

## Pre-Operative Assessment Service (POAS)

# Preparing for your Surgery

**Please read ALL the information here as this is for the safety and wellbeing of yourself and others**

This document covers

1. What will happen once you have had your Pre-Operative Assessment
2. What you need to do leading up to your operation date
3. The screening tests you may need to have for
  - a. COVID-19
  - b. MRSA (Meticillin Resistant Staphylococcus Aureus)
  - c. CPE (Carbapenemase-producing Enterobacteriaceae)
4. How to get in touch
5. When to stop eating and drinking before surgery
6. What medications to stop and when

## Your Pre-Operative Assessment

You will already have had an assessment (either online, via telephone, or face to face) with our pre-operative assessment team. This will allow us to know what additional tests and investigations you may need in order to get you medically fit for your surgery. You can find more information on our website at <https://www.uhcw.nhs.uk/our-services-and-people/our-departments/pre-operative-assessment-service/>

You will either

- Be told that we don't need to do anything until closer to the time of surgery
- Be sent tests in the post –If you live in Coventry you can have these blood tests done by your GP or local pharmacy as well as University Hospital or the City of Coventry Walk-In Centre. If you live in Rugby you can go to the Hospital of St Cross. If you live out of area you will need to visit one of these places. A full list is here:

<https://www.uhcw.nhs.uk/for-patients-and-visitors/blood-tests-x-rays>

- Be asked to come in – if you need tests that must be done in hospital
- Be asked to come into hospital for a further appointment – this may be with a specialist nurse, or with an anaesthetist if you are having a very big operation or have complex health problems.



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If we have arranged tests for you, we will wait for the results to come back and check they're okay. We may have to discuss your case with your surgical team and specialist members of our team to make sure we can give you the care that's right for you.

People come for their assessments at different points before surgery. For some it will be when they're still discussing their options with their surgeon, in which case our assessment will help to guide you to making the right decision for you. For others the plan for surgery will have been made.

### **If I am fit for surgery?**

If we think you are physically well enough to have surgery, and there are no problems with any tests we have done on you, then we will tell your surgical team that they can put you on their waiting list. The next thing you will receive is a letter with your date of surgery, though a surgical secretary may call you to check this date is okay.

### **If I am not fit for surgery?**

If we think there are problems with your health that need to be improved, we will "defer" your surgery while this is done. Your GP will receive a letter to explain what we need to do next. You may:

- Be asked by us to make an appointment with your GP to have your health checked
- Be contacted by your GP to make an appointment to speak to them
- Be asked to attend further hospital appointments for extra tests or to have appointments with specialist doctors or nurses.

None of this is anything to worry about. It's just to ensure you are as healthy as you can be before your surgery. Sometimes this process can take some time, and if it takes longer than a month, we will send you a letter explaining to you why and tell you what needs to be done before we can proceed. We will ask you to keep us up to date with any appointments and tests that you are having.

If there are still problems with your health after 6 months, we will ask your surgical team or your GP to review you again.

## **Surgery Schools**

Some types of surgery, such as hip and knee replacements, need you to have classes before your surgery. These help to prepare you for your surgery and provide you with essential information on how to make the best recovery afterwards. You will be sent an invitation to these classes, and you will only be given a date for surgery once you have completed them. For any queries, please contact your surgeon's secretary.

## **Getting your date for surgery**

Once you have your date for surgery, please

- Make arrangements with family/friends so there will be someone who can take you to hospital

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- Make arrangements with family/friends so there will be someone to take you home, and to stay with you while you are recovering (If you are having day case surgery, we will not allow you to go home if there's no one to look after you overnight). If you do not have anyone to look after you at home, you need to inform us so we can help put support in place.
- If there is anyone you normally care for (children, relatives etc) please make sure arrangements are in place to look after them. If you are struggling, please let us know
- If you work, make sure your employer knows you need the time off, and roughly how long you will need to be off for
- You may need to "self-isolate" or take other measures to reduce the risk of getting the COVID-19 virus. **Please check the Trust Website at <https://www.uhcw.nhs.uk/caring-for-you/coronavirus/surgical-pathways/> for our latest guidance** as this may change as local and national guidance changes. Please call your surgeon's secretary for advice if you're not sure.

### Two weeks before your surgery:

- If you've been asked to self-isolate or isolate as a household, please start doing this.
- Check the "What Medications to Stop" list at the end of this leaflet so you remember what needs to be stopped and when.

### One week before your surgery:

- You may receive a call from our Welfare and Reinforcing Team
  - If you have been asked to follow any measures such as self-isolation, you may receive a call to check that you are managing okay and don't have any symptoms of COVID-19.
- Start packing a bag.
  - If you are having Day Case surgery:
    - Bring your letter with you
    - Bring your medications with you.
    - Please check that you have someone to collect you on discharge, as you will not be able to take public transport or a taxi home unaccompanied.
  - If you are staying in hospital after surgery, you will need to pack:
    - Your letter
    - Your medications
    - Nightwear, dressing gown and slippers (with a non-slip sole)
    - A wash bag (soap, flannel, toothbrush, toothpaste, towel etc)
    - A change of clothes

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Please refrain from bringing in any unnecessary valuables when you come into hospital. For more information on what you may need to bring in to hospital and advice please visit the following web link: <http://www.uhcw.nhs.uk/for-patients-and-visitors/your-inpatient-stay>

### Two or Three Days before your surgery

You will be asked to attend a **Pre-operative Preparation Clinic**, which will

- Check to see if you are on any different medications to what you were on when we assessed you, and advise you on what to take and not take (see last page)
- Ask if you have been admitted to any hospital other than UHCW or been diagnosed (or are being investigated for) any new health problems since your pre-operative assessment.
- Do routine tests, including blood tests
- Screen you for any infections you might be carrying that you don't know about, including
  - COVID-19
  - MRSA
  - CPE

These screening tests are vital to ensure you don't get an infection after your surgery that could be very serious or could spread to other patients. There is detailed information on these below. **You may be asked to self-isolate after these tests are done.**

**If you are self-isolating before your surgery, the Pre-operative Preparation Clinic will take place in a safe location.** We will take precautions to ensure you are protected, but we also ask you do the same when travelling to and from this clinic. If you are isolating

- Do not use public transport or a taxi
- If you cannot drive, and no one you are isolating with can drive you, you can ask another friend or relative to take you as long as you both wear face coverings and maintain strict hand hygiene.
- If you cannot arrange your own transport, please contact us as we should be able to arrange a volunteer driver to collect you
- Which ever way you travel, please do not attend your appointment until 5 minutes before the time on your letter.

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### The Day before your surgery

- Make sure you have everything packed
- Make sure you know how you will get to hospital, and have set your alarm so you get there on time

### The Night before your surgery

- If you have been given a “Pre-Op” carbohydrate drink, you should have one tonight, and the next one by 6am the next morning
- Check your fasting instructions - **these are at the end of this leaflet**
- Try and get a good night’s sleep

## Screening for COVID-19

COVID-19 (also called Coronavirus) has had a huge impact on the way we deliver our services. At every stage we want to protect your health, and the health of other patients and the staff around you.

### Why do we screen for COVID-19?

COVID-19 infections can kill, particularly if you are vulnerable. Because it is a new disease, we do not know exactly what might happen if you develop COVID-19 after surgery, but we think that recovery from surgery could be made more difficult with increased chances of serious illness or death.

We know that some people have only very mild symptoms, or may have none at all, and that most people will have the virus and be spreading it before they have any symptoms. This is why screening is important.

To protect everyone who needs surgery, we screen everybody, and won’t let you come in until we know you are negative. Once you are admitted we will try as much as we can to keep you separated from anyone else who may have the infection.

### How will I be tested for COVID-19?

Two swabs will be taken. The swabs are a bit like cotton-wool buds on long sticks. The first will be inserted into your nostril and all the way to the back of your nose – about 6cm in. It shouldn’t hurt, but can give you quite a strange sensation. The second swab is through your mouth into the back of your throat. It may make you gag at it is taken. A tongue depressor is often used to ensure we touch the back of the throat without touching your tongue by accident. It is important these swabs are done properly; otherwise they won’t detect the virus.

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### **How reliable is the screening test?**

No test is ever 100% reliable, and this test may not always detect the virus, particularly if you are at the very early stages of the disease. This is why we need you to take special precautions and isolate yourself before surgery to reduce the chances of catching it from anyone around you. You may also have a CT scan of your chest, as this can also show early signs of the infection.

### **Will COVID-19 affect what happens during surgery?**

Despite all the precautions we take, we will assume that anyone could have it in hospital and will always take precautions. There is a very high risk of spreading the infection during surgery, so very strict precautions are taken for every patient. This may mean that we will sometimes need to perform a different operation to what we would normally do, or may recommend a different type of anaesthetic to what we would normally suggest.

Operations will often take a lot longer due to these precautions, and services may not always be available – for instance, if we think you need an intensive care bed after surgery, this may not be available, and so your surgery may have to be postponed.

We may also have to change the working patterns of our staff, and so sometimes the surgeon who operates on you will be different from the one you have met. They will still be a surgeon who normally performs your type of operation.

## **Screening for MRSA**

UHCW NHS Trust takes MRSA and healthcare associated infections extremely seriously. We are committed to reducing infections in our hospitals and giving our patients high quality health care.

### **Why do we screen for MRSA?**

There are many people in the community who may have the germ without showing any symptoms. By screening (performing a simple swab test) before your operation, we can find out who is carrying the germ and provide treatment for you (if required) before you are admitted to hospital. As part of the pre-operative process, some patients will be routinely screened for MRSA. This helps to prevent the spread of the germ and lowers the risk of complications occurring because of it, whilst you are recovering. Patients undergoing certain types of surgery will not require MRSA screening but the Pre-Operative Assessment Nurse will inform you if this applied to you.

### **What is MRSA?**

MRSA stands for (M) Meticillin (R) Resistant (S) Staphylococcus (A) Aureus. There are lots of germs on our skin and in the environment around us. Most of them are harmless, some are beneficial and a very small proportion can cause harm. Staphylococcus Aureus is a common germ that is found on the skin and in the nostrils of about a third of healthy people. It can cause infections. MRSA are varieties of Staphylococcus Aureus that have developed

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resistance to Meticillin (a type of penicillin) and some other antibiotics that are used to treat infections.

### **How can MRSA affect me?**

MRSA may colonise your body and/or cause infection.

### **MRSA Colonisation**

Most people who have MRSA are colonised. This means that MRSA is present on the surface of the skin and does not cause any harm to the person. People who are colonised will have no signs or symptoms of infection and feel well. However, if you come into hospital to undergo a procedure, there may be an opportunity for MRSA to enter the body. This is why patients found to be colonised with MRSA will be given a skin wash to remove the germ from the skin and nasal ointment to remove MRSA from the nose.

### **MRSA Infection**

MRSA may cause harm when it gets an opportunity to enter the body. MRSA can cause simple infections such as pimples, boils or more serious problems such as wound infections, chest infections or blood stream infections (septicaemia). If a patient has an infection caused by MRSA then there are a number of antibiotics that can be given that are effective in treatment of MRSA.

### **What tests are done to look for MRSA?**

The nurse will take a swab from your nose and other skin sites (commonly your groin) depending on the type of surgery you are having. This involves a cotton bud swab being placed in and around your nose or on surfaces of your skin or wounds. The test is very unlikely to be uncomfortable. The swab/s is then sent to the laboratory for testing. The results are normally available within 48 hours, but occasionally take a bit longer.

### **What happens next?**

If you have previously been found to have MRSA, we arrange for you to be given a body wash and nose ointment along with directions on how to use them.

If your swabs are found to be MRSA negative (this means no MRSA was detected) you will not hear from us. You should follow the instructions given to you about your admission to hospital for your operation.

If your swabs are found to be MRSA positive, (This means MRSA was detected), the hospital will inform you, your General Practitioner (GP) and your Consultant. Your surgery may have to be delayed while we treat it. You may be asked to go to your GP/Practice nurse to obtain a prescription for an antiseptic body wash to use once a day and an ointment to apply to your nostrils three times daily. Use both treatments for five consecutive days. You may then need to contact the Practice Nurse at your GP surgery to be re-

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swabbed. This depends on what operation you're having, and we will tell you whether or not this is needed.

### **Screening for CPE (Carbapenemase-producing Enterobacteriaceae)**

#### **What are 'Carbapenemase-producing Enterobacteriaceae'? (CPE)**

Within the gut of every healthy human is a bacteria called Enterobacteriaceae. When this bacteria is in the gut it is harmless, helping us to digest our food. However, if the bacteria get into the wrong place, such as the bladder or bloodstream, they can cause infection.

Enterobacteriaceae bacteria can become resistant to a powerful group of antibiotics called carbapenems. This is referred to as Carbapenemase-producing Enterobacteriaceae (abbreviated to CPE).

#### **Why does carbapenem resistance matter?**

Being resistant to an antibiotic can make treating infection (and any future infections) difficult. This could mean hospital stays are longer, the antibiotic medication that is able to be used become more limited, and whilst in hospital you may be isolated in a side room from other patients. This is because in a hospital or other care setting where there are many vulnerable patients, spread of these resistant bacteria can cause problems.

#### **Why are patients screened for CPE?**

By knowing which patients are carrying CPE we can make sure that they receive the best individual care, aiming to prevent CPE infection and the spread to other patients. It is very important to know if someone is carrying CPE so that if an infection develops, medical staff can quickly identify the best antibiotic to treat it.

#### **How are patients screened for CPE?**

Individuals admitted as inpatients to University Hospitals Coventry and Warwickshire are assessed at their Pre-Operative Assessment appointment to decide if they are at risk of carrying CPE. You may be asked to be screened for CPE if you have been:

- in a hospital outside University Hospitals Coventry and Warwickshire (including to receive holiday dialysis, a treatment received by patients in renal failure);
- in contact with someone with CPE; or
- identified as having CPE in the past.

#### **How will I be tested for CPE?**

If you need a sample to be taken for testing, a member of the pre-operative assessment team will insert a swab into your rectum (bottom), or they may test a sample of faeces

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(poo). Your privacy and dignity will be respected at all times when these samples are being taken.

All swabs and samples will be sent to the laboratory to see which bacteria grow, and your care team will tell you the results, usually within 48 hours.

### **Does CPE need to be treated?**

If you are told you are carrying CPE you do not need to be treated. As mentioned, these bacteria can live harmlessly in the gut. However, if the bacteria has caused an infection then antibiotics will be required. Please do ask your doctor or healthcare worker to explain your situation to you in more detail.

### **How is CPE spread?**

Carbapenemase producing bacteria can be spread from one person to another on unwashed hands, on equipment that is contaminated and not been sufficiently cleaned, or may be picked up from the environment.

In hospital there is a risk to other vulnerable patients; at home no extra precautions are required. Thorough hand washing and normal household cleaning practices are sufficient. Towels, clothes, bed sheets and other items that might have CPE on them can be washed in a domestic washing machine. No special washing temperature is recommended. All eating utensils and dishes can be washed as normal. Your family is not at risk, although if you are told you have CPE, it would be useful for your family to inform healthcare providers in the event they are admitted to hospital.

### **How can the spread of CPE be prevented?**

The most important measure you can take is to maintain effective hand hygiene, washing your hands well with soap and water, especially after going to the toilet. You should avoid touching any medical devices (such as your urinary catheter tube or other medical tubes) if you have any, particularly at the point where it is inserted into the body or skin.

You should expect that visiting healthcare workers will clean their hands on arrival, before and after providing direct care, and on leaving. They will use an apron or long-sleeved gown when caring for you.

Should you or a member of your household be admitted to hospital or other healthcare facility, you should let the hospital staff know that you are, or have been, a carrier.

### **Visitors after surgery**

Due to the COVID-19 Pandemic, we do not routinely allow any visitors into hospital. This is to reduce the spread of the virus and to keep them and you safe. We know that this will be distressing for many, and we try to ensure you can still keep in touch with family while in hospital.

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### Getting in Touch

If you have any queries or if your medical condition changes in any way, please do not hesitate to contact us on Tel. **024 7696 6352** or contact your Pre-Operative Assessment Nurse

Please be aware that 024 7696 6352 is a telephone answering service; please leave your name, date of birth, hospital number (if known), contact number and a brief message and the POAS will call you back within 24 hours.

**Your Pre-operative Assessment Nurse is:**

..... Tel: .....

**If you need to get in touch with your Surgeon's Secretary:**

**Contact:** .....

**University Hospitals Coventry and Warwickshire NHS Trust does not accept responsibility or any liability for cash, valuables or personal property brought onto Trust premises unless they are handed over for safe custody and an official receipt obtained. This receipt MUST be presented upon retrieval of such goods.**

### Fasting Instructions

It is vital that you follow these instructions, even if you are not expecting a general anaesthetic. Failing to do so could put you at risk of serious complications or even death.

<b>If you are on a Morning/All Day List</b>	<b>If you are on an Afternoon List</b>
<ul style="list-style-type: none"><li>• Have nothing to Eat after 2am</li></ul>	<ul style="list-style-type: none"><li>• Have a Light Breakfast before 7am</li></ul>
<ul style="list-style-type: none"><li>• Drink clear fluids, squash, black tea or black coffee until 6am</li></ul>	<ul style="list-style-type: none"><li>• Drink clear fluids, squash, black tea or black coffee until 11am</li></ul>
<ul style="list-style-type: none"><li>• Drink water until 7am (you will be given a glass of water when you arrive)</li></ul>	<ul style="list-style-type: none"><li>• Drink water until Midday (you will be given a glass of water when you arrive)</li></ul>



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### Summary of things to do

2 – 4 weeks before surgery	<input type="checkbox"/> <b>Check the website for instructions on self-isolation and social distancing.</b>
In the 2 weeks before surgery	<input type="checkbox"/> Read this document again <input type="checkbox"/> If you are unwell contact the surgeon's secretary <input type="checkbox"/> Start isolating (if required)
In the week before surgery	<input type="checkbox"/> Decide what you will pack to bring with you <input type="checkbox"/> Attend Pre-op Preparation Clinic
On the day before admission	<input type="checkbox"/> Pack your bag <input type="checkbox"/> Start fasting as directed.

**If you become unwell with a fever, cough, cold or flu-like symptoms, a chest infection or in any other way in the two weeks prior to your admission, please DO NOT COME INTO HOSPITAL. Please contact your surgeon's secretary so they can inform the consultant and reschedule your surgery if required.**

If you no longer wish to proceed with surgery, please contact your surgeon's secretary.

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 6393 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

#### Document History

Department:	Anaesthetics
Contact:	26352
Updated:	June 2020
Review:	June 2021
Version:	2.1
Reference:	HIC/LFT/2476/20