

## Coming into hospital for a planned surgical procedure - adult patients

**IMPORTANT:** please read this leaflet thoroughly. If you become ill or cannot keep your admission appointment, please let us know as soon as possible so your procedure can be postponed if necessary. Patients for planned surgical procedures may be admitted to the following areas.

- Surgical Admission Lounge (SAL)
- Day Surgery Unit (DSU)
- Directly to a surgical ward

### The following information is for patients being admitted to Surgical Admission Lounge (SAL )

If you have not already been advised of a date for your admission to SAL, you will receive a letter from the theatre booking department confirming this.

On the day before your procedure (if your procedure is on a Monday please call on the Friday) please call SAL reception (01722 336262 ext. 4414 or 4415) between 12:30 and 3pm to confirm the time of your admission.

Advice will also be confirmed regarding eating and drinking instructions, you will be asked about an accompanying adult as described below.

Please note the time you're asked to attend SAL will be earlier than your procedure time.

We have quite limited space in SAL. Patients do not routinely need to bring another person to SAL with them. However, if you feel that it would be of benefit to you to have a relative or other supportive person with you during the discussions with the anaesthetist and surgeon before your operation, you are welcome to do so. An example of such a need would be if you are unable to tell us about your medical history or the medications you take.

After the discussions with the surgeon and anaesthetist, we would ask that relatives or others then leave unless you have additional care needs that require another person to remain with you.

Please do be aware that at times patients do have a long wait to go in for surgery. We will do all we can to keep you updated on this if this applies to you.

### Where is SAL?

Enter the site at Entrance A. From car park 3 enter the hospital at the Main Entrance (level 3). Take the lift or stairs to level 4, then follow the signs for Main Theatres.

From car park 8, enter the hospital at the Springs Entrance (level 2). Take the lift or stairs to level 4, then follow the signs for Main Theatres.

# Welcome to Salisbury District Hospital



## The following information is for patients being admitted to Day Surgery Unit (DSU)

You will receive a letter from the theatre booking department, advising you of the date and time of your admission.

Please note the time you're asked to attend DSU will be earlier than your procedure time.

Patients do not routinely need to bring another person to DSU with them. However, if you feel that it would be of benefit to you to have a relative or other supportive person with you during the discussions with the anaesthetist and surgeon before your operation, you are welcome to do so. After the discussions with the surgeon and anaesthetist, we would ask that



relatives or others then leave unless the patient requires has additional care needs that require another person to remain with them.

Patients waiting for a procedure are also welcome to wait in the waiting room with their relatives but we do ask that you inform the nurse looking after you of where you are if you do this.

If you are coming into DSU for a procedure under Local Anaesthesia (LA) you should follow the advice in this information leaflet, but you can eat and drink normally right up to the time of your procedure. You will be discharged home following your procedure and will not usually need to stay in hospital overnight.

If you are coming in to DSU for a procedure with a planned overnight stay, you will stay in DSU until a bed becomes available in one of the surgical wards.

### Where is DSU?

Enter the Hospital at Entrance B - for patient drop off take first left and follow the road around "The Green" where you will find some drop off spaces specifically for Day Surgery patients. Once parked, enter the hospital via the Green Entrance, and follow the signs for Day Surgery Unit.



For long stay parking enter the Hospital at Entrance B and follow the road straight ahead (going over 2 zebra crossings), follow the signs for car park 10. Once parked, walk across car park 7 and enter the Hospital at the Eye Clinic entrance, then follow the signs for Day Surgery Unit.

### **The following information is for patients being admitted directly to a surgical ward**

You will receive a letter from the theatre booking department telling you which ward you will be coming into and the date and time to arrive.

## **The following information is for ALL patients**

### **Preparing for your procedure**

Please follow this advice:

Have a bath or shower and wash your hair on the morning of your procedure this will reduce the risk of getting an infection after the procedure. If you are having a keyhole operation, please pay particular attention to cleaning your belly-button.

Do not wear any of the following: heavy makeup, talcum powder, deodorant, nail varnish, gel or acrylic nails.

Do not wear jewellery or piercings other than a wedding ring, patients undergoing breast or hand procedures should not wear any type of jewellery.

Wear glasses rather than contact lenses.

Avoid bringing children under the age of 16 into hospital on the day of your procedure.

Patients under 16 years old must be accompanied by a parent or guardian.

Due to limited space and to respect the confidentiality of other patients, we ask that relatives only accompany patients as far as the theatres reception area, except where carers are required or additional support is needed.

Keep your property to a minimum.

### **What to pack for your hospital admission**

Any medicines or inhalers you are using in the original packages, including any nicotine replacement therapy you are using or wish to use. For further advice regarding giving up smoking visit [www.nhs.uk/better-health/quit-smoking/find-your-local-stop-smoking-service](http://www.nhs.uk/better-health/quit-smoking/find-your-local-stop-smoking-service).

Dressing gown, slippers and toiletries.

Comfortable loose day clothes. If you are coming into hospital for a planned stay, you will be encouraged to get up and dressed during the day.

Something to read/entertain yourself whilst you wait.

Small change for the hospital shop, paper etc.

Glasses and hearing aid if applicable.

Note pad and pen.

Address book/useful phone numbers of relatives, the person collecting you from hospital or people who you may need to contact.

Phone charger.

A refillable water bottle.

Please do not bring any valuables or jewellery with you (apart from a wedding ring). If you do, all such items must be placed in the hospital safe, otherwise we cannot guarantee their security and cannot accept responsibility if they were to be lost.



## Should I take my medicines before the operation?

You should continue to take your regular medication up to and on the day of your procedure unless you have been advised not to by the Pre-operative Assessment staff. There is lots of information available on the Preoperative Assessment Unit webpage (see links at the end of this document).

If you are taking medication to thin your blood, you will be given specific instructions about these by the Pre-operative Assessment Unit. If you have received an admission date and have not received any advice regarding blood thinning medication, please call the Pre-operative Assessment Unit on 01722425199 (for non-urgent enquiries, please leave a message on the answerphone) or 01722 336262 Ext 4551 (for urgent enquiries during working hours).

Please note aspirin is not usually stopped except in a very few specific procedures, therefore please only stop if you have been advised specifically. If you have any general concerns or questions about your medication please speak to your GP or to a member of staff at the Pre-operative Assessment Unit.

## Dietary advice for patients having general anaesthetic, spinal anaesthetic or sedation

It is very important that you **do not have anything to eat** or have large milky drinks **in the 6 hours before your admission time** and that you **do not have anything to drink in the 1 hour before your admission time** other than small sips of water if you need to take medication. This is to reduce the risk of regurgitation of stomach contents during general anaesthetics. If you are planned for a spinal or regional anaesthetic, the same guidelines apply in case of the need to change the plan to general anaesthetic.

We do encourage you to continue to eat until 6 hours before your admission (although not to deliberately wake up in the middle of the night to eat), so as to keep up your nutrition and benefit your recovery, unless you have had specific advice to not eat for a longer period.

Between 6 hours before your admission time and 1 hour before your admission time, please do continue to drink to stay well hydrated. This includes drinking water or other clear drinks such as fruit squash and tea or coffee which may have a splash of milk (but avoid whole milky drinks such as milkshakes, hot chocolate, latte, cappuccino or mocha).

After 1 hour before your admission time, please do not eat or drink anything. The anaesthetist may advise you after you arrive on whether you can have a further drink.

Patients having a procedure under Local Anaesthetic (LA) can eat and drink normally right up to the time of the procedure.

## Diabetes

If you are diabetic and need advice about your medication please telephone the diabetic centre on 01722 425175 (8:30am-4:30pm). You may need to leave a message on the answer phone; usually you will receive a call back within 1 working day.

For further information see: 'Coming in for surgery when you have diabetes'. This is available on the Salisbury District Hospital website, in 'pre-operative assessment', 'patient information leaflets' section (see QR code at the bottom of this leaflet).

## For patients on the enhanced recovery programme

If you have been given Forti juice drinks by Pre-Operative Assessment to have before your procedure, please take them at the following times:

On the day before your operation – one drink at approximately 10pm or before you go to bed on the night before your operation.

On the day of your operation – 2 drinks when you wake up in the morning, it is important that you drink these no later than 6:30am.

**If you have been given bowel prep to take prior to your procedure**, then please take 2 drinks the night before surgery and none on the morning of surgery.



## Information about the day of your procedure

When you arrive you will be booked in at reception and shown to the waiting area, you will also meet the nurses who will prepare you for your procedure. It is likely that you will be asked the same question more than once; this is for your safety as part of a careful checking system

You will usually be seen by the surgeon and if you are having an anaesthetic or sedation you will also be seen by the anaesthetist. If you have not already done so the surgeon will ask you to sign a consent form. You will have a short opportunity to ask any outstanding questions. Your anaesthetist will discuss with you the type of anaesthetic most suitable for your procedure and the benefits and risks, which will help them to agree with you the best and safest option for your recovery. Pain relief will also be discussed.

For further advice regarding anaesthetics please visit the Royal College of Anaesthetists website <https://www.rcoa.ac.uk/patient-information>

When it is time for your procedure you will be escorted by staff into the operating theatre, if you need to use the toilet before you go into theatre please don't hesitate to ask as we want you to be comfortable.

Theatre sessions usually run between 8:30am -12:30pm and 1:30pm - 5:30pm. We stagger admission times to reduce the amount of time you will be waiting, but it is still likely that you may have to wait for some time for your procedure. From time to time, the order of the operating list may change which can cause possible delays. The staff will keep you informed as much as possible and the reason for the delay. Please feel free to ask for information at any time.

You should have a supply of paracetamol and or ibuprofen to help with pain relief when you get home. If you get sent home with codeine or tramadol, you will likely need some laxatives as well as constipation is a very common side effect of these medicines.

Some degree of soreness and drowsiness is to be expected after your surgery but please let the nurses know if you are in pain and require pain relief.

## What happens after my procedure?

Please arrange for a responsible adult to take you home by car after your procedure.

If you are being discharged on the same day as your procedure, you must have a responsible adult at home with you over night. The person collecting you will need to contact DSU/the surgical ward to arrange a time.

Do not drive a car or ride a bike for 48 hours after your procedure.

Do not operate any machinery (including a cooker) or do anything requiring skill or judgement for 48 hours.

Do not smoke, drink alcohol for 48 hours after your procedure. Do not take any sleeping tablets at home for 48 hours after the procedure.

Please follow any special instructions and advice given including medication or diet.

To reduce the risk of developing a blood clot, we advise you to avoid long distance travel for 6 weeks after your procedure. For further advice on prevention of blood clots post operatively please see "Help us Stop the Clot". This is also available on the Salisbury District Hospital website, in 'pre-operative assessment', 'patient information leaflets' section (see QR code at the bottom of this leaflet).

If you are staying in hospital overnight after your procedure, the doctors will advise when you are fit enough to leave hospital. Arrangements will be made for you to leave the ward usually by approximately 11am. If you cannot be collected by this time it is likely you will be moved to the Discharge Lounge. This is on level 2 SDH North, Nunton Unit. The lounge is a comfortable and safe place to wait and is staffed by nurses. Hot meals and drinks are available there. If necessary, a supply of your current medication will be ordered from the hospital pharmacy and delivered to you in the Discharge Lounge. If you have any concerns about your medication, please ask to speak to your pharmacist or a member of the nursing team. Relatives or carers coming to collect you can meet you at the Nunton Lounge. Car park 8 is the closest place to park.

## Will you let my GP know I have had an operation?

You will either be given a discharge form to give to your GP or we will write to your GP shortly after your operation.

## Is there anything I should do once I am home?

If you have a wound you will be advised by the nurses on discharge how to look after it. You will also be told if you have any stitches to be removed. This can usually be done by your GP practice nurse. For further information regarding wound care please see Caring for a surgical wound

The nurses will also let you know if there is anything specific you should or should not do after your operation.

If you have been given medication to take home please make sure you read the information leaflet in the package as it contains essential information such as side effects and things to look out for.

## How to contact us after discharge

If you need urgent assistance for a life-threatening emergency please call 999 or attend the Emergency Department.

If you need help in the 24 hours following your operation you can contact the Day Surgery Unit on 01722 336262 ext. 4550. We are open from 07.30-19.00 Monday-Friday.

If it is outside of these hours, please call the ward relevant to the type of surgery you have had.

Please contact Downton Ward on ext. 2182 for **ENT** (ear, nose and throat) surgery.

Please contact Downton Ward on ext. 2182 for **dental or maxillofacial** surgery.

Please contact Britford Ward on ext. 2233 for **gynaecological** surgery.

Please contact Britford Ward on ext. 2233 for **general** surgery.

Please contact Odstock Ward on ext. 3139 for **plastic** surgery.

Please contact Amesbury Ward on ext. 3104 for **orthopaedic** surgery.

Please contact Downton Ward on ext. 2182 for **urological** surgery.

For **eye** surgery please contact the eye clinic on ext 4327 (during the day) or Downton Ward on ext 2182 (out of hours)

For any type of **children's** surgery please contact Sarum Ward on ext 2560

## Any further questions?

Please contact us if you have any questions or if there is anything in this information leaflet that is not clear to you.

## Contact details

**Theatre Booking Department** - 01722 345543 - for information regarding appointments, admission dates and transport

**Pre-operative Assessment Unit** – call 01722 336262 Ext 4551 for urgent enquiries during the day. You can leave a message on 01722425199 or for advice about medication and nursing issues. please email [sft.poau@nhs.net](mailto:sft.poau@nhs.net)






**Nunton Unit/Discharge Lounge** - 01722 429141 for information regarding iron infusion appointments and collecting relatives who are being discharged from hospital.

**Urology Specialist Nurses** - 01722 336262 Ext 2081 – for specific advice regarding urology procedures

**Spinal Specialist Nurses** - 01722 336262 Ext 2450 – for specific advice regarding spinal nursing care



### QR Codes for leaflets

Preoperative assessment information	 SCAN ME	
Postoperative Pain Management And key points summary	 SCAN ME	 SCAN ME
Anaesthetic information leaflets – Royal College of Anaesthetists	 SCAN ME	
You and Your Anaesthetic	 SCAN ME	

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## You and your anaesthetic

For more information please visit [Preparing for Surgery - Fitter Better Sooner](#)

### Reducing your risk



[Stop smoking](#)



[Increase activity levels](#)



[Limit alcohol to recommended levels](#)



[Optimise diabetic control](#)



Follow medication guidance pre-operatively - you will be given this information near the date for your operation



Follow fasting guidelines before surgery - you will be given this information when you get a date for your operation

### Anaesthetic risks



**VERY COMMON – MORE THAN 1 IN 10**  
Equivalent to someone in your family



Sickness



Shivering



Thirst\*



Sore throat



Bruising



Temporary memory loss  
(mainly in over 60s)



**COMMON – BETWEEN 1 IN 10 AND 1 IN 100**  
Equivalent to someone in a street



Pain at the injection site\*



Minor lip or tongue injury



**UNCOMMON – BETWEEN 1 IN 100 AND 1 IN 1,000**  
Equivalent to someone in a village



Minor nerve injury



**RARE – BETWEEN 1 IN 1,000 AND 1 IN 10,000**  
Equivalent to someone in a small town



**1 in 1,000**  
Peripheral nerve  
damage that is  
permanent



**1 in 2,800**  
Corneal abrasion  
(scratch on eye)



**1 in 4,500**  
Damage to  
teeth



**1 in 10,000**  
Anaphylaxis  
(severe allergic  
reaction to a drug)



**VERY RARE – 1 IN 10,000 TO 1 IN 100,000 OR MORE**  
Equivalent to someone in a large town



**1 in 20,000**

Awareness during an anaesthetic



**1 in 100,000**  
Loss of vision



**1 in 100,000**  
Death as a direct result  
of anaesthesia



The risks we all take in normal life, **such as road travel**, are actually far higher than the risks below.

Click here for a printable version: [http://mg.salisbury.nhs.uk/media/2525/you-and-your-anaesthetic-nov-2020-v1\\_0.pdf](http://mg.salisbury.nhs.uk/media/2525/you-and-your-anaesthetic-nov-2020-v1_0.pdf)

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Patient Information Leaflets

/ Venous Thromboembolism (VTE) preventing blood clots

Preventing blood clots when you are in hospital

### **Venous Thromboembolism (VTE) - preventing blood clots when you are in hospital**

A Venous Thromboembolism (VTE) is a clot, which is formed in a vein, usually the deep veins in the leg. It most commonly starts in the calf veins; this condition is known as Deep Vein Thrombosis (DVT).

Blood clots are your body's natural response to a cut or break and ensure that wounds or areas of inflammation do not bleed excessively. These are necessary and helpful forms of blood clots that we all need.

Unfortunately, sometimes unwanted large blood clots form within the deep veins (often in the legs, but they can occur elsewhere in the body), parts of these unwanted clots can break free and cause blockages that can become serious.

The most serious situation is when a clot breaks off and travels to the lungs causing a Pulmonary Embolism (PE). PE normally results in breathing difficulties and may be fatal.

Signs of a PE are:

- shortness of breath
- chest pain
- coughing up blood-streaked mucus.

If you experience any of these symptoms, seek immediate medical help.

### **Why can a blood clot form?**

There are two factors that may trigger a clot to form:

- **Changes or damage to the blood vessels** - if there is pressure on a vein a clot can form. This may be due to being immobile, surgery, or long distance travel.
- **Problems with the blood** - this may be inherited (you are born with this condition), acquired (you develop this condition because of other health problems), and caused by some drugs or conditions such as pregnancy.

If you are dehydrated (have not drunk enough water) the blood can become more 'sticky', which can increase the risk of the blood forming a clot.

### **Who is most at risk?**

There are several factors which increase your chance of developing VTE. These include:

- having had a previous DVT or PE
- major surgery, particularly orthopaedic operations such as a joint replacement
- major trauma or lower limb injury
- aged over 60 years or a family history of DVT or PE
- advanced cancer and chemotherapy treatment for cancer
- faulty blood clotting i.e. thrombophilia
- recent medical illness (such as heart or lung disease, kidney failure or disease, recent heart attack, inflammatory conditions such as inflammatory bowel disease)
- smoking
- being obese (very overweight)
- pregnancy and recent delivery
- paralysis or immobility of the legs including staying in bed for a long time
- some types of contraceptive pill or HRT.

The risk of a blood clot forming after an operation ranges from 10% - 40% depending on the type of operation. Orthopaedic surgery carries the highest risk.

### **Is travelling a risk?**

Being immobile increases the risk of developing blood clots. If you travel for more than 3 hours at one time in the month before or after your surgery, your risk of a blood clot forming will be higher.

If you have had major surgery, the risk is present for up to 3 months, particularly for long haul flights over 4 hours.

### **How is VTE prevented in hospital?**

Not all can be prevented, but the risk of developing a clot can be significantly reduced.

Either in the pre-admission clinic, or when you are admitted to hospital, your risk will be assessed by a doctor or nurse.

If you are considered to be at risk of VTE, a drug called heparin will be given to you. Heparin is given as a small injection once a day.

Some people who have had hip or knee replacements may be treated with different blood thinning treatment in the form of tablets.



If you are unable to have heparin injections or blood thinning tablets (because of a medical condition or the type of surgery you are having), you may be asked to wear compression stockings or use some other form of prevention.

### **What can I do to help myself?**

While doctors can do something to reduce your risk, there are some very necessary and simple things that you can do to help reduce it:

- make sure that you get up and about as soon as possible
- exercise your legs while in bed
- make sure you drink plenty unless your doctor has personally told you not to - water is particularly good for you.

### **How effective is preventative treatment?**

Heparin reduces the risk of developing a DVT by up to 50% and the risk of a PE by up to 65%. For some types of surgery or for people who might be immobile for a while it is recommended that the preventative treatment is continued for a longer period.

### **What can I do once I go home?**

Once home, it is important to:

- be as mobile as possible
- stop smoking - if you do smoke contact the NHS stop smoking service on 0300 123 1044 for information and help. Alternatively log onto to the website <https://www.nhs.uk/live-well/quit-smoking/nhs-stop-smoking-services-help-you-quit/> (<https://www.nhs.uk/live-well/quit-smoking/nhs-stop-smoking-services-help-you-quit/>)
- continue to drink plenty of water.

If you are asked to continue taking heparin when you go home, you will be given more information and another information booklet will be given to you.

If you have had your hip or knee replaced and are given blood thinning tablets in hospital, you will be asked to continue with this treatment once you get home. Further information will be given to you and you will be told how long you need to continue with this treatment.

But if you do not take the precautions that we have said, your risk of a blood clot and its complications will be higher.

### **What are the symptoms of a DVT?**

Typical symptoms in the leg include swelling, pain, calf tenderness and occasionally heat and redness compared to the other leg.

There may be no leg symptoms and the blood clot may only be diagnosed if a PE occurs.

There are other causes of a painful and swollen calf, particularly after injury or surgery so you should ask your GP to take a look. You will be asked to come to hospital as a matter of urgency if a DVT is suspected.

### **What will happen if I get a blood clot?**

As we've said, it is still possible to get a blood clot even if you have received heparin or are using other types of prevention. If you get any of the symptoms of a DVT please inform your doctor immediately. If required, you will be given treatment.

### **Can VTE be treated?**

Yes and the treatment is very effective if the symptoms are recognised early.

The aim of the treatment is to prevent the clot spreading and let it slowly dissolve.

### **Further information**

If you would like more information, please ask a member of the team caring for you.

Thrombosis UK, the thrombosis charity, provides detailed information about all aspects of thrombosis. Their aim is to 'stop the clots' through a programme of education and research.

#### **Thrombosis UK**

PO Box 58

Llanwrda

SA19 0AD

0300 772 9603

Or visit their website at: [www.thrombosisuk.org](http://www.thrombosisuk.org) (<http://www.thrombosisuk.org>)

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## Information about our surgical wards

This booklet is intended as a reference for patients and a useful guide for relatives and friends of patients admitted or transferred to any of the surgical wards, which are Britford, Downton, Breamore, Odstock, Chilmark and Amesbury

Patients' privacy and dignity are a high priority on surgical wards. Although they are mixed sex wards, patients are nursed within single-sex bays with access to separate washing and showering facilities. Only in exceptional circumstances will this not occur.

### Who will be involved in my care?

#### Doctors

Patients will be allocated to a specific consultant for their stay on the wards. This consultant team will be responsible for prescribing the best treatment and/or surgery to best meet the individual needs of the patient. Patients will be seen by a doctor daily during their stay, sometimes due to consultant's commitments this may be a registrar and junior doctor.

#### Nurses

The surgical wards are managed by senior sisters who wear navy uniforms with a white stripe. The sisters are responsible for the smooth running of the ward and will be on duty Monday to Friday between 7am and 5pm and some weekends. Out of these hours the ward is allocated to a nurse in charge. The name of the nurse in charge is displayed on the main reception/ entrance they will also be wearing a yellow badge stating 'nurse in charge.' If the patient needs to speak to the senior sister out of hours please don't hesitate to ask a member of the nursing staff who will arrange an appointment.

The surgical wards have a dedicated team of staff nurses who wear mid blue uniforms and nursing assistants who wear bottle green uniforms. The nurses will care and look after you during your stay. If you have any questions, please don't hesitate to ask as they are happy to help.

#### Physiotherapist and Occupational Therapists

The wards have a team of therapists who wear maroon colour uniforms they help patients to regain as much independence as they can before being discharged or transferred to another ward or area.

Physiotherapists are a very important part of the patient's recovery on the surgical wards, their responsibility is to get the patient mobilised and they will provide exercises if needed. They will also see patients who need chest physiotherapy with the aim of preventing complications to help them get home as quickly as possible.

Occupational therapists are responsible for making sure patients are able to look after themselves in their own homes once they are discharged and that any necessary care is in place. Sometimes they do a washing and dressing or kitchen assessment with patients before they leave hospital to ensure that they have all necessary equipment and help that they may need.

### Surgical wards daily routine

#### Morning

After handover from the night staff, the morning team will introduce themselves to you. Patients who need help to get ready for breakfast will be helped to do so before the trained nurse starts the drug round.

Breakfast is served at around 8:30am. If a patient is having an operation or investigation that requires them not to eat before breakfast it will be withheld or offered at an earlier time. Hot drinks will follow after breakfast has been served. Patients are able to help themselves if they require additional drinks.

Morning till noon - washing, dressing and care needs will be attended to and the doctors and consultants will do their rounds to review patients care. Physiotherapists and occupational therapist will also carry out assessment and therapy for those who need their help.

#### Afternoon

Lunch is served around 12:30. Menus are usually offered in advance but a member of staff will offer a choice from the menu if required. After lunch has been served hot drinks will be offered.

The nursing team will continue to offer help with care needs during the afternoon.

Mid-afternoon hot drinks will be offered.

Supper will be served at 5:30pm. After supper has been served hot drinks will be offered.

Hot drinks will be offered again in the evening.

#### Night time

Handover to the night staff will start at 7:30pm. The night staff will then introduce themselves to the patients before starting the night time drug round.

Lights are usually turned off around 11pm, although there is an overhead light for those who wish to read.

It is likely that some patients will continue to need care during the night. The nursing staff will try to keep both light and noise to a minimum whilst care takes place.

The nurse may need to take some patient's blood pressure, pulse and temperature during the night and at around 6am in preparation for the doctor's rounds.



## Facilities available

Most beds have a pay as you go television, radio, telephone system which allows friends and family to call the patient directly. Top up cards are available from main reception or alternatively payment can be made via credit/debit card via the telephone handset.

There is free Wi-Fi supplied by Salisbury Stars Appeal at the hospital.

The League of Friends shop will visit at varying times selling newspapers, magazines and light refreshments.

We advise that you do not keep valuables or large amounts of cash with you in hospital. We can put these in the hospital safe for security (you will get a receipt if you do so). The hospital cannot be held responsible for items lost which have not been declared on admission.

There is a hospital chapel on level 3 for patients who wish to visit, or we can arrange for a chaplain to see the patient on the ward.

There are various refreshments areas/ shops at Salisbury District Hospital, "Coffee" shop, WH Smiths and the League of Friends Shop are located at the main entrance. Spring's Restaurant is on level 2 and Hedgerows café is in SDH North. There are also coffee and snack machines located at various places within the hospital such as the top of the main stairs on level 4, outside The Day Surgery Unit and in the maternity corridor.

Each bed space has a call bell which will be placed within easy reach of patients. During the night call bells are lowered in volume to try and reduce disturbance to sleeping patients. If earplugs are required these can be obtained from the ward by asking the nurses. All beds are electric and a hand set is available for patients to adjust the position of their bed.

## Surgical Wards Visiting Times and Contact Numbers

Please speak to the Ward Sister to discuss arrangements for visiting outside normal times if you are a carer or have special circumstances.

Meal times are 'protected' and visitors will usually be asked to leave. Protected meal times are periods of time on a hospital ward when all non-urgent activity aims to be reduced. During these times patients are able to eat without being interrupted and staff can offer assistance.

### Downton ward

**Visiting times:** 2pm - 8pm

**Max visitors at a time:** 2

**Other information:** flowers are permitted on this ward. Patients are often transferred to the Discharge Lounge when waiting for transport to take them home

**Directions:** please enter the hospital via entrance B and park in car park 9. Enter the hospital via the covered walkway. This is level 2. Take the lift or the stairs to level 4 and follow the signs to Downton and Britford ward.

**Contact:** 01722 336262 ext. 4380 or 4387

### Britford ward

**Visiting times:** 2pm - 8pm

**Max visitors at a time:** 2

**Other information:** flowers are permitted on this ward. Patients will often be sent to the Discharge Lounge to wait for their transport if this is after 10am on the day you go home.

**Directions:** please enter the hospital via entrance B and park in car park 9. Enter the hospital via the covered walkway. This is level 2. Take the lift or the stairs to level 4 and follow the signs to Downton and Britford ward.

**Contact:** 01722 429380 (direct number) or 01722336262 ext. 4379 or 2233

### Chilmark suite

**Visiting hours:** 3pm - 8pm

**Max visitors at one time:** 3

**Other information:** flowers are **not** permitted on this ward. Please avoid visiting during meal times if possible.

**Directions:** Park in car park 8. Enter the hospital via the covered walkway and take the stairs or lift to level 4 and follow signs to the Amesbury and Chilmark Suites: they are located at the far North of the Hospital site

**Contact:** 01722 336262 ext. 3140 or 3510

### Odstock ward

**Visiting times:** 2pm - 8pm

**Max visitors at one time:** 3

**Other information:** flowers are **not** permitted on this ward. Please avoid visiting during meal times if possible.

**Directions:** Please enter via entrance B. Park in car park 8. Enter through the Springs Entrance and go up to level 4

**Contact:** 01722 345507 (direct line)



### Amesbury suite

**Visiting hours:** 2pm - 8pm

**Other information:** flowers are **not** permitted on this ward. Please avoid visiting at meal times.

**Directions:** Park in car park 8. Enter the hospital via the covered walkway and take the stairs or lift to level 4 and follow signs to the Amesbury and Chilmark Suites: they are located at the far North of the Hospital site

**Contact:** 01722 336262 ext. 3105 or 3104

### Breamore ward

**Visiting hours:** 12noon - 9pm

**Other information:** flowers are **not** permitted on the ward.

**Directions:** please enter via entrance A and park in car park 1. The ward is located in the central part of the hospital.

**Contact:** 01722 336262 ext. 2965 or 5056

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*Role: Lead Sister Pre-operative Assessment Unit.*

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## The pre-operative assessment unit

The pre-operative assessment unit is a nurse-led clinic that specialises in preparing patients for planned surgery. A pre-operative assessment is necessary for all patients who are having a surgical procedure performed under anaesthetic.

### Location

Block 4 near the day surgery unit.

### Directions

#### By car:

- Using entrance B, follow the main road along and park in the main carpark- car park 8.
- As you look at the hospital please turn left on the path and follow signs to the Day Surgery Unit.
- Walk past the Eye Clinic, please do not enter this department.

**Please note: Disabled parking and a drop off point can be found at 'The Green' Entrance. Please enter entrance B and take the first turning on your left as you enter the site.**

#### By bus:

- Alight at the Green stop, this is the first stop the bus will make when it comes onto the site.
- Enter the building through the automatic building and turn right.
- Take the second left following signs to the Day Surgery Unit.
- Turn right in front of the doors to the Day Surgery Unit and we are on the right.

Enter hospital at Main Entrance (level 3). Go up to level 4 by stairs or lift and cross over the link bridge, walk up the hill and turn left. Take the second left towards the Day Surgery Unit (DSU). Turn right immediately outside the door to DSU and we are on the right.

### Best place to park

Parking is available in the visitors' car parks at the rear of the site (car park 8 – pay on foot).

### Opening times

Monday to Friday 08.30am - 16.30pm

### How to contact us

- To discuss appointments and dates for coming into hospital with the Booking team call 01722 345543, email [centralbooking.salisbury@nhs.net](mailto:centralbooking.salisbury@nhs.net)
- To speak to a Pre-Operative Assessment Unit receptionist, call 01722 336262 Ext 4551
- To return your health screening questionnaire or contact a nurse email [sft.poau.patients@nhs.net](mailto:sft.poau.patients@nhs.net)
- To speak to a nurse call 01722 425199, please leave a message if this is not answered.

### Patient Information

We recommend that patients who are scheduled for surgery read the following core Information leaflets

- Coming into hospital for a planned surgical procedure
- Surgical ward information
- You and your anaesthetic
- Help us stop the clot
- Caring for a surgical wound (If you are going to have a wound)
- Coming in for surgery when you have diabetes (If you are diabetic)
- Stop before the op (If you smoke)
- Facts about alcohol (If you drink alcohol)



There is also information regarding specific procedures within the appropriate specialty sections of microguide

### General Information

The type of pre-operative assessment offered depends on the nature of the planned operation and whether there are underlying medical problems.

The types of assessment range from a review of the patients GP electronic record and health screening questionnaire, to a face to face appointment with a specialist Pre-operative Assessment Nurse or Consultant Anaesthetist.

Patients attending for face to face pre-operative assessment appointments in preparation for Gynaecology or breast procedures may also be asked to attend the relevant outpatient clinic immediately prior to or following their pre-operative assessment. Information about this will be provided in the clinic letter if required.

**All patients must complete the health screening questionnaire accessed via the link below.**

It is very important for patient safety that this questionnaire is returned promptly; failure to do so may result in the procedure being cancelled.

To access the questionnaire, please click the link below:

<https://www.salisbury.nhs.uk/media/12jbac2t/healthscreeningquestionnaireoct.docx>

Please send the completed form to [sft.poau.patients@nhs.net](mailto:sft.poau.patients@nhs.net)

Once the health screening questionnaire is received the Pre-Operative Assessment Unit nurses will review the form and will subsequently only contact the patient if further information is required regarding the patients' health or if a further review is required. If changes to medication are required pre-operatively, instructions will be provided by post, phone or given in person if asked to attend for further review.

#### Reasons for needing to come in to hospital for further review include:

- Swabs, including MRSA
- Blood tests
- ECG
- Urine sample
- Echocardiography
- Face to face clinic appointment with nurse or consultant

**If you are asked to attend for a further review** the length of appointment will depend on the type of appointment needed.

- A pre-operative screen with a nursing assistant takes approximately 30 minutes
- A face to face appointment with a specialist pre-operative assessment nurse may take up to two hours depending on if you need to be seen by more than one specialist nurse or clinician
- A consultant anaesthetist appointment usually takes approximately one hour
- After the appointment the Pre-Op team will make a plan for your care.

This may involve:

- Stopping/starting some medication pre-operatively
- Referral to other specialists for further information or optimisation of your health

