



Anesthesie en de dag van de operatie - Engels

Anaesthesia and the day of surgery

Preparation on the day of surgery

Fasting

Fasting means not eating or drinking. Under anaesthesia, food can travel from the stomach into the lungs and cause severe pneumonia, which is why you must refrain from eating or drinking before surgery.

Please adhere to the following agreements:

- Do not eat any solid foods from midnight the day before your surgery, so no breakfast.
- You may drink clear liquids up to 2 hours before your admission. This includes water, sports drinks, tea or coffee without milk or milk powder (sugar is allowed), clear lemonade (NO carbon dioxide).
NO milk products, NO alcoholic drinks, NO fruit juices, NO fats (broth, etc.) and NO sweets.
- Do not smoke on the day of surgery.

If you do eat or drink liquids with milk or fatty liquids such as broth, there is a good chance that the surgery will be postponed.

Smoking

Smoking increases the risk of problems during and after surgery. Do not smoke before surgery. Smokers' respiratory tracts are more likely to be irritated and, therefore, more sensitive to inflammation. Coughing after surgery can also be very painful. Smokers have lower blood oxygen levels, which puts extra strain on the heart during anaesthesia and reduces blood circulation. This is bad for surgery and the healing of the wound.

Taking your medication

The POS employee (pre-operative screening employee) will discuss which medicines you can and cannot take on the day of surgery. These agreements will be included in a personal letter with other important information about your surgery. You will receive this personal letter after the appointment or by email through *MijnSpaarnegasthuis*.

Paracetamol

To ensure that you have less pain after surgery, it is important that you take paracetamol before you leave for the hospital.

- If you take paracetamol every day, the POS employee will explain how to take the paracetamol on the day of surgery.
- If you **do not** take paracetamol every day, take two 500 mg tablets (together 1000 mg) of paracetamol (without additives) with water approximately one hour before you leave for the hospital. This is to build up a concentration in your blood so you will suffer less pain after surgery. You will also respond better to the medicine given during surgery.
- Children always receive personal advice about pain relief from the POS employee.

Admission

Admission to the hospital

Please contact the hospital by telephone the day before surgery. If the day before surgery falls on a Sunday or public holiday, contact the hospital on the last working day before your surgery. The outpatient clinic will give you the phone number you need to call. You will then be given the location and department to report to and the time you are expected. Please also read the leaflet 'Admission to the hospital' or 'Day surgery' carefully.

Day surgery

If you are having day surgery, you won't be staying overnight and only need to bring what you need for that one day. Don't forget to bring your medicines to the hospital. It is wise to leave valuables at home to avoid losing them.

If you are having day surgery, make sure you arrange for someone to pick you up and take you home.

Admission to a nursing ward

After some types of surgery, you cannot go home the same day. This is usually known beforehand and you will be admitted to the nursing ward in advance. In most cases, this will be on the day of the surgery. You will need to bring what you need for a few days. Don't forget to bring your medicines to the hospital. It is wise to leave valuables at home to avoid losing them.

Before going to the surgery department:

- All piercings and jewellery must be removed. This includes rings. These can disrupt blood circulation.
- Do not use make-up, body lotion and/or face cream on the day of the operation.

- Gel/artificial nails are not a problem.
- Contact lenses must be removed. If agreed at the POS, you can wear your glasses.
- You must be able to understand us properly. Keep your hearing aid or devices in if necessary.
- For general anaesthesia, dentures must be removed. The dentures may remain in the case of local anaesthesia or an epidural.

The preparation room (holding area)

The nurse will take you to the surgery department. At the door to the surgery department, an employee of the preparation room (holding area) will take over. The employee will go through a list of security questions with you. We will ask questions that you have already answered. This is for the sake of safety to prevent us from, for example, confusing patients or the side to be operated on.

Visitors

Sometimes one person or one parent may accompany the patient to the surgery department until the anaesthetic is given. This is allowed if specific guidance is required for the patient or if the patient is younger than 18 years old.

The visitor/parent is given a special suit that is worn over their normal clothing. This is because of the strict hygiene rules that apply in the surgery department.

One of the recovery room nurses will call the visitor/parent as soon as the patient is back in the recovery room after surgery.

In the surgery department, all employees wear special operating clothes and cover their hair with a cap. You will be received in the central area (holding area) of the surgery department where you will be prepared for surgery.

- An IV line will be inserted into a vein in your arm or hand, to which an IV bag with liquid is connected.
- You will be given patches on the chest for heart monitoring.
- A blood pressure band will be placed on your arm.
- You will have a clip on your finger to check the oxygen level in your blood.
- You may have discussed an additional anaesthetic. This will be given in advance by an anaesthetist or anaesthetist in training so that it has time to take effect.
- Sometimes you have to wait in the holding area until the operating room is available. When it is time, you will be transferred to an operating table and rolled to the operating room by a nurse anaesthetist who will look after you and stay with you during surgery.
- Some surgeries require a bladder catheter. This will be inserted after the anaesthetic has been given.

In the surgery department

At the hospital, we work with a special protocol to prevent errors. This means that during your admission you will often be asked for your name and date of birth.

You will also be asked to draw an arrow on the part of the body to be operated on (if necessary) with a black marker to make sure you are operated on the right side of your body.

All your data will be checked again in the surgery department and again just before you are given the anaesthetic. You will speak to your attending physician just before surgery. You will also meet the anaesthetist who is responsible for you. An anaesthetist is a doctor who specialises in the various forms of anaesthesia, pain relief and intensive care for surgery. You may meet a different anaesthetist in the operating room than you saw in the pre-operative screening at the outpatient clinic. The anaesthetist will give you the form of anaesthetic that

was agreed with you at the outpatient clinic. In rare situations, you may be given a different anaesthetic than that agreed. If this is the case, the anaesthetist will explain why. We will keep an eye on you at all times during the surgery. We work with surveillance monitors that continuously take measurements. You will be closely monitored.

General side effects and complications after surgery

Despite modern anaesthesia techniques, risks and side effects do exist. Common side effects are:

- a sore throat
- a dry mouth
- a headache
- nausea
- vomiting
- nerve damage
- an inflamed vein
- joint pain

These side effects usually pass quickly. Most of these side effects are a result of surgery and anaesthetic. The anaesthetist and his team will do their utmost to avoid risks and side effects for you.

Serious complications from the anaesthesia can occur unexpectedly or because you were in poor physical condition before surgery. During the visit to the anaesthesiology clinic, you can discuss whether the anaesthesia entails special risks in your case.

The recovery room

After the surgery, the anaesthetist and the nurse anaesthetist will take you to the recovery room. The recovery room is a separate room close to the operating rooms where you will be monitored by specialised nurses. They ensure that you can recover peacefully from the operation. You will be connected to the monitoring equipment and they keep a close eye on you. You may be given extra oxygen. Your blood pressure will be measured every ten minutes. You will be picked up from your ward by a nurse when you are properly awake, your measurements are stable and the pain relief is under control. After some surgeries, you will go directly from the operating room to the intensive care unit. This will be discussed with you in advance.

Pain after surgery (post-operative pain)

They also check your pain in the recovery room and give pain-relieving medicines if necessary. Pain relief is the prevention and reduction of pain. Pain prevention starts on the morning of your surgery when you take painkillers at home. The anaesthetist will also prescribe which medicines you will be given for pain after the operation.

Paracetamol

Paracetamol may be sufficient for minor surgery.

Morphine

For major surgery, it is often necessary to prescribe morphine preparations. The morphine preparations can be combined with a local anaesthetic. The local anaesthetic will continue to work for a few hours after the surgery and reduce the need for painkillers.

A PCA (Patient Controlled Analgesia) pump may also be an option. Analgesia is another word for pain relief. The pump puts you in charge of your pain medication. When you feel pain, you can administer the medicine at the touch of a button. There is no risk of administering yourself too much medicine. The pump has been specially adjusted to prevent this. Do not let anyone else operate the pump.

Registration of pain scores

To tailor the pain relief to help you as best as possible, you will be required to rate your pain. You are the only one who can tell if you are in pain and how bad it is.

The nurse will ask you to rate your pain on a scale from 0 to 10, where 0 is no pain and 10 is the worst pain imaginable. You may also be asked whether the pain is acceptable. Usually, this corresponds to a pain rating of 4 or less. A pain rating of 4-7 indicates moderate pain and above 7 severe pain. If you hurt in more than one place, it's best to rate the pain that you experience as the worst. You may also experience pain at specific times, for example, when breathing deeply, coughing or moving. Tell the nurse about this and rate the pain.

Recommendations for the use of pain medication

- If you have any questions, ask the doctor or nurse.
- If you are in pain, tell the doctor or nurse as soon as possible. Don't wait for the nurse to ask you to rate the pain. Also let them know if you are in pain at night.
- Take painkillers at regular intervals. Do not wait until you are in pain to take them. It is better to wake up to take the painkillers than to wake up from the pain.
- Stick to the amount and type of medication that the doctor prescribed.
- Notify the nurse or doctor if the pain changes in location, severity or character.
- If you think you no longer need painkillers, discuss this with the doctor or nurse. Do not stop taking medicine without consulting them.

Day surgery and an unexpected stay overnight

Even if you are admitted to the outpatient clinic for surgery, there is a chance that you will not be able to go home afterwards. In this case you will be admitted to the hospital. This can be the result of a problem caused by surgery or anaesthesia.

Going home

You are not allowed to drive yourself home after an operation. Make sure that someone picks you up when you can go home. You are also not allowed to take a taxi or bus on your own. You must not be home alone on the first night after surgery. If you live alone, ask someone to spend the night. Take it easy at home for the first 24 hours after surgery. Do not operate heavy machinery or make important decisions.

Birth control

If you are taking the contraceptive pill, please note that it will not work properly in the immediate period after your surgery. You must take extra measures for up to a month after the procedure to ensure that you do not become pregnant. In the case of non-oral contraception (contraception other than 'the pill') such as the contraceptive injection, you must take extra protective measures for up to seven days after the procedure.

Recovery

You will need to recover after surgery, and this takes a lot of energy. Make sure that you have organised somewhere to stay or help at home after the surgery, if necessary. Many people do not feel well for a while after surgery. This is caused by the anaesthetic but also because

every operation is a traumatic experience. The body must recover at its own pace. That takes time.

Physician assistant in training

In several wards, we have physician assistants working who are in training from a teaching hospital. They are doing an internship at Spaarne Gasthuis. These assistants are doctors in training to become specialists. Several assistants in the anaesthesiology department come from the Amsterdam UMC.

Questions

The information you are given must be correct and clear. With help from your doctor, you must decide whether to go ahead with the treatment. If you have any questions after talking to your doctor and reading this information, please don't hesitate to ask. If necessary, write down your questions in advance so that you don't forget anything.

Questions about the surgery and what you can and cannot do after the procedure can be discussed with your doctor.

Questions about anaesthesia can be discussed with the anaesthetist (in training) or POS employee.

Questions about the ward can be discussed with the nurse who admits you.

Changes

If your health or medication changes after visiting the outpatient clinic for the pre-operative screening, you receive an emergency procedure at another hospital, or you see a new specialist, please let us know as soon as possible.

Where to find us

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