

Going Home Following Day Case Surgery

Patient Information Leaflet

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It is not routine for the surgeon to see patients following day case surgery (depending on the operation you have had done). A nurse will be able to assess you for discharge as they will have been given clear instructions from the surgeon and anaesthetist.

The nurse will check you are not still drowsy, you are tolerating diet and fluids, you are not vomiting or suffering from excessive feelings of sickness, you have passed urine (procedure-specific) and if, you have a wound, that there is no excessive bleeding.

Once the nurse is happy they will deem you safe for discharge. This varies for each person depending on the nature of the surgery and how you are afterwards.

If you require any medication to go home with, the nurses will try to ensure it is ready for you in good time and give you instructions on how and when to take it. There is written information at the back of this booklet.

Anaesthetic drugs remain in the body for 24 hours and gradually wear off during this time, so your natural reactions which ensure your safety will not be as quick as usual.

Therefore:

- Do not drive any vehicle for 24 hours.
- Do not operate heavy machinery or cook hot food for 24 hours.
- Do not drink alcohol or take sleeping tablets for the first night after your operation.
- Do not go out alone.

Wound Care

You will get surgery specific wound care advice from the nurses when you are ready for discharge. This will include when and how to get your wound checked and your stitches removed (if they are not dissolvable).

Pain Relief Advice

Take the prescribed pain relief **regularly** for the next 24 – 48 hours.

You may then start to reduce this and take **as needed**.

If the pain continues or gets worse then please continue to take the painkillers regularly and seek advice from your GP if needed. Some of these painkillers can cause constipation, so it is a good idea to drink lots of fluids and buy some laxatives from your local pharmacy too.

If you experience any unpleasant side effects then please stop taking the medication and see your GP or pharmacist.

Paracetamol (500mg)

We recommend that you take: two x 500mg tablets regularly four times a day for one or two days, remembering not to take any other tablets containing paracetamol (co-dydramol or cocodamol. You should take these tablets even if you have no pain, as they will keep the pain away. You will need to get some more from your chemist.

Ibuprofen (400mg tablets)

This is an anti-inflammatory painkiller. Take one tablet three times a day in addition to the regular paracetamol above. Not everyone can take ibuprofen so check with your nurse or anaesthetist if it is ok for you to do so. Do not take ibuprofen at the same time as other anti-inflammatories such as aspirin, nurofen, brufen and naproxen. Ibuprofen has few side effects but can sometimes cause indigestion and so should be taken with food. If you develop indigestion or abdominal pain, stop taking them. If they make you wheezy or breathless, stop taking them. Antiinflammatory tablets can be taken at the same time as codeine and will improve your pain relief.

Co-Codamol 30/500

You may need a stronger painkiller than just simple paracetamol and ibuprofen. Co-codamol is a combination of codeine and paracetamol, therefore do not take paracetamol if you are taking co-codamol as it may cause side effects such as nausea, drowsiness, dizziness or constipation. If however, the side effects are unpleasant, stop taking them (but continue with paracetamol and ibuprofen if you can tolerate them) and see your GP or pharmacist.

Dihydrocodeine (30mg)

Dihydrocodeine is a strong painkiller. If deemed safe by your GP or pharmacist, it can be taken alongside paracetamol and ibuprofen. If you experience a feeling of nausea (feeling sick) or drowsiness, please contact your GP or pharmacist and reduce your dose form two tablets to one. Dihydrocodeine can also cause constipation, ensure you increase your intake of fluids and fruit. If constipation persists you can take laxatives to aid in bowel movement.

If you are unsure about any of your tablets please ask your nurse before you leave the hospital

Recommended for you:

Paracetamol - 500mg	Time of last dose:	Time of next dose:
2 tablets, 4-6 hourly		
(max. dose 8 tablets in 24hrs)		
Ibuprofen 400mg	Time of last dose:	Time of next dose:
1 tablet, 6-8 hourly		
(max. dose 3 tablets in 24 hrs)		
Co-codamol 30/500	Time of last dose:	Time of next dose:
1-2 tablets, 4-6 hourly		
(max. dose 8 tablets in 24 hrs)		
Dihydrocodeine 30mg	Time of last dose:	Time of next dose:
1-2 tablets, 4-6 hourly		
(max. dose 8 tablets in 24 hrs)		

Contact numbers for information and advice

If you get home and become very unwell following your surgery please seek urgent medical advice by attending your local A&E department.

If you just need help or advice for then please phone your Day Surgery Unit (DSU):

- Arrowe Park Hospital DSU 0151 604 7135
- Clatterbridge Hospital DSU 0151 482 7750

The Day Surgery Unit is open Monday to Friday 07:30 to 20:00 (except bank holidays). You may contact your named nurse if you need help or advice.

- Your **named nurse** is:
- Your **operation** was:
- Your surgeon was:
- Your anaesthetist was:

Out of hours

For help and advice out of hours please phone:

- Arrowe Park Hospital Surgical Assessment Unit 0151 482 4912.
- Clatterbridge Hospital Ward M2 0151 482 7626

Unless you are very unwell, please call these numbers before turning up at A&E.

Outpatients' appointment

- You do not require an outpatient appointment
- □ Your outpatient appointment is on

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□ An appointment will be made and sent to you through the post for:

......weeks/months' time

This leaflet is available in large print, Braille and on tape. Please contact 0151 604 7289.



Wirral University Teaching Hospital NHS Foundation Trust operates a No Smoking Policy. Please refrain from smoking on site.

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