



Pre-operative Patient Instructions - ENDOCRINE

Patient:.....

Planned procedure:.....

Date and Time:.....

Hospital Location:.....

- Fasting Instructions: Stop eating and drinking six hours before your admission time. You can drink clear fluids (weak cordial, water, BLACK tea) in small volumes (1/2 cup) up to 2 hours before surgery. Do not drink anything within 2 hours of your operation. (All sedative and anaesthetic drugs impair our protective reflexes that prevent stomach contents from being regurgitated into your lungs (aspiration). Aspiration pneumonia is a life-threatening condition and is largely preventable in elective surgery. **For your own safety, it is of utmost importance that guidelines for pre-operative fasting are followed to minimise such risk.**
- Medications: Take your usual medications on the day of surgery (with a TINY sip of water). Do not take the medications that have specifically been ceased pre-operatively. If you are at all confused, please call.
 - **Medications to stop 2 weeks prior to surgery:** all non-essential natural supplements eg. Ginger, Fish Oil, Gingko, Melatonin, Turmeric, Vitamin E
 - **Medications to stop 7 days prior to surgery:** all anti-inflammatories eg. ibuprofen, aspirin, ‘diet’ pills and all over-the-counter medicines
 - **Blood thinners** (Patients taking Aspirin, Clopidogrel, Warfarin, Ticagrelor, Ticlopidine, Dabigatran, Rivaroxaban). Follow the instructions given to you by your physician. After surgery, you will be told when it is safe to resume these.
 - **Diabetics:** Do not take your diabetic tablets on the day of surgery, when you are fasting. If you are taking insulin you should follow the specific instruction provided to you by your physician.
- Special considerations: The anaesthetist will typically make contact with you before the surgery and on the day of your operation. Please advise the anaesthetist of your medical history, have a list of medications, report any allergies or adverse reactions. Patients with pacemakers or implantable defibrillators may need to liaise with their cardiologist. If you have any concerns please discuss them with me, your anaesthetist, your local doctor or other treating specialist e.g. cardiologist, endocrinologist.
- Personal items: Please remove jewellery, makeup, nail polish, contact lenses and hairpins. Leave valuables at home. You will be most comfortable in loose fitting clothes and pyjamas.

Disclaimer

Please remember that medical information provided here must be considered as an educational service only and should not be relied upon as a medical consultation. In keeping with the philosophy of evidence-based practice upheld by Surgical Health Specialists, we would like to use your de-identified medical information for ethically approved research. Please inform us if you do not wish to participate.



- **Things to bring:** If you use inhalers or a CPAP machine, please bring them to the hospital
- **Smokers:** Smokers have a higher risk of wound and general complications compared to non-smokers. It is advisable to stop smoking as soon as possible before surgery, to reduce this risk.
- **Pain:** Severe pain after surgery is uncommon and often indicates a problem. The most common complaint is a sore throat or headache. The first line of treatment is to use simple medications in an alternating fashion.
- **In the operating room:** You are the most important person in the operating room and your care, comfort and safety is my priority. In the operating room you will be asked questions to verify your name, date of birth and planned procedure. There may seem to be a lot of activity in a cool room with bright lights. This is normal but please let us know if you are uncomfortable. You will have a general anaesthetic and stay overnight in hospital.
- **After surgery:** You will be taken to a recovery area or intensive care unit depending on your condition. I will update your nominated family member or friend as soon as practically possible. Once your status has improved, you will be transferred to a ward where you can
 - Eat and drink as tolerated.
 - Walk around the ward.
 - Shower (within 24hours)
 - Be visited by friends and family (per nursing staff).
- **Post-operative day 1:** On the morning after surgery, you will have blood tests and will be reviewed in person prior to discharge by me. If your wound is flat and you can eat, drink, pass urine and ambulate you will most likely be able to go home.
- **Review after discharge:** Your post-operative check-will be scheduled within 2weeks. You will be asked to have a blood test just prior to this appointment. At this review, I will
 - Remove the dressing
 - Review the pathology
 - Discuss any concerns
 - Arrange any additional treatment
- **Exercise, Work and Driving:** You should avoid strenuous activity and lifting (7kgs max) for 4 weeks after surgery. If you cough or sneeze, you should apply firm counter pressure to your neck using a clean towel. Most people feel well to return to work after a week, but patients are highly variable and it depends on your level of activity, extent of surgery and fitness beforehand. Be guided by how you feel. You are not allowed to drive (legally) within 24hours of surgery. It is best to use your common sense with respect to getting behind the wheel. As a minimum you need to be able to turn your head fully and react quickly.

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