

# PRE OPERATIVE ADVICE

## GENERAL SURGERY

### **Preoperative Medication**

Mostly these should be continued. If you are unsure whether your medication needs to be stopped prior to surgery please ask your surgeon. Please check with your surgeon in particular if you are on any of these medications as they often need to be stopped or modified preoperatively.

### **Warfarin/Plavix/Iscover/Clopidogrel**

These are blood thinners that are generally stopped before surgery. Patients may need to consult with the physician who started the medication before stopping these for surgery. Often an alternative medication is used to thin the blood preoperatively.

### **Diabetes medication**

If you are a diabetic please ensure that you inform your surgeon. Diabetics on tablets are generally asked to not take these while fasting for surgery. If you are on insulin this should still be taken but at a modified dose. Your anaesthetist, physician or GP may need to be involved to choose the correct dose.

### **Aspirin**

This increases the risk of bleeding during surgery but the risk of stopping may be unacceptable and so often it is not stopped for surgery. Nonetheless, please ensure that you advise your surgeon if you take Aspirin.

### **Shaving**

The operative field will need to be clear of hair. This can be done either by the patient or once in hospital, it is up to the patient. If the patient elects to do the shave but it is inadequate in extent or quality this will be amended once in theatre.

### **Dressings**

If a dressing is clean, dry and comfortable it can be left untouched until the next visit to the surgery. If it is dirty, wet or uncomfortable it should be removed and advice sought if there are any concerns. If you have had an operation involving mesh (inguinal hernia, abdominal wall hernia etc) it is most important to keep an eye out for features of infection.

### **Scars**

The scars initially will be pink to red, and the skin and underlying fat will be thick and lumpy. New capillaries grow in (to give it nutrition) making it pink, fibre is laid down (to make it strong) making it thick. It is at a maximum three weeks after an operation. After this it becomes soft and thin and supple. To gain the best appearance of a scar it is necessary to avoid putting a strain on the scar during the first few weeks after an operation. Keep it clean and dry and avoid creams until the skin is well sealed. Most of the normal redness, thickness and lumpiness should resolve by about 3 months.

### **Obesity**

Overweight patients can experience increased difficulties with surgery. The increase in depth of the fat layer means that it is more difficult for the surgeon to see structures and incisions may need to be longer, pain is therefore greater and recovery slower and complications more common. There is an increased risk of bleeding and infection in particular.

## **Psychological**

It is common to feel tired and depressed after surgery. Your body does not want you to expend energy on anything other than healing the tissues that have been operated on. Having an operation feels a bit like having the flu: everything seems to take more effort and your tolerance level (and those around you) is put to the test. Fortunately these unpleasant feelings pass.

## **Driving After Surgery**

Before driving again there are two requirements that must be fulfilled: you must be physically comfortable, and mentally confident. After surgery it is common to feel tired and lacking in concentration: everything requires more effort. The test to apply is whether you would hesitate slamming your foot on the brake in an emergency. Clearly if you are uncomfortable just getting in and out of the car you are not able to drive. For major surgery this could take a month or so. Patients who have a minor day procedure as a day case should not drive that day.

## **Smoking**

We should all be aware that smoking causes lung cancer, emphysema, strokes, heart attacks and blocked arteries to the legs. Smoking also affects surgery. The lining of the tubes in the lungs secretes mucus in response to the irritation of the inhaled smoke. This becomes longstanding so that even if a person stops smoking for a day the increase in mucus production continues. During an anaesthetic the natural mechanisms to remove mucus are stopped, the mucus accumulates in the lung and causes blockages which allows bacteria to multiply and cause pockets of infection which very quickly develop into pneumonia. After the operation smokers have trouble with frequent coughing. This strains their incision and causes pain. Stopping smoking before an operation is strongly recommended. Some operations will be cancelled if patients continue to smoke. Four weeks is the suggested minimum time to give up before surgery.

## **Travel**

Blood becomes thicker and more likely to clot after surgery and this effect lasts for some time afterwards, generally around 4 weeks. The other effects of travel, particularly plane travel, are to make the blood thicker by dehydration and the effects of sitting for a long time. This combination makes it easier for a clot to form in a leg vein and cause a deep venous thrombosis (DVT). The clot can then detach and flow along the vein to block off part of the vessels supplying the lung ("Pulmonary embolus"). The way to counter this is to drink plenty of water, get up and move around or at least regularly move the balls of the feet up and down. If additional measures need to be taken (eg travel immediately after surgery, on the oral contraceptive pill) then you should consider wearing TED stockings, or even an injection of a blood thinner (eg clexane) before travelling. You should discuss any concerns you have with your surgeon.