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INSTRUCTIONS BEFORE AND AFTER INPATIENT SURGERY (Picoprep)

BEFORE SURGERY

Pre-Surgery Diet

It is essential for the safety of your surgery that you adhere to the following low residue diet.
PLEASE NOTE: If you do not adhere to this diet your surgery may be cancelled.

1 Day Before Surgery

No Solids.
Full liquids - anything that can be poured, this includes water, milk products eg: smoothies, milkshakes, soup.
Picoprep - take 3pm and 5pm.

Day of Surgery

If you are having ***morning*** surgery have nothing to eat from midnight.
If you are having ***afternoon*** surgery: have a full liquid breakfast before 7am then water ONLY after 7am till 11am.

You may have a standard glass (170mls) of CLEAR fluid each hour until called to theatre. This includes water, juice without 'bits', tea or coffee with NO milk.

Medication

Hormones to be continued.
Pain medications: Paracetamol and/or codeine preferred.
STOP any anti inflammatory medication eg: Voltaren, Nurofen 7 days before the procedure.
STOP all supplements eg: Fish Oil, Garlic, Ginseng, Turmeric as all these can cause increased bleeding on the day of surgery.
It is very important that you advise your doctor if you are taking Aspirin or any other blood thinning medications eg: Warfarin, Xarelto, Eliquis, Clopidogrel as all these medications need either to be stopped or replaced with alternatives in consultation with your treating Doctor.
Do NOT take any diabetic tablets on the day of surgery.
If you are taking INSULIN for your diabetes, please contact the anaesthetist for instructions.
Continue other medication (especially heart, blood pressure and thyroid tablets) with a small amount of water.

Exercise

There is no restriction on daily activities before your operation, however, if you engage in strenuous exercise, please make sure to drink adequate amounts of fluid.
TED stockings will be fitted pre-operatively and are to be worn for 10 days post-operatively.

AFTER SURGERY

Diet

Gradually increase your fluid intake, i.e. from water to clear fluids to full fluids/milk products.
Intravenous drip will be discontinued if managing adequate fluids.
Light diet (soup, sandwiches) if desired, gradually building up to a normal diet.

Have small frequent meals rather than occasional large ones.
A high fibre diet with plenty of fluid should avoid the need for prolonged use of a laxative.
Constipation and straining should be avoided at all times. If you do become constipated, please call our rooms on 9251 6555, or see your GP.
Use Metamucil or Benefiber if constipated after surgery.

Medication

Pain medication will initially be provided via intravenous drip or injection initially. As requirement falls, this will be changed to suppositories or tablets.
Medication for nausea is given at the time of surgery; further injections can be administered if required.
Normacol - Unless instructed otherwise, take 1-2 heaped teaspoons with copious fluids (without chewing or crushing) once or twice daily, after main meals to ensure soft bowel motion.
Advice will be given regarding continuing hormonal treatment.
Restart other medication (heart, diabetes) on day of surgery or as soon as instructed.

Take-home pain medication will be prescribed.

Exercise

Day of surgery	Do not cross legs in bed
	Wiggle feet and legs when in bed, begin as soon as possible and continue
After surgery	Sit on side of bed initially
	Transfer to bedside chair
	Walk to bathroom
	Walk freely around the ward
	Progress should be gradual, avoid exertion

DISCHARGE FROM HOSPITAL

You will be discharged from hospital when the nursing staff considers that you are able to function on your own, which means:

- You are mobile
- You can eat and drink without nausea
- You empty your bladder properly
- You are comfortable, pain under control
- You open your bowels.

Make sure:

- You are accompanied by someone on your way home
- Someone stays with you at least for the next few days
- You have access to pain medication in addition to your regular medication
- Arrangements are made to facilitate your movement around the house (going up and down several flights of stairs several times a day may be difficult).

Pain Management

Please take Paracetamol: 2 tablets 4 times a day (6 hourly) as needed until your postoperative visit.
You will be discharged with Oxycodone tablets (opiates containing strong pain killer).
Take one Oxycodone tablet every 4 hours if you are very sore despite regular Paracetamol.
Heat packs and/or warm baths are excellent ways to manage pain.

General Advice following Surgery

The following is general advice for a range of surgical procedures. Certain instructions may not apply to your individual case:

Short baths can be taken (10-15 minutes).

Showers may be taken as soon as you are able to walk around.

Wounds may get wet but should be dried thoroughly. Use a hairdryer if necessary and leave Steri strips on wounds for 5 days.

Sports: start gradually and build up (walking, swimming, jogging), no exertion, avoid high impact exercises for 6 weeks (3 months for pelvic floor surgery) and stop if it hurts.

Sexual intercourse can resume when vaginal bleeding/discharge stops (approximately 4-6 weeks for hysterectomy).

Avoid heavy lifting for 3 months after major surgery (i.e. no more than 10 kg/2 telephone books).

Avoid standing for long periods.

Recommence driving when pain medication is no longer required (check with your Insurance company regarding cover following surgery).

Recovery from surgery is dependant on the individual and may take from 4 weeks to several months.

POST OPERATIVE VISITS First visit 2-6 weeks

Second visit 3 months (if needed)