Preparing For Surgery

Please bring this booklet for ALL your visits

Patient Identification (Sticker Label)





Consultation

- Surgery detailsRisk of procedure
- Day of Consultation

Date: ______
Venue:



Day of Admission

Our staff will give you a call <u>1 working</u> day before your day of admission to inform you of your Admission Time

Preparing For Your Surgery



Date: ______



Pre-Admission Tests

- Estimated bill size
- Discuss financing options (MediSave, insurance)
- Preparation for surgery





Pre-Admission tests (Where applicable)

Fasting is not required

- Blood test
- Electrocardiogram (ECG)
- X-ray



- Medication instructions
- Discuss risk of anaesthesia
- Discuss pain management





Patient Education (Where applicable)

Customised education based on surgery

Documents and initial deposit required on ☐ Patient's NRIC / Passport ☐ Employment Pass / S Pass / Work Permit (if applicable) ☐ Civil Service Card / Hospital Identity Card / Letter of Guarantee ☐ Service Injury Card / Medical Benefit Identification Memorandum (MBIM) ☐ Medical Claims Authorisation Form (s) & NRIC (s) of Medisave Account Holder(s) ☐ Means Testing Consent Form / Consent Form for Data Sharing (PFA) ☐ Initial Deposit Required: S\$

For patients admitting to the Same Day Admission Centre or Ambulatory Surgery Centre, our staff will call you one day before your day of admission/surgery.

In the event that you did not receive a call by 5pm, please contact the Pre-Surgery Hotline at: 6576 1248.

For enquiries or changes to your admission/surgery date, please contact the Pre-Surgery Hotline at 6576 1248.

The Pre-Surgery Hotline operates from 8am – 5pm on weekdays, and 8am – 12pm on Saturdays.

For more general information regarding your admission/surgery, please visit: www.sgh.com.sg/pre-surgery

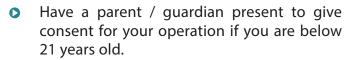
Please note:

- a) There can be unexpected changes to the surgery schedule. Your surgery may start earlier or later.
- b) Availability of your bed can only be confirmed at the time of admission. You may have to wait for a bed as we do not reserve beds in advance. This is to enable patients who require emergency admission to have access to timely care.
- c) Your planned admission/surgery may be re-scheduled or postponed if:
 - there is a shortage of beds for patients requiring urgent admission, or
 - a further assessment of your medical condition is needed.

Do's and Don'ts



Report punctually at the place of admission. Our staff will register and prepare you for your surgery.



- Bring along all your medication (including your inhaler for asthma).
- Bring along all X-ray films/CDs and any medical notes from your doctor on the day of admission and hand them to the nurse.





- Bring along a container for your spectacles or hearing aids, if you are wearing them.
- If you are going home on the same day of surgery, please arrange for a relative or friend to accompany you home when you are discharged, and ensure that you have a reliable caregiver at home.

DON'TS

- Don't apply makeup, nail polish or wear jewelry or contact lenses.
- Don't bring excessive cash or valuables (including laptops and personal mobility aids such as motorised wheelchairs) to the hospital on the day of surgery. The hospital reserves the right to safe-keep such valuables as our policies dictate. The hospital will not be responsible for any loss of your personal belongings or valuables.
- Don't bring items such as lighters, matches, knives or any other sharp objects that are prohibited in SGH. These items will be kept by the ward and returned to the patient upon discharge.







Instructions for elective surgery cases

1. Fasting Instructions ☐ Yes ☐ No

Fasting is essential prior to your procedure. In the event that you did not follow the instructions, <u>your surgery will be rescheduled to</u> another date.



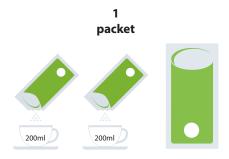
NO food and drinks (except PLAIN WATER) after 12 midnight or as instructed



Last drink allowed is **half a cup** (200ml) of **PLAIN WATER** before leaving home or as instructed

2. Pre-Op Carbohydrate Drink Instructions ☐ Yes ☐ No

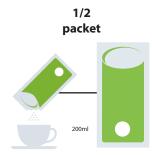
Carbohydrate loading drinks provide energy for your body while you are fasted. Please follow the instructions below if you are given carbohydrate loading drinks.



Evening before surgery (Before bedtime)

Pour 400mls of water in a cup/bottle
 Add <u>1 packet</u> of carbohydrate powder, stiring continuously until the powder has dissolved.

Instructions for elective surgery cases



2 Hours before surgery (Before leaving home to SGH)

Pour 200mls of water in a cup/bottle
 Add <u>half a packet</u> of carbohydrate powder, stiring continuously until the powder has dissolved.

3. Medication Instructions

Please follow the doctor's instructions on your medication



4. If you develop symptoms of flu/cold within 2 weeks of surgery, please seek advice as you may not be suitable to proceed with surgery.



Medication Instructions

Medication Instructions

		Before Day of Surgery		Day of Surgery
		High blood pressure medication		High blood pressure medication
		:		:
(e		Diabetes medication		Diabetes medication
		:		:
		Date/Time:		Date/Time:
4		Gastric medication		Gastric medication
		Date/Time:		Date/Time:
		Asthma inhaler medication		Asthma inhaler medication
		:		:
		Date/Time:		Date/Time:
		Others:		Others:
		Date/Time:		Date/Time:
		Aspirin		High blood pressure medication
		Date/Time:		:
5		Clopidogrel (Plavix)		Date/Time:
5		Date/Time:		Diabetes medication
5		Others:		Date/Time:
		Date/Time:		Others:
				Date/Time:
\Box				Continuous Positive Airway Pressure Machine (CPAP)
\mathcal{L}'				Home blood pressure readings
ring				Memo from General Practitioner
3				Medication from General Practitioner or Private Institutions
				Others:



ANAESTHESIA

What is Anaesthesia?

Anaesthesia means 'loss of sensation'. Medications will be given to you so that you are unconscious and do not feel pain during the surgery or procedure. After the anaesthetics has worn off, you will regain consciousness and wake up.

What are the types of Anaesthesia?

1. General Anaesthesia

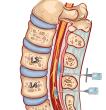
General Anaesthesia is a medically induced, reversible state of unconsciousness. This is achieved using a combination of drugs including pain-killers. Drugs are injected into your vein and/or breathed in as gases into the lungs. A breathing tube will be inserted to help you breathe while unconscious. The tube is removed after surgery when you wake up.

2. Regional Anaesthesia

Regional Anaesthesia numbs a specific part of your body. It may be combined with sedation or general anaesthesia. Regional anaesthesia may be performed as a single dose or with a continuous catheter through which medication is given over a period.

a) Epidural Anaesthesia

Local anaesthetic and other pain medicines are given using an epidural catheter (a small tube) that is inserted into your back to block pain during surgery and/or after your operation. Epidural analgesia is commonly used to help reduce labour pain.



b) Spinal Anaesthesia

Local anaesthetics and other pain medicines are injected directly into your spinal canal to block pain during surgery. Generally during spinal anaesthesia, the patient is numbed from the chest or abdomen down to the legs for 6 to 8 hours.



c) Nerve Blocks

Local anaesthetics and other pain medicines are injected near a nerve or a group of nerves supplying sensation to the intended surgical site, hence numbing the region and blocking pain during surgery. Nerve blocks typically last 8 to 16 hours, although it may last for a few days in about 2% of people.

During your anaesthesia consult, the doctor will advise you on options suitable for you and your procedure.

d) Local Anaesthesia with Monitored Anaesthesia Care

Local anaesthetic are given to numb the area for surgery while the anaesthesia doctor monitors your vital functions such as heart rate, heart rhythm, blood pressure and breathing to ensure that you are safe and comfortable during surgery. You might also be given sedatives to help you to remain calm during the surgery.



What are the risks of Anaesthesia?

The practice of anaesthesia is very safe; however the risk of complications with any anaesthesia remains depending on pre-existing conditions and surgery involved. Death or permanent disability related to anaesthesia is extremely rare.

Risks associated with all forms of Anaesthesia

Common Risks		R	Rare Risks		
•	Pain or bruising at the site of	•	Breathing difficulties		
	injections or drips				
•	Shivering	•	Heart attack		
•	Dizziness	•	Chest infection		
•	Post-operative nausea and vomiting	•	Allergy to drugs		
•	Temporary headache	•	Stroke		
		•	Death		

Additional risks associated with General Anaesthesia

Common Risks	Rare Risks		
 Sore throat 	 Inherited muscle 		
 Damage to teeth or dental work 	sensitivity to particular		
 Damage to lips or tongue 	anaesthetic drugs		
	(malignant hyperthermia)		
Facial abrasions	 Awareness of activity 		
 Body aches 	in the operating room		
 Eyelid abrasions 	during anaesthesia		

Common Risks	Rare Risks
 Headache 	 Infection
BleedingInadequate pain reliefProlonged nerve blockadeLow blood pressure	 Seizures Allergic reactions Damage to nerves, spine, skin, muscles or other internal structures.

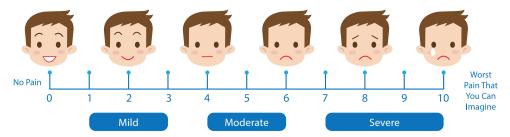
What can I expect after an operation involving Anaesthesia?

Post Surgery / Recovery

After surgery, you will be transferred to the Post Anaesthesia Care Unit (PACU) where your blood pressure, heart rate, breathing, temperature and pain will be monitored until you are stable enough to be discharged to the wards.

Pain

During recovery, we use the Numerical Rating Scale to score your pain (as illustrated below). Pain relief medications will be given to you to help reduce your pain.

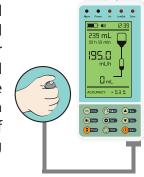


Methods for Pain Relief

- Oral medications e.g. paracetamol, opioids
- Intravenous medications e.g. morphine
- Epidural analgesia
- Nerve blocks

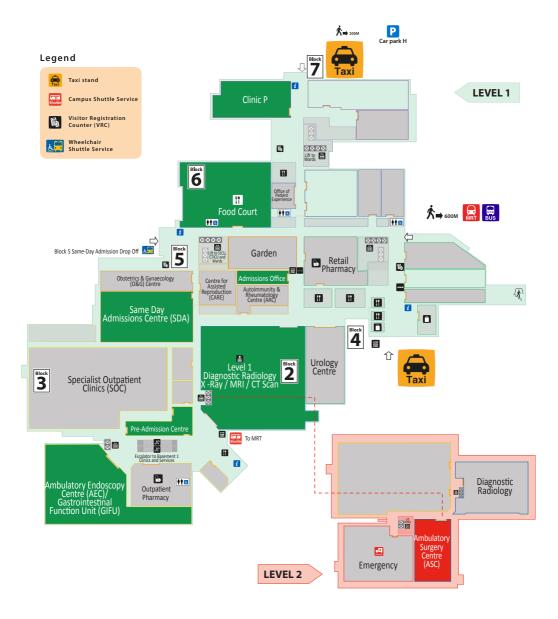
Patient Controlled Analgesia

Patient Controlled Analgesia (PCA) is delivered throughyourintravenous dripusing a computerised pump. The PCA pump is programmed by the doctor and is activated by you using a handset attached to the pump. It is important that ONLY YOU are allowed to press the handset for the medication to avoid overdosing for your own safety. Some of the common side effects include nausea, vomiting and drowsiness.



Notes			

SGH is an Academic Medical Centre. Junior doctors and students in medical, nursing and allied health disciplines may participate in your care under the supervision of the doctor-in-charge. We also conduct scientific studies to advance medical science, seek cures and improvement in treatment. If you decide to participate in studies related to your illness, we will obtain your written consent. You can still opt out of the study at any point and your decision will not compromise the level of care you receive.



Pre-Surgery Hotline **6576 1248**