESTHESIA OF ARMS, SHOULDERS AND LEGS

If you have arm, shoulder or leg surgery, we will administer an anaesthetic to prevent pain during the operation and 10-16 hours afterwards. You will not be able to move the arm or leg during that time. The anaesthesiologist will give you an injection in the nerves of the neck, groin or back of the knee. You will probably have a general anaesthetic as well during the course of the operation. For safety reasons, we will administer the injection first, but you can receive a tranquillizer directly through a blood vessel to minimise any discomfort.

GENERAL ANAESTHESIA

If you are given general anaesthesia, it will make you both unconscious and unable to feel pain during surgery.

First you will breathe oxygen through a mask that we hold in front of your nose and mouth.

We will administer the anaesthetic through a peripheral venous catheter in your hand or the crook of your arm. You will become unconscious within a few seconds.

To make sure that you remain unconscious throughout the operation, you will receive additional anaesthe-

sia, either through the catheter or by inhaling a gas mixture.

We have various methods for verifying that the anaesthetic is working properly. Specialists will be there the entire time.

AFTER YOUR SURGERY



Once surgery is over, we will turn off the anaesthesia and you will regain consciousness in the operating room. You may not have a clear memory of regaining consciousness. We will then wheel you over to the recovery ward.

RECOVERY WARD

Once you arrive in the recovery ward:

- We will check your oxygen saturation, your blood pressure and the electrical activity of your heart the same way as before surgery.
- You will receive additional oxygen.

The staff will be there the whole time to give you analgesics, fluids and medications to relieve any nausea you are feeling. We will see to it that you are doing as well as possible.

- Make sure to let us know if you start to experience any pain. Relief is faster and more effective the earlier we start.
- If you were under general anaesthesia, you may have a tube in your throat to help you breathe. As a result, you may experience a mild sore throat, be hoarse or have a husky voice for a while. Usually it will go away within 24 hours.
- You can't have visitors in the recovery ward, but you are welcome to make or receive phone calls. The notification of your appointment contains the phone number so you can give it to your family and friends ahead of time.

How long will you be in the recovery ward?

- It all depends on the kind of surgery you had and the anaesthesia you were under.
- We will want to be sure that your pulse, blood pressure and breathing are normal.

- If you received spinal anaesthesia, we will check how well you can move your legs in order to determine that the effect has worn off.
- We will treat any pain or nausea that you are experiencing.
- Most likely, we will need to verify that you are able to urinate. We can do that with ultrasound if you don't have to go. If your bladder is getting full, we will take you to the toilet. If you are unable to urinate, which happens occasionally, we may have to empty your bladder with a catheter. Depending on the kind of surgery you received, the catheter might already have been inserted.
- The surgeon will talk to you about the results of your operation as soon as possible.





DO YOU HAVE ANY QUESTIONS?

We want you to experience safety, security and wellbeing while you are here. Don't hesitate to ask any questions that come to mind.

If you are dissatisfied with anything, let us know right away so that we can try to do better.

If there is anything you want to ask about the anaesthesia you might be receiving, feel free to call our preoperative staff (see your notification for the phone number).

REGION GÄVLEBORGS HOSPITALS ARE NON-SMOKING FACILITIES.

THIS BROCHURE IS AVAIL- ABLE IN THE FOLLOWING LANGUAGES

- Arabic
- English
- Finnish
- Farsi
- Spanish
- Somali
- Tigrinya