

MY



Health  
Illawarra Shoalhaven  
Local Health District

# SURGERY

*Journey*

GETTING  
READY  
TO STAY

*Healthy*

RECOVERY

FASTING WHAT YOU  
NEED TO  
KNOW

DOWNLOADING  
*the Surgery App*



This information magazine has been written with the kind assistance of our clinical teams from across the District. We thank every one of them for their hard work. And a special thank you to the patients and their families who helped us in making this magazine. You are at the centre of every decision we make. All the stories, names, characters, pictures, and incidents in this magazine are fictitious.

**ACKNOWLEDGEMENT OF COUNTRY**

Illawarra Shoalhaven Local Health District acknowledges the people of the many traditional countries and language groups of our District. It acknowledges the wisdom of Elders both past, present and future. We pay respect to all Aboriginal communities.

# ABOUT THE DIVISION OF SURGERY - *Our Story*

The Division of Surgery provides elective and emergency surgery for adults and children in our community. This includes Wollongong, Shellharbour, Shoalhaven, and Milton Ulladulla hospitals. Our hospitals are accredited by the Australian Council on Healthcare Standards (ACHS).

**Our Story**  
Division of Surgery

**Our Population**

We have a total population of:  
**400,241 people**  
\*2011 data

**18%** of all residents are aged 65 years or older

Of the patients undergoing an operation:  
**More than 40%\*** are aged 65 or over  
**8.5%\*** are aged under 16

**Our People**

**More than 50 Specialist Consultant Doctors** and **30 Registrar Doctors** operate across **8 surgical specialties** including:  
General Surgery, Vascular (veins & arteries), Ophthalmology (eyes), Orthopaedics (bones), Neurosurgery (brain & spine), Ear Nose & Throat, Urology (bladder & kidneys), & Plastic Surgery.

**Geographic Location**

We offer surgical service across **4 facilities** - Wollongong, Shellharbour, Shoalhaven, and Milton-Ulladulla Hospitals.

**More than 55%** of surgical activity occurs at Wollongong Hospital, which is the primary referral hospital for surgical services across ISLHD

Residents requiring urgent surgical care have access to our services **24 hours a day, 7 days per week.**



**Our Health**

On average, our LHD is **more disadvantaged** than the NSW population (SEIFA ranking)

Residents in our LHD are **more likely to be:**

- Current smokers
- Risk drinkers
- Overweight or obese

*All of which bring an increased risk of after-surgery complications*

**Our Services**

We have **22 operating theatres** equipped to provide surgery across the District. **More than 20,000** operations performed each year. **This is over 385 operations per week.**

In the Illawarra and Shoalhaven **35%** of all operations performed are **emergency or trauma.**

At Wollongong Hospital more than **50%** of all operations are emergency or trauma.

**100%** of urgent elective surgery is performed on time and within Ministry of Health guidelines.

In 2015, our **most commonly performed** surgical procedures were:

- Cataract Surgery / Laparoscopic removal of Appendix or Gallbladder / Knee Replacement

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## ABOUT THIS MAGAZINE

The "My Surgery Journey" magazine provides information about the time before and after surgery.

You should read it together with your family and talk about the information. Ask your local doctor or surgeon if you have any questions.

There are pages in the magazine for you and your family to fill out before surgery. This will help the hospital keep you safe by providing us with as much up to date information as possible. Please make sure you tell us about the type of medicines you take and any medical problems you have. Bring this magazine with you when you come to each hospital visit.



The "My Surgery Journey" magazine has been extensively reviewed by patients and their families.

*Updated April 2018*

### Need an interpreter?

Professional interpreters are available if you need help to communicate in English, or if you are Deaf. Our staff can also ask for an interpreter. The staff will book an interpreter for you. Interpreter Services are free and confidential. You can bring a family member or friend with you to the appointment. If you need help to communicate it should be through a professional interpreter. You can also call the Translating and Interpreting Service on 131 450 if you need to speak to us before your appointment.



**The Illawarra Cancer Carers are happy to sponsor the My Surgery Journey Magazine. Our all-volunteer organisation has been helping local Cancer patients in non-medical ways for 30 years. Originally we only drove patients for their cancer treatment and worked in the Cancer Care Centre and Oncology Ward. Whilst these services have continued and the need has increased for further help, we have extended the assistance that we offer patients as follows:**

- Fortnightly, our trained therapists support survivors in our Lymphoedema Clinic.
- We hire and deliver mobility scooters and wheelchairs for \$10 pa as well as a wide variety of other equipment, as required, to make life easier for survivors.
- Offer emergency toiletries to those who are admitted in the cancer ward unexpectedly.
- Donate to Wollongong University's research into cancer treatment.
- We have raised large sums of money in order to purchase very necessary equipment, including as required, for the surgical department, to assist Wollongong Hospital in the treatment of cancer patients.
- Our volunteers work very hard to raise money in various ways but the Sewing Group that meets weekly and manage various stalls in the community are a continuous major fundraiser.
- Annual major fundraisers "Banquet at the Beach" and "Glitz & Glamour Ball".

# GETTING TO Hospital



## GETTING THERE

- The Main Entrance with a space for patient drop off is via Loftus Street, Wollongong.
- Public buses stop just outside our Crown Street entrance.
- Wollongong train station is a 9 minute, 800m walk.

## WHERE TO GO

- The Day Surgery Unit and Operating Theatres are on Level 2 in the A Block, near the Loftus Street Main Entrance.
- There is a lift.

## PARKING

- There are two ways to get into the car park off Dudley Street.
- There are also two ways to get into the car park off New Dapto Road.
- There is a fee to park with the price displayed at the entrance. Disabled and concession parking up to 3 hours is free - check at the entry and at the ticket machine on Level 4 for more information.
- Very little free parking is available on the streets around Wollongong hospital. Please check the signposts as there are strict time limits.

## IMPORTANT NUMBERS

**24 hour Switchboard:** 4222 5000  
**Day Surgery Unit:** 4255 1290  
**Pre Admission Clinic:** 4255 1210

## GETTING THERE

- The Main Entrance with a space for patient drop off is via 15-17 Madigan Boulevard, Mount Warrigal.
- Public buses stop just outside Madigan Boulevard or Lake Entrance Road, Mount Warrigal. There is a short walk to the hospital.
- Oak Flats train station is 4km away.

## WHERE TO GO

- The Day Surgery Unit and Operating Theatres are through the Main Entrance.
- Go to the chairs at Day Surgery waiting area before surgery.



## PARKING

- You can access the hospital car park via Madigan Boulevard, Mount Warrigal.
- Disabled parking is available.
- There is limited street parking near the hospital. Check signposts – as there are strict time limits.

## IMPORTANT NUMBERS

**24 hour Switchboard:** 4295 2500

Elective surgery bookings are made many months in advance

Occasionally delays may occur on the day of your operation due to other peoples' urgent medical conditions. Your booking time for surgery may change throughout the day due to unplanned or emergency surgery. If you have any concerns or questions, please don't hesitate to ask the staff.

Our hospitals have coffee carts, cafés and lounge areas. Your family is encouraged to sit in the café or lounge while they wait for your surgery. They will not be allowed into the operating theatre. The doors are closed to keep our theatres clean and private.



- Disabled parking is available.
- Some parking is available on the streets around the hospital. Please check the signposts as there are time limits.

#### IMPORTANT NUMBERS

**24 hour Switchboard:** 4421 3111

**Theatre Bookings:** 4423 9225 or 4423 9446 (enquires about surgery dates and postponements)

**Pre Admission Nurses:** 4423 9338 (Monday – Friday 1:30pm-3pm enquires about illness, medications, surgery preparation)

**Day Surgery/ 23 Hour Ward:** 4423 9717

**Patient Flow Managers:** 4423 9738 (urgent afterhours contact)

#### GETTING THERE

- The Main Entrance with a space for patient drop off is via Scenic Drive, Nowra.
- Public buses stop just outside our Scenic Drive entrance.
- Nowra (Bomaderry) train station is 3km away.

#### WHERE TO GO

- The Day Surgery Unit and Operating Theatres are near the Main Foyer on the Ground Floor.

#### PARKING

- You can access the hospital car park via Scenic Drive.

#### GETTING THERE

- The Main Entrance with a space for patient drop off is via 104-106 Princes Highway, Milton.

#### PARKING

- You can access the hospital car park via Princes Highway.
- Disabled parking is available.
- Some parking is available on the streets around the hospital. Please check the signposts as there are time limits.

#### IMPORTANT NUMBERS

**24 hour Switchboard:** 4455 1333



After surgery some patients may be moved to the Transit or Discharge Lounge. Here patients can wait for medicines or paperwork. The hospital will tell your family if you have been moved to the Discharge Lounge.



# WE NEED TO TALK...

The hospital may contact you in the days and weeks before your surgery.

**Please help us by answering the phone in the days before your surgery. If we call you, the number might be shown as “External Number”, “No Caller ID” or “Caller ID Blocked”- Don’t worry - this is because our hospitals use large computerised telephone systems.**

If you’d prefer contact on your mobile phone, please make sure we know the number. If you change phones; tell us. If you don’t own a mobile phone, it helps us if you give a phone number of a close relative or friend.

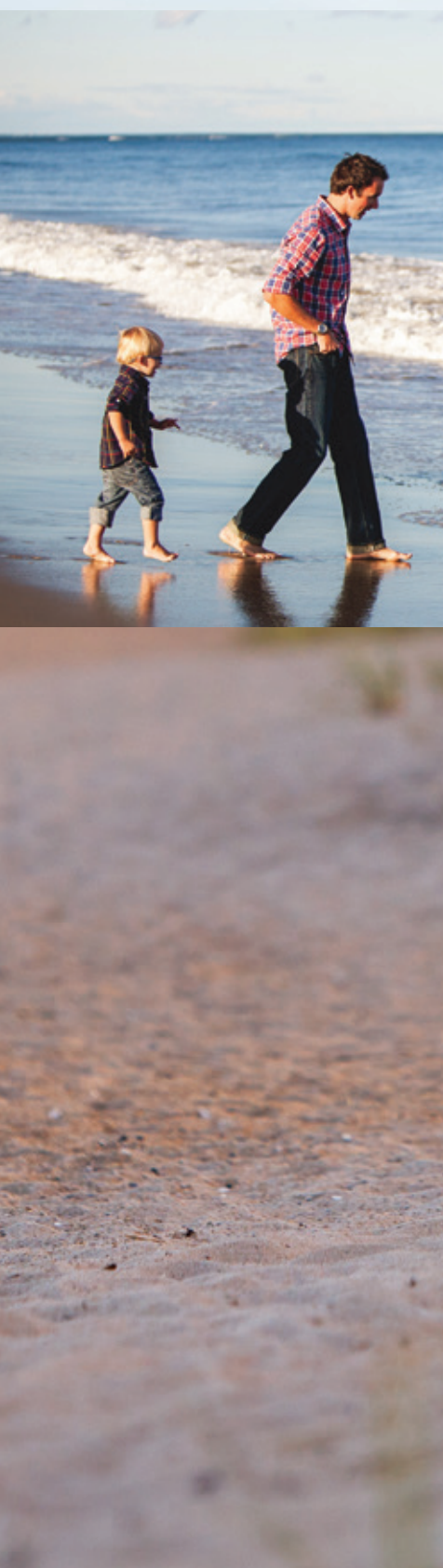
Sometimes we send messages out via SMS. Please read the message very carefully as it might tell you what to do on the day of your surgery.

Some patients will need to get ready for surgery by coming to one of our Pre Admission Clinics. The Pre Admission Clinic will organise tests and help plan your care after your surgery. We will tell you if you need to come to the Pre Admission Clinic.



# Staying active

## BEFORE YOUR SURGERY



Keeping fit and strong before your surgery will help your recovery. More active people also have less risk of problems during surgery. If you need to stay in hospital until your surgery ask to see a physiotherapist for help.

You will need advice about what exercise is best for you. This depends on the type of surgery you are having and how soon it is. It can be beneficial to see an exercise physiologist or physiotherapist before starting exercises. Ask your local doctor or surgeon about what to be most careful with. It is important to be comfortable with the type of exercise you do. If something feels uncomfortable you should stop doing it.

### AUSTRALIAN PHYSICAL ACTIVITY GUIDELINES:

Everyone is different, but we should all aim to do some regular exercise.

It helps to improve your fitness, control weight and keep your muscles and joints healthy before surgery. Staying active before your surgery will help you to avoid putting on weight.

Being at a healthy weight before surgery lowers your risk of problems. It also helps you to have a faster recovery.

### TRY TO:

- Be active on most days. Doing any physical activity is better than doing none
- Build up to 30 minutes or more of moderate intensity physical activity each day
- Do muscle strengthening activities on at least 2 days each week.

### FOR JOINT SURGERY:

Exercising before joint surgery keeps your muscles strong and your joints lubricated, moving and more stable.

Reducing weight will also put less stress on your joints.

Do activities that put less pressure on your joints like:

- Swimming or exercises in water
- Stretching and gentle strengthening
- Balance exercises
- Cycling.

Exercise when your pain medicines are having their biggest effect.

### FOR HERNIA, BOWEL OR STOMACH SURGERY:

Walking or swimming at a comfortable effort is helpful and safe for most people.

### DO NOT:

Do heavy lifting or pushing that makes you strain or hold your breath; or stomach muscle exercises like sit-ups or planks.

### FOR MORE INFORMATION GO TO:

- Active and Healthy
- Exercise and Sports Science Australia
- Australian Physiotherapy Association
- Exercise Right.

[www.activeandhealthy.nsw.gov.au](http://www.activeandhealthy.nsw.gov.au)

[www.essa.org.au](http://www.essa.org.au)

[www.physiotherapy.asn.au](http://www.physiotherapy.asn.au)

[www.exerciseright.com.au](http://www.exerciseright.com.au)

**Staying active before your surgery will help with your recovery.**

**TO FIND OUT MORE  
SCAN QR CODE**

[www.eatforhealth.gov.au](http://www.eatforhealth.gov.au)





# WHAT SHOULD I BE EATING Leading Up To My Surgery?

Good nutrition is important for health. It is very important in the time leading up to your surgery. Your body is in its best state to deal with the stress of surgery when you eat a healthy, balanced diet.

It may also help with a faster recovery process.

Poor nutrition can lead to poor outcomes after surgery. Patients who do not eat well are more likely to have problems after surgery. Your wounds may take longer to heal, you may get infections and have a longer stay in hospital.

## What does a healthy diet look like?

Eating from the 5 food groups is important to ensure your body gets all the nutrients it needs. This includes protein, vitamins and minerals.

It is best to eat a wide variety of healthy foods. It is also important to drink plenty of water and avoid drinking too much alcohol. More than 2 alcoholic drinks a day can increase your risks.

It is very important for older people to eat nutritious foods and keep physically active to help maintain muscle strength.

Staying in a healthy weight range is also important. Speak with your local doctor about seeing a dietitian if you are concerned about your weight.

Being overweight increases the chance of diabetes. Diabetes can cause difficulties before, during and after surgery. Have you talked to your local doctor about your risk?

## What if I'm having trouble eating?

Poor food intake can lead to problems after surgery. Your wounds may take longer to heal, you may get infections and have a longer stay in hospital.

If you are having difficulty eating due to a poor appetite, or have recently lost weight without trying, please let your local doctor or nurse know. A visit with a dietitian might help you. If you are underweight, increasing both protein and total energy (kilojoules or calories) may help you gain weight.

## Protein and energy in food:

Protein is used for growth and repair of body tissues and muscles. To increase protein and energy and help your recovery, try the following:

- Include protein foods as part of every meal and snack
- Eat three (3) meals and three (3) nourishing snacks each day
- If your appetite is poor; serve meals on small plates
- Eat with family & friends or in pleasant surroundings
- If you are not hungry at meal times try to have a nourishing milk drink or dairy dessert. Not eating may make you feel sick in the stomach
- Avoid filling up on low calorie foods such as tea, coffee, water, vegetable juices, diet drinks and clear soups

It is important to keep up healthy food and drinks after surgery to help your wound to heal.

## FOR MORE INFORMATION GO TO:

- Australian Dietary Guidelines
- Dietitians Association of Australia

[www.eatforhealth.gov.au](http://www.eatforhealth.gov.au)

[www.daa.asn.au](http://www.daa.asn.au)

**TO FIND OUT  
MORE SCAN  
QR CODE**





# WHAT SHOULD I BE EATING?



## Vegetables and legumes/beans

### Serves per day

	19-50 years	51-70 years	70+ years
Men	6	5½	5
Women	5	5	5



## Fruit

### Serves per day

	19-50 years	51-70 years	70+ years
Men	2	2	2
Women	2	2	2



## Grain (cereal) foods, mostly wholegrain and/or high cereal fibre varieties

### Serves per day

	19-50 years	51-70 years	70+ years
Men	6	6	4½
Women	6	4	3



## Lean meat and poultry, fish, eggs, tofu, nuts and seeds, and legumes/beans

### Serves per day

	19-50 years	51-70 years	70+ years
Men	3	2½	2½
Women	2½	2	2



## Milk, yoghurt, cheese and/or alternatives, mostly reduced fat

### Serves per day

	19-50 years	51-70 years	70+ years
Men	2½	2½	3½
Women	2½	4	4

Image used with permission from National Health and Medical Research Council.



It is best to be eating a wide variety of healthy foods, drink plenty of water and avoid drinking too much alcohol.

# FASTING BEFORE Surgery



## FASTING

<b>6 HOURS BEFORE SURGERY</b>	<b>STOP SOLID FOODS</b>
<b>6-2 HOURS BEFORE SURGERY</b>	<b>PREOPERATIVE ORAL FLUIDS</b>
<b>2 HOURS BEFORE SURGERY</b>	<b>STOP ALL FLUIDS</b>

### Fasting means going without all food and liquid.

Sometimes in hospital we call this “Nil By Mouth”. It is a medical instruction to stop food and fluids. Experts have researched safe fasting times for patients.

Fasting or being Nil By Mouth also applies to patients who have special nutrition feeding tubes into the nose or stomach. This is called “Nil By Tube”.

Fasting is needed before general anaesthesia or sedation medicine. This will minimise the risk of vomiting and breathing in food or fluid into the lungs.

**Adult patients can have special fluids (called Preoperative oral fluids) until 2 hours before surgery.**

This should be no more than 2 cups or 400mls.

In general before your surgery:

- You can have solid food until 6 hours before surgery - this should be a light meal

- Patients need tube feeding can continue until 6 hours before surgery

Preoperative oral fluids **can** include

- Water
- Apple juice, other pulp free fruit juice or cordial
- Clear lemonade with no pulp
- Black tea or coffee with no milk
- Commercial rehydration fluids such as “Hydralyte”
- Fat-free, protein-free nutritional supplements such as “preOp” brand drink
- Sports drinks such as “Gatorade”- light colours only
- Ice blocks made from any of the above clear fluids
- Fat-free clear soup like chicken broth

Preoperative oral fluids **must not** include

- Alcohol- never just before surgery
- Fat

- Protein
- Insoluble fibre such as “Metamucil”
- Prune juice, tomato juice or orange juice
- Nectar, canned and fresh fruits
- Thickened fluids
- Milkshakes or smoothies
- Drinks that are red, blue or purple in colour: Even if these drinks are clear
- Cream, milk or soy protein
- Salt and pepper

The hospital staff will contact you in the days before your surgery. They will tell you exact instructions about when to eat and drink.

**You must follow the fasting instructions very carefully or your surgery may be cancelled. This is to help keep you safe.**

It might help if you have a pen to write these instructions down so you can remember what to do.

**Fasting is needed before general anaesthesia or sedation. Ask what medications you should continue on the day of surgery. Ask when you should fast from. Write this down on Page 23.**

# SMOKING, ALCOHOL & ILLICIT DRUGS

Our hospitals are Smoke Free for your health and the health of others. There is no smoking allowed inside any of the buildings or on hospital grounds by patients, visitors or staff. This includes the hospital stairwells, toilets or outside the front of our buildings.

If you are a smoker, for the sake of your own health, you are encouraged to think about quitting.

Please talk to your local doctor about the choices that are available to support your decision to quit.

**To avoid complications you should avoid smoking. Think about quitting at least 60 days before any surgery.**

There are many ways to make stopping smoking easier and less stressful. Some are medicines that are available only by prescription, so talk to your local doctor. Over the counter treatments such as nicotine patches, gums, lozenges and sprays work well. They need to be used correctly to get the best from them. Nicotine replacement patches are

cheaper if you get a script from your doctor. You can combine them with some nicotine gum, lozenges or spray for the best effect. Ask your doctor or nurse to arrange these for you if you feel the urge to smoke during your stay in hospital.

**The Quitline (Call 137 848) can answer any questions you may have. It is confidential and free.**

You should not smoke before and after surgery as cigarette smoke can increase your risk of lung and wound infections. Smoking can slow down wound healing. Most patients tell us that even the smell of cigarette smoke can make them feel sick after an anaesthetic, so you should also ask your family and friends not to smoke before visiting you.

If you drink alcohol regularly, talk with your medical team. It can affect your recovery from surgery.

Heavy alcohol use can cause bleeding during surgery and affect healing afterwards. More than 2 alcoholic drinks each day increases your risk.

If you use illicit drugs, please tell your medical team. This can affect your anaesthetic during surgery and your recovery afterwards. Drugs can change the way your body responds to pain medicines after surgery. We have specialist teams to help people who use drugs.

**WE NEED TO KNOW. WE WANT YOU TO TELL US.**

## HERE ARE SOME TELEPHONE NUMBERS WHERE YOU AND YOUR FAMILY CAN GET HELP:

Illawarra Drug And Alcohol Service (iDAS) • Mon-Fri 8.30-4.30 • 1300 652 226 (Includes stimulant treatment program).

### iDAS is a free specialist drug and alcohol service that provides:

1. Assistance to reduce or stop your drug or alcohol use
2. Counselling for adults and young people
3. Support for family members and significant others
4. Group programs
5. Specialised indigenous workers to meet the needs of the indigenous community
6. General information and advice
7. Health education to the community
8. Drug and alcohol consultant liaison services (available at Wollongong and Shellharbour Hospitals) which can assist you with accessing the service.

### AFTER HOURS STIMULANT SUPPORT 1800 101 188

24 Hours – Alcohol & Drug information and referral Service	1800 422 599
Quitline	137 848
AA	4285 6788
Al-Anon (for families)	1300 252 666
Family Drug Support	1300 368 186
National cannabis prevention & Information	1800 30 40 50



**For the sake of your own health, you are encouraged to quit smoking before surgery.**



**TO FIND OUT MORE SCAN QR CODE**

[www.islhd.health.nsw.gov.au/Drug\\_and\\_Alcohol/default.asp](http://www.islhd.health.nsw.gov.au/Drug_and_Alcohol/default.asp)

# WHAT IS Anaesthesia?

The word anaesthesia means 'loss of sensation'.

It can be a simple injection that numbs a small part of the body. It can also involve using powerful medicines which cause unconsciousness. This makes it possible for your body to go through a surgical procedure. The medicines work by blocking the signals that pass along your nerves to your brain. When the medicines wear off, you start to feel normal sensation again.

As well as the brain, these medicines also affect the heart and the lungs. As a result, general anaesthesia is only given under the close supervision of an anaesthetist. This doctor is trained to decide the best way to give you an effective anaesthetic, while keeping you safe and well.

#### Your anaesthetist will:

- Check if you are fit enough to have the anaesthetic for your operation
- Talk to you about which type of anaesthetic might be best and get your permission (consent) for it
- Give the anaesthetic and organise pain control afterwards
- Look after you straight after the operation in the recovery room or in an intensive care unit.

#### WHAT DIFFERENT TYPES OF ANAESTHESIA ARE THERE?

**General anaesthetic:** General anaesthesia is a state of controlled unconsciousness during which you feel nothing. You will have no memory of what happens while you are anaesthetised.

**Local anaesthetic:** A local anaesthetic numbs a small part of the body. It is used when the nerves can be easily reached by drops, sprays, ointments or injections. Having teeth removed and some common operations on the eye often use local anaesthetic. You stay awake, but free from pain.

**Regional anaesthetic:** A regional anaesthetic is when medicine is injected near to the nerves which supply a larger or deeper area of the body. The area of the body affected becomes numb. You stay awake, but free from pain.

**Spinal and epidural anaesthetic:** Spinal and epidural are the most common regional anaesthetics. These injections can be used for operations on the lower body, such as Caesarean section, bladder operations, or replacing a hip. You stay awake, but free from pain.

**Sedation:** Sedation involves using small amounts of anaesthetic medicines to produce a 'sleep-like' state. It makes you physically and mentally relaxed, but not unconscious. You will be free from pain.

#### WHAT WILL THE ANAESTHETIST DO TO START?

- Insert a thin plastic tube called an intravenous cannula into one of your veins, often on the back of your hand.
- Attach monitors including a blood pressure cuff, heart monitor, and finger probe to measure your oxygen levels.
- Give you oxygen from a clear face mask.

Most general anaesthetics are started by injecting medications through your cannula. You may feel slightly light-headed at first. As the medicine works you will become unconscious very quickly.

Sometimes you can breathe a mixture of anaesthetic gases and oxygen through the facemask to start. The gases smell quite strong, and it usually takes two or three minutes to become unconscious. This is most commonly done with children.

#### ARE THERE ANY RISKS WITH ANAESTHESIA?

As with all medical processes, nothing is completely risk-free. Anaesthesia is very safe –the risk of death due only to anaesthetic causes is about 1:130000.

Anaesthetists are trained to prevent complications. They can treat them quickly if they happen.

#### These websites have useful information:

[www.anzca.edu.au/patients/information-sheets](http://www.anzca.edu.au/patients/information-sheets)    [www.rcoa.ac.uk/patientinfo](http://www.rcoa.ac.uk/patientinfo)  
[www.aagbi.org/news/information-public/information-about-anaesthesia-adults](http://www.aagbi.org/news/information-public/information-about-anaesthesia-adults)

#### RISKS WITH ANAESTHESIA. This scale is provided to help.



##### Very common

1 in 10, someone in your family will feel sick after the operation



##### Common

1 in 100, someone in a street will have a sore throat



##### Uncommon

1 in 1,000, someone in a suburb will have breathing difficulties



##### Rare

1 in 10,000, someone in a small town will have a serious allergy to drugs



##### Very rare

1 in 100,000, someone in a large town will have equipment failure or damage to nerves in spine

**It is important to tell your anaesthetist as much information about yourself as possible, including the following points:**

- About every medical condition you have. Even if it is well treated, no matter how big or small a problem it is for you: **we need to know.**

- About all medications that you are on. You will be able to continue taking most of these normally. There might be some special instructions for some types of medication.
- Your weight and your level of fitness are very important to help your body manage the stresses associated with surgery,

anaesthesia, and hospital admission. Anything you do to improve your fitness will help you during and after your procedure.

- If you smoke, drink alcohol, or take any other recreational drugs. Cutting down or stopping these leading up to surgery will keep you safer during the procedure and help your body recover afterwards.

**If you have the results of any recent blood tests, write them here (either you or your GP):**

Hb \_\_\_\_\_ WCC \_\_\_\_\_ Plt \_\_\_\_\_ Na \_\_\_\_\_ K \_\_\_\_\_ Ur \_\_\_\_\_  
 Cr \_\_\_\_\_ eGFR \_\_\_\_\_ Alb \_\_\_\_\_ Glc \_\_\_\_\_ HbA1c (if diabetic) \_\_\_\_\_

**Place an X on this chart of your weight and height to see what your BMI is:**

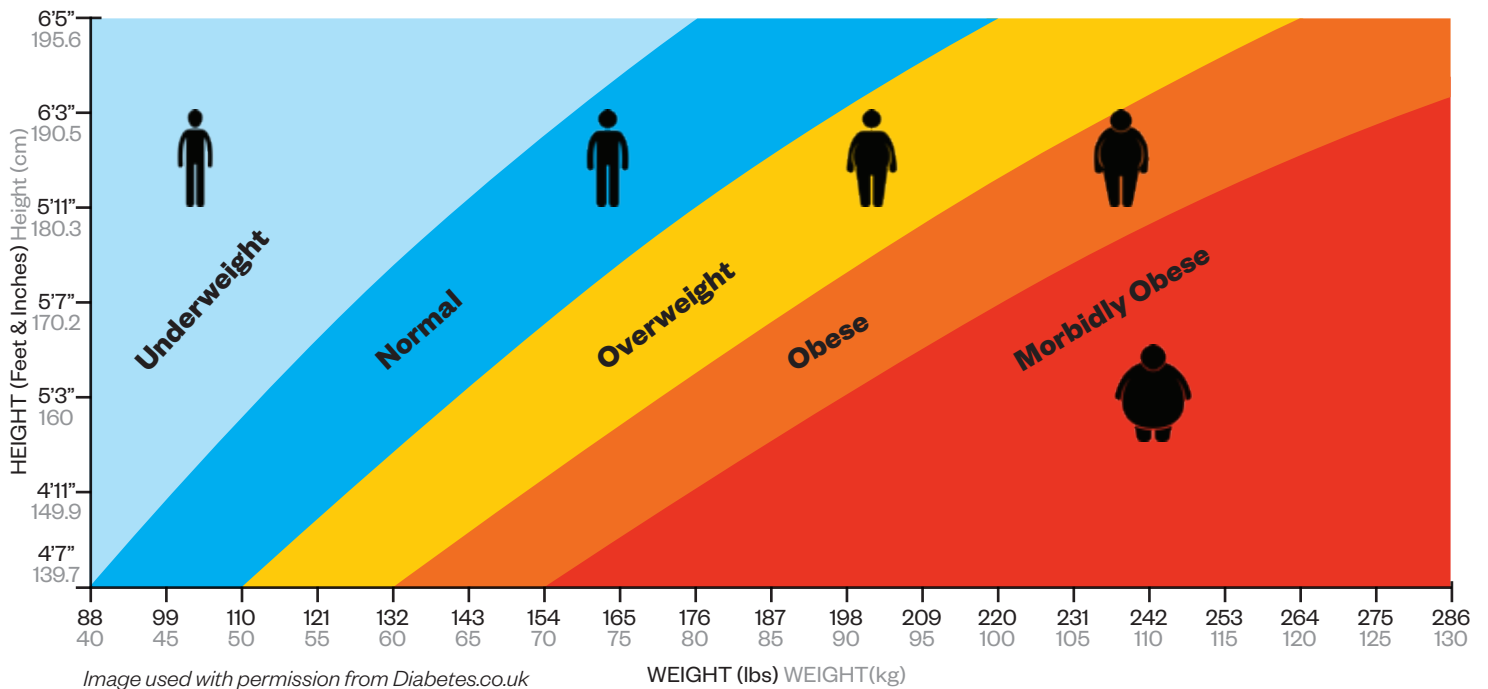


Image used with permission from Diabetes.co.uk

**Write a list of all the medications you take here:**

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**Write a list of any questions or issues that you would like to discuss with the anaesthetist:**

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# PERSONAL SUPPORT FOR YOUR Surgery

Being in hospital can be a difficult and stressful time. You may feel very anxious or have worries. This is all part of adjusting to the changes that surgery and being in hospital can bring.

## SOME COMMON WORRIES YOU MAY HAVE INCLUDE:

- Doubt about the future and the outcome that surgery may bring
- Feeling anxious, angry, frightened, depressed or confused about your surgery
- Worried about your family, home or work while in hospital
- Finding it hard to talk freely with your family or friends
- Confused about your situation
- Not knowing who can answer your questions

Psychology, social work and counselling services are also available in the community. You may wish to speak to someone before you come into hospital. Ask your local doctor for more information. Social workers are available to provide free, confidential support when you are in hospital.

## COUNSELLING AND PERSONAL SUPPORT

- Support to adjust after surgery
- Support with self-care (including family carers)
- Plans to manage anxiety and depression
- Referral to long-term counselling services
- Referral for legal advice

## DO YOU HAVE HELP AFTER SURGERY?

If you are cleared to go home, you must have someone stay with you the night after your surgery.

If you have had a General Anaesthetic or sedation you will need to have a responsible adult take you home and stay overnight with you. This is for your own safety as you may be lightheaded and drowsy. Your ability to do tasks may be affected. A small amount of anaesthetic may still be in your body.

**You must not drive home after surgery. It is not safe.**

If you don't have a family member or friend able to pick you up and stay with you please tell the hospital staff. We want you to have your surgery but we also want you to be safe afterwards.



**TO FIND OUT  
MORE SCAN  
QR CODE**

[www.careersnsw.org.au](http://www.careersnsw.org.au)

## WHEN IN HOSPITAL IT IS COMMON TO HAVE LOTS OF QUESTIONS LIKE:

- Can I get a Centrelink payment? How do I do that?
- Where can I go to get some financial aid?
- What community help is available to me?
- What accommodation options are available to me?

## ARE YOU A CARER FOR SOMEONE ELSE?

- For carer information, support and counselling contact Carers NSW between 9am to 5pm
- Free call: 1800 242 636
- For carers needing emergency respite call: 1800 052 222

# What should I do IF I AM FEELING UNWELL?

If you are unwell within 3 days before your surgery you will need to call the hospital (see pages 4-5 for phone numbers) or contact your local doctor for advice.

If you are too unwell for surgery, it may be postponed until you are feeling better and it is safer for you to have an anaesthetic.

Also, with early notice, someone else waiting can be contacted to have their surgery.

## IF YOU HAVE ANY OF THE FOLLOWING PLEASE CALL US:

### IN THE 3 DAYS BEFORE YOUR SURGERY

- Temperature or fever- feeling hot or cold
- Sore throat
- Rash or swelling
- Feel unwell
- A cut, break or tear in your skin
- Any infected wounds
- Diarrhoea or vomiting
- A recent unplanned visit to the Emergency Department or local doctor



### TELL US AS SOON AS POSSIBLE IF

- You are unable to attend the hospital due to work or family commitments
- You are newly pregnancy
- There is a new medical problem we don't know about
- If you don't have anyone to take you home after the surgery
- You don't have anyone to stay with you after the surgery
- You have changed your mind about the surgery
- You have changed your mind about where you want to have your surgery
- You have any concerns about your surgery



# FILLING UP YOUR TANK

## before surgery

**Your body needs iron to make more red blood cells when needed. Having enough iron in your blood is like having a full tank of petrol. You wouldn't plan a road trip with an empty tank. Make sure you've got enough iron in your tank before major surgery.**

### Your health care team want to:

- help your blood to work better
- reduce your chance of bleeding
- reduce your chance of needing a blood transfusion

### This will help you have:

- lower risk of complications;
- faster recovery after surgery;
- shorter stay in hospital.

### IRON:

You can help increase your iron stores by eating iron-rich foods. The best sources of iron are from red meat, chicken, pork and fish. You can also get iron from plants, like green leafy vegetables, nuts and whole grain cereals. Eat these foods together with foods rich in vitamin C to help your body absorb the iron better (e.g. citrus fruits, berries, tomatoes and broccoli). Please tell your doctor if you are a vegan or vegetarian. For more information, see a dietitian.

Your doctor may suggest you have an iron infusion if your iron levels (e.g. ferritin) are very low, or your surgery is planned very soon.

An iron infusion involves an injection of iron into your vein. This appointment may take about 1-4 hours - depending on the type that your doctor prescribes for you.

Afterwards - you should be able to return to normal activities; however look out for common side-effects like nausea, headaches, dizziness, and skin reactions or staining; and less commonly - allergic reaction.

### ANAEMIA:

Anaemia is having a low number of red blood cells (haemoglobin). It can be caused by many things. Red cells are important for carrying oxygen around your body, and are particularly important to help you recover after an operation. If your red cells are low you may feel tired, dizzy, short of breath, have an irregular heartbeat, and perhaps even chest pain.

If your red cells are low or abnormal - your health care team may run additional blood tests (e.g. iron, B12, folate). They may arrange investigations. They may also offer you treatment.

### BLOOD LOSS:

Bleeding may happen:



- if your blood is not working properly
- if you are taking certain medications
- if you have medical problems
- or because of the nature of your surgery.

We can minimise the amount of blood you lose by preparing your blood in the weeks leading up to your surgery; and by managing it during your operation.

Please tell your doctor if you:

- have any current or past medical problems (e.g. chronic kidney disease, cancer)
- are currently on, or have recently taken blood-thinning medications, including over the counter supplements and complementary therapies.

Depending on the type of surgery that you are having, there may be additional options available to you during or after your surgery that can reduce the amount of blood lost or requirement of a blood transfusion, for example:

-  Medication
-  Reinfusion of own blood lost during surgery

**Ask your surgeon and anaesthetist if any of these options are suitable for you.**

### TRANSFUSION:

Despite our best efforts, it is possible you may still need a blood transfusion. Please tell your doctor if for personal or religious reasons you refuse to have a blood transfusion.

There are a few different types of blood products. Your doctor will prescribe the particular type of blood that your body needs to work better.



**A blood transfusion involves:**

1. your doctor to explain the reason, benefit and risks of the transfusion to you;
2. you to sign a consent form;
3. you to have a blood test to see what your blood type is. This makes sure the right blood type is available to give to you;
4. an injection of blood into one of your veins through a cannula or “drip”. This may take a few hours to complete.

Doctors and nurses will ask you every time they do a procedure what your full name and date of birth is. This is for your safety - so we can perform the right procedure on the right person (e.g. blood tests, blood transfusion, X-Ray, and surgery).

If you need a transfusion, you should receive only what is needed to relieve your symptoms. Your health care team will check you after each bag of blood to see if you are feeling better. The *Australian Red Cross Blood Service* ensures that the blood they supply for transfusion is as safe as it can possibly be. Blood transfusion is an organ transplant that still comes with risks.

**Common risks:**

- Mild reactions - a temperature, or skin rash
- Having too much fluid in your body which may give you breathing difficulties

**Less common risks:**

- Getting blood that is not ‘matched’ to you
- Severe reactions - allergy, or lung injury
- Serious infection

**It is important for you to tell us if you:**

- notice any details are wrong when we check your name and date of birth
- feel unwell at any time during, or after your transfusion.

**This content has been adapted from resources from the NHS and CEC Blood Watch.**

*See next page*  
**for information on putting together your Iron Plan**

**Red blood cells are important for carrying oxygen around your body**



# DO I NEED MY IRON LEVELS CHECKED?

**Some surgery has a higher risk of bleeding. Talk to your local doctor if you are having:**

- Aortic aneurysm repair
- Spine surgery
- Kidney surgery
- A long operation taking more than 45 minutes
- Both knee joints replaced
- Prostate surgery
- Abdominal surgery

## IRON DEFICIENCY: THE FACTS



About 1 in 10 people in Australia have low iron levels also called iron deficiency



3 in 10 people having elective surgery have low iron or anaemia - this puts you at a much higher risk of transfusion.

## CAUSES OF ANAEMIA



Chronic disease



Blood loss



Dietary deficiency (iron, B12)



Gastrointestinal problems

## WHY IS IRON IMPORTANT?



You need iron to make haemoglobin. Haemoglobin carries oxygen from your lungs to your body.



**If left untreated low iron levels and anaemia can:**

- delay your surgery.
- increase your chance of needing a blood transfusion.
- increase your chance of complications.
- slow down your recovery after surgery.



**Having anaemia before you go in for surgery puts you at a higher risk of needing a blood transfusion.**

Blood is a precious commodity and should not be used lightly.

A blood transfusion is an organ transplant and comes with inherent risks.



## ACTION

**Your GP will assess your blood to see if you have low levels of iron or if you have anaemia. If they find you do you may need treatment.**

There are other information leaflets available that will give you more information about what you need to do now that you are on the surgery waiting list. Ask your GP for the link to these resources.



NATIONAL BLOOD AUTHORITY  
AUSTRALIA



NPS  
MEDICINEWISE

# MY IRON PLAN

This is your personal iron record. It's YOUR record - so keep it with you. But you need your care team to help you fill it in. Ask your GP, your surgeon, your anaesthetist and anyone else involved in your care to help you keep it up to date.

Name

GP Name

## Preparing for surgery

Iron studies results

Iron studies results

Treatment

Treatment

Date

Date

## Surgery

Blood loss

Iron studies results

Perioperative transfusion required

Number of units

Treatment

Date

Reassessment Date

# BLOOD THINNING MEDICINE

If you take **any** blood thinning medicines you **must** get special instructions from your doctor or the hospital.

**Do you take:** Warfain (Coumadin), Pradaxa, Aspirin, Clopidogrel (Plavix), Apixaban, Dabigatran, Rivaroxaban, heparin, clexane, Alteplase, Ardeparin, Urokinase or any medicine prescribed to thin your blood or stop clots ?

**YES I TAKE BLOOD THINNING MEDICINE**

**TELL THE HOSPITAL NOW!**

# PREPARING YOUR SKIN FOR SURGERY:

## Using special preoperative body wash

**When you are healthy your body has very good ways of fighting infection. One of the first lines of defence is our skin. When you come into hospital to have surgery, this first line of defence will be broken.**

This can happen when you have a drip put in. It can also happen as a result of the surgical cut through your skin. When these things happen there is a small chance that your normal germs, or germs from another person or the environment can get into your body and cause an infection.

There are a few things you can do to make this less likely to happen.

Firstly, there are some things you should see your healthcare team do to protect you while you are in hospital. We work hard to prevent infections and need your help.

You may have been provided with a special type of skin cleaner to use in the days before you come to hospital for surgery. This before-surgery (preoperative) body wash will help reduce the amount of bacteria and germs on your skin.

A risk in any surgery is that the surgical site may become infected with bacteria from your own skin. In the operating room all staff and equipment have followed a strict disinfection procedure. The surgical site is cleaned, but it is important to wash your whole body if you have been given a before surgery body wash.

Even if you haven't been given a special body wash, **you should have a shower using a good lather of skin cleaner on the morning of your surgery.** Do not use harsh soaps that damage your skin.

### GETTING READY FOR SURGERY:

Shower once every day for at least 3 days before your surgery using the **special body wash.**

1. Wash your hair, face and body with normal shampoo, conditioner and normal skin cleaner then wash it off completely.
2. Turn off the shower.
3. Pour the special body wash onto a clean wet washcloth and rub it all over your body – mainly under your arms, groin and other areas such as breasts or skin folds. Do not use it on your face or eyes.
4. Rub the washcloth all over your entire body for 3 to 5 minutes. You may need to add extra body wash.
5. Turn on the shower and rinse the body wash off. You're not finished yet:
6. Do these steps 2-5 one more time.
7. Dry your body afterwards with a clean towel. Use a clean towel each day.
8. Repeat every day for at least 3 days before your surgery, including on the morning of your surgery, using the special preoperative body wash.

### ON THE DAY OF SURGERY:

- Do not use lotions, creams, powders or under-arm deodorant. These can make it hard for the operating room staff to stick heart monitoring dots to your skin.
- Do not shave or wax below the neck (facial shaving is allowed). Shaving or waxing can cause small cuts that introduce infection.
- Do not wear lipstick, nail polish or facial makeup. Remove acrylic or fake nails in the weeks before surgery. This will help the operating room staff monitor the true colour of your skin and nails during surgery. Small particles of makeup could go into your eyes while you are asleep under anaesthetic. Fake nails hide bacteria.
- Do not use hairspray or hair gel as these can be flammable.

Some patients may be required to use the special body wash or a bacteria-killing ointment for longer before surgery. Ask the team if you will need to do this.

### WE EXPECT ALL OF OUR STAFF TO BE VERY CAREFUL IN FOLLOWING OUR RULES TO PROTECT YOU:

Every member of staff must clean their hands using the alcohol rub or soap and water, before they touch you. You should clean your hands too while in hospital.

Staff should wear a plastic apron if the front of their body touches you.

Staff don't need to wear gloves to touch you unless they are expecting to have contact with your blood, urine, or other body substance.

Every piece of equipment that is used on more than one patient must be cleaned before it touches you and again after it has been used.

Your room should look clean. There should be no dust, and there should be nothing left behind from previous patients.

***Tell us if you see someone not following these rules.***

# WHAT TO BRING TO HOSPITAL:

- Two (2) pairs of clean pyjamas/ nighties (labelled with your name)
- Dressing gown and slippers (non-slip sole)
- Toiletries (soap, toothpaste, toothbrush, hairbrush/comb, razor, tissues)
- Small amount of money under \$10 (for phone or newspaper)
- Current medicines (these will be returned to you when you go home) and a list of ALL of your medicines (write a list on page 19)
- Comfortable clean day clothing
- Glasses, hearing aids and non-electric walking aids (labelled with your name)
- Any letters from your doctors
- All relevant x-rays, scans and blood test results
- Medicare card and (if applicable) private health insurance fund card/ book, veterans affairs repat card, details of workers compensation, public liability or third party case.



# WHAT NOT TO BRING

- Valuables (any jewellery or large amounts of money over \$10)
- Radios without headphones
- Mobile phones (they can get lost or become a target for thieves)
- Electrical appliances (including electric shavers)
- Pot plants or flowers
- Large bags or excessive clothing- bring only the bare minimum
- Alcohol or illegal drugs
- Video games
- **THEFT DOES OCCUR IN HOSPITALS**

**The hospital staff cannot accept responsibility for your belongings if they are lost or stolen. Please leave them at home.**

**If you must bring them with you make sure a family member looks after them at all times. You will be away from your ward bed having tests or surgery.**



## REACH Out to us

**If you are worried that your condition, or you notice the person you care for is getting worse while they are in hospital, you can REACH Out To Us in 3 steps:**

1. Talk to the nurse looking after you or your loved one.
2. Ask to speak to the nurse In Charge and request a 'Clinical Review'.

3. If there is no response within 30 minutes, or you are still concerned, call the emergency number using the Ward phone and say "This is a REACH Call" then state the patient name & the ward you are on. The emergency number will be listed on the wall or phone.

# ARRIVING AT HOSPITAL



Car parking is available, however costs may be involved.

The entrance to the car park is at \_\_\_\_\_ or

When you arrive at the hospital, make your way to \_\_\_\_\_

You can find us by \_\_\_\_\_

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## WHAT WILL HAPPEN WHILE I WAIT?

### **Once you arrive in the Perioperative Unit/ Admissions, please go to the reception area.**

You may be asked to sit in the waiting room until it is time to have your operation. Sometimes you may notice people going to have their operation before you. People are seen according to their place on the operating list.

Visitors are welcome, but space is very limited, so we ask you bring no more than two people with you.

A nurse and doctor will then ask you questions and take your pulse, blood pressure and weight and you will be asked to change into a hospital gown in preparation for your operation.

---

## WHAT HAPPENS AFTER MY OPERATION?

### **If you are going home on the same day you will come back to the Perioperative Unit where you will be given something to eat.**





You will be able to leave the hospital once you have recovered from your operation and received your medicines to take home. This is usually between 2–6 hours after your operation. Please make sure you

have a responsible adult to take you home and stay with you for the next 24 hours. If this is not possible, please talk with your nurse.

If you are staying overnight or longer, you will be taken to a hospital ward. We will tell you which ward on the day of your operation.

# PREPARING TO COME TO HOSPITAL



Need to know...	
	Time to arrive at the Perioperative Unit
	Time to stop eating
	What you can drink and time to stop drinking
	The medicines/tablets you should take on the day of your surgery with some water
	If you have diabetes
	Bring the results of blood tests and x-rays
	How long you are likely to stay in hospital
	Hospital visitor times
	Discharge times
	What to bring
	What to leave at home

# WHAT HAPPENS WHEN YOU GO HOME?



Before you go home, a nurse will help you complete the following information. If you had a day procedure, a nurse from the Perioperative Service may telephone you the next day to check how you are doing.

What do I do about...	You should...
 <b>Pain medicine</b>	Follow the instructions on the packet
 <b>Wounds and dressing</b>	Leave your dressing intact for days. When you shower you should
 <b>Activity</b>	Exercise: Lifting: Driving: Working:
 <b>Diet / Food you can eat</b>	Or <span style="float: right;">diet. food.</span>
 <b>Toilet</b>	Be aware that pain tablets prescribed after your operation can make you constipated. Contact your GP for advice.
 <b>Problems such as bleeding, high temperature, moderate to severe pain</b>	Contact on (02) and ask for
 <b>Follow up appointment</b>	You will need to see: Dr _____ Date _____ Time _____ Place _____
 <b>If you have any questions, please call:</b>	

Tables used with permission from Anaesthesia Perioperative Care Network: Agency for Clinical Innovation.



# What's on my legs?

Before and after surgery the nurses might help you put on tight fitting stockings. These help to keep blood circulating while you are having your surgery. These stockings are fitted to reduce the threat of a blood clot forming in your legs. We call these clots Deep Vein Thrombosis or DVT.

## THERE ARE 3 MAIN TRIGGERS OF BLOOD CLOTS:

1. Not moving for long periods of time. For example, having to stay on bed rest, or travelling on long trips without getting up and walking around.
2. A hospital stay for an extended time. More than 60% of all blood clots are caused by this.
3. Surgery, especially hip and knee surgery and surgery for cancer, puts a patient at higher risk.

## THERE ARE ALSO SOME OTHER RISK FACTORS:

- Being overweight can increase the chance of developing a clot. You should try to stay active before surgery.
- Cigarette smoking. You should avoid cigarettes.
- Using oestrogen based medicines like the oral contraceptive pill and hormone replacement therapy. Talk to your local doctor before any surgery

- Being pregnant or having recently given birth
- Older age
- Heart disease
- A family history of blood clots.

If you have been given anti-blood clot stockings, wear them day and night while you are in hospital.

You can take them off when you have a shower or bath. Some patients will not be provided with stockings as they can make lower leg conditions worse. Please ask your nurse or doctor if you should be wearing stockings.

Some patients will have a special lower leg (calf) compression device fitted while

they are having surgery. This machine will squeeze the feet and lower legs to help keep blood circulating while in surgery and in the days afterwards.

## THE SYMPTOMS OF A DEEP VEIN THROMBOSIS (DVT) MAY INCLUDE:

- Pain and tenderness in the leg
- Pain on extending the foot
- Swelling of the lower leg, ankle and foot
- Skin that is red and warm.

It is very important that you tell us if you notice any of these symptoms.



TED anti-embolism stocking

# PAIN RELIEF AFTER SURGERY

Pain is our body's way of telling us that something is wrong.

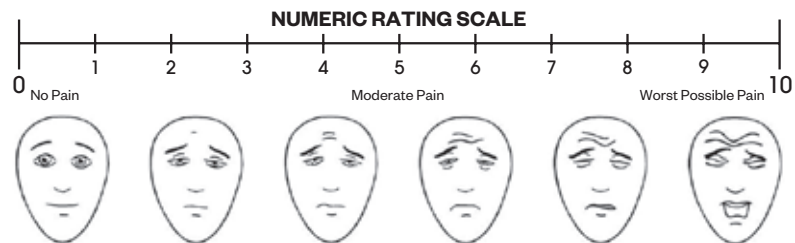


Image used with permission. Faces Pain Scale – Revised, ©2001, International Association for the Study of Pain.

You may have pain following surgery. This pain should go away after the area operated on has healed. After your surgery, you will be given pain relief as you need it. The most common way to control acute pain is to take pain relieving medicines.

You will be asked to rate your pain when you are resting and moving. Pain is assessed regularly after your surgery.

You will be asked by your nurse or doctor to score how bad your pain is while you are lying still and, more importantly, when you move about or cough. The hospital staff may use a pain scale to help assess the amount of pain you have. You need to give your pain a rating out of 10, which best represents your pain.

You will give a number between 0 (no pain) and 10 (worst possible pain). This describes how much pain you feel in your surgery site or wound. The pictures above will help you rate your pain.

You will be asked to do this regularly to help your nurses and doctors choose the best medicine and dose for you. Although we would like to take away all the pain and discomfort, sometimes pain cannot be removed completely. Our aim is to make you as comfortable as possible. This especially includes when moving around and performing activities.

## PAIN RELIEF IS IMPORTANT

As well as making you more comfortable, good pain relief may help in faster recovery, even for those who have major surgery.

Good pain control can help you:

- Be more comfortable after your surgery.
- Get well faster. With less pain, you can start to walk, do your breathing exercises and get your strength back more quickly.
- Improve your results. People whose pain is well controlled do better after surgery with less problems.

**Do not wait until the pain becomes very bad. If pain is treated early the medicine can make it go away quickly. Tell your nurse when you need pain relief or if you did not get better after taking the medicine.**

Pain can almost always be relieved, and a variety of methods are available.

These include:

- Tablets
- Occasional injections (needles)
- Patient Controlled Analgesia (PCA)-small doses of pain medicine controlled by you via a drip

- Local anaesthetic given near your wound that stops the feeling of pain
- Epidural analgesia given into your back that blocks the pain over your wound

Regular Paracetamol is often the best treatment for mild to moderate pain. For more severe acute pain, stronger medicines are given. Morphine, Fentanyl or Oxycodone are examples. They are also called opioids.

If you have wound pain we may give you anti-inflammatory drugs. By adding 2 or more medicines that work in different ways, smaller amounts of the strong opioid medicine may be needed. You should always ask your doctor what medicine is safest after surgery.

**The aim of good pain control is pain relief without unpleasant side effects.**

Anaesthetists are doctors who look after your medicine during your surgery. They also specialise in pain relief. The Acute Pain Service is part of the Anaesthetic Department. An Anaesthetist and a nurse may see you at least once a day from the Acute Pain Service as well as the doctors and nurses who provide your regular ward care.

**Do not wait until any pain becomes very bad. If pain is treated early our medicines can make it go away quickly. Tell your nurse when you need pain relief.**

# What if something GOES WRONG AFTER SURGERY

After your surgery you will recover and head home. You must have someone stay with you the night after your surgery. If you don't have a family member or friend able to pick you up and stay with you please tell the hospital staff before your surgery. We want you to have your surgery but we also want you to be safe afterwards. You might also need someone to help you in the days and weeks after surgery. This could be a family member, friend or even a neighbour.

If you feel unwell, have severe pain or notice something doesn't look quite right: you need to see a doctor. This could be your local doctor, specialist or you might need to go to your nearest emergency department.

## **GO TO YOUR NEAREST EMERGENCY DEPARTMENT OR DIAL 000 IF YOU NOTICE:**

- Uncontrollable bleeding
- Chest pain or chest tightness
- Difficulty breathing
- A change in alertness or unable to wake up
- Sudden onset of weakness, numbness or paralysis of the face, arm or leg
- Sudden collapse or unexplained fall
- Unexplained fitting in adults
- Blood that appears when vomiting, coughing or with bowel movements

**Do not drive yourself to the emergency department.**

## **CONTACT YOUR LOCAL DOCTOR OR SPECIALIST IF YOU NOTICE:**

- Redness around your wound
- Slowly increasing pain not controlled with your usual medicine
- Increasing swelling around the surgery area
- A bad smell or pus coming from the wound
- Broken stitches or the wound opens up
- Feeling hot or cold, or having a fever
- Constipation or trouble with bowel movements
- Anything that is worrying you or your family after surgery

## **HEALTHDIRECT AUSTRALIA - 1800 022 222**

Healthdirect Australia is a 24-hour telephone health advice line staffed by registered nurses to provide fast and simple expert advice on any health issue and what to do next.



### **Healthdirect Australia can be used when:**

- Someone is sick and you're not sure what to do
- You want expert advice about a health issue and what to do next
- You need to know where to find after-hours health services or pharmacies

**Your doctor will tell you when you can get back to activities such as driving or exercise.**



# Surgery Access Line

## 1800 053 456



The NSW public hospital system wants to ensure all patients have timely access to health care and are admitted to hospital according to their clinical need.

The Surgery Access Line has been established to:

- provide you with an independent information service regarding booked admissions to NSW public hospitals.
- enquire on your behalf and investigate surgery options that are available for you.

The Surgery Access Line staff will be able to provide you with information regarding your current waiting time and will investigate options for earlier treatment either at your local hospital or another hospital with another surgeon.

For confidential information and advice about waiting times for hospital admissions for your elective surgery please call 1800 053 456 (free-call) Monday to Friday during business hours.

For more information about waiting times visit the NSW Health website at:

[www.health.nsw.gov.au](http://www.health.nsw.gov.au)

An initiative of the NSW Government