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Information Sheet: Post-Operative Instructions

Over the years, regardless of all the information that you will have received from me and the hospital, I have found that patients have some common concerns in the post-operative period.

Anaesthetic: A general anaesthetic is one where you are 'put out' completely. After the anaesthetist has given you the anaesthetic you will have no recollection until you wake up in the recovery room outside theatre. More often than not, these days we tend to use a combination of local anaesthetic and sedation, the so called 'twilight' anaesthetic. The wound is injected with local anaesthetic, and you are given intravenous sedation. You will be vaguely aware of what is going on and feel the odd pin prick but will not be in any pain. Very often patients do not have any recollection of the procedure at all. Pre-operatively I will have informed you which technique you will be having. Following either technique, you should not drive home after the procedure, and should plan to have a quiet night in with someone there with you.

Post op pain-relief: Almost always, the wound at the site of surgery has been injected with a long-acting local anaesthetic. This usually wears off after 6 to 8 hours. It is better to start taking your oral painkillers before the local anaesthetic wears off as these medicines are more effective at preventing pain as opposed to getting rid of pain once it is established. In most cases you will have been given a combination of analgesics to use following your surgery. There will be a paracetamol based painkiller (co-codamol or co-dydramol)- one to two tablets can be taken every 6 hours. Almost always, you will have also been given an anti-inflammatory as well (e.g., diclofenac, ibuprofen). They need to be taken regularly (as per the instructions) for a few days. If you have not been prescribed any to take home, it is likely that in the event of any discomfort, paracetamol should be enough. Everybody varies in the amount of painkiller they require and the basic rule is that you should take enough to allow you to move around comfortably, but not so many that they make you drowsy. Most painkillers will also tend to constipate you, so you may need to take precautions against that. Be aware that if you do not take the painkillers they will not work!

Wound care: It is my practice to use a dissolvable stitch (suture) that runs under the skin and is not visible. You may occasionally notice two ends of suture (looks like clear fishing line) protruding through the skin at either end of the wound. If these are irritating, you can snip them flush with the skin, but it is usual to leave them until they fall off on their own accord. The skin incision is covered with a steristrip (½ inch tape that sticks to the skin along its length). This should be left on the wound for at least a week. The wound should be kept dry and clean. All wounds are 'watertight' after 24 hours or so, and you should be able to have a quick shower after this period. The wound should be patted dry and re-covered with a dressing. Normally, you will be discharged with a waterproof dressing over the wound and you can choose to leave this on if you wish, until you are seen in clinic. This dressing should be changed if it gets wet and soggy. It is normal to get a little bit of swelling and bruising around a wound. The wound can also feel a bit 'lumpy' because of the underlying sutures. Very rarely, you can develop a wound infection a few days after the operation, the wound will become swollen, red and very tender. In addition, you will feel 'unwell' with a fever. In such a case please contact the ward (anytime) or my secretary (usual working hours) and they will advise.

Portacaths: You will feel a lump under the skin where the port is situated and the area will be bruised for a few days. The waterproof dressing and the underlying steristrip can be removed after 10 days. The port can be used without having to disturb the dressing and the sutures are dissolvable. If your chemotherapy is starting the same day, you will return to the ward with a line in situ which can have a somewhat bulky dressing. You can use your arm normally immediately after.

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Varicose Veins: After the procedure, you will have a bandage on the operated leg/s from your toes up to the top of the thigh. Once you are awake, you can get up to go to the toilet etc. Occasionally, at this point you can get some blood seeping through the bandage. Don't panic. Please ask the nurse for assistance and she will reapply the bandage over the site. The following morning all bandages are to be removed and the small pieces of gauze taken off. If you are unsure or not confident about doing this, then you can come back to the ward and the nursing staff will be happy to help. Beneath the gauze you will find some steristrips which should be left on. If there is any bleeding, please reapply the bandage and leave on for a further 24 hours. At this stage you can have a quick shower, pat the legs dry and put on the stockings that have been provided. The stockings need to stay on day and night for the first week and just during the day for the second. You can take the stocking off to have a shower and then reapply then. If the stockings are continuously rolling down, some patients have found wearing a pair of tights over them helpful or even applying a body adhesive e.g. Venosan® Coltex or Med® it Stays. You should be fully mobile in a day or two and should be able to drive in a few days after the procedure. One peculiarity of the laser technique is an increase in discomfort (especially along the inner part of the thigh) after 5 days or so. This is quite normal. You should continue with regular activities and the discomfort will subside in a few days.

Laparoscopic surgery (gallbladder or inguinal hernia): Please be aware that the feeling of having a 'bloated stomach' does last for a few days. This is because of the gas used to 'fill up' (insufflate) the abdominal wall takes some time to reabsorb completely. You may also get some right shoulder tip pain. This is normal as our brains sometimes confuse the discomfort from the gallbladder with pain in the shoulder. You should be able to eat and drink normally within a few hours of the operation.

Inguinal Hernia Surgery (open or laparoscopic): It is normal to have some swelling and bruising which can extend into the base of the penis and scrotum on the side of the repair. This can look quite alarming but will resolve in a few days.

Haemorrhoidectomy or anal procedures: You will be aware of a 'pack' or dressing within the anal canal which will pass when you first open your bowels. Additionally, you may be aware of sutures protruding from the anal canal. These are dissolvable and will disappear of their own accord. Please make sure that you take the prescribed laxatives regularly and do not get constipated. It is not uncommon to get some minor bleeding 10 to 12 days post-operatively and be aware that any discharge may continue for a few weeks until the wounds have healed. You will find regular warm baths are very soothing and they will help greatly with the discomfort.

Driving: The drugs we give for a general or 'twilight' anaesthetic can make you clumsy, slow and forgetful for about 24 hours. This happens even if you feel quite alright. You should not drive or operate heavy machinery (e.g. mowing the lawn) for 24 hours after any procedure involving a general anaesthetic or sedation. After most procedures you should be able to drive after a few days. You should be able to undertake an emergency stop safely and without too much discomfort. It would be sensible to practice this manoeuvre before recommencing driving.

Most post-operative problems are minor and are quickly resolved by a simple telephone call. If you have any worries or doubts, please do not hesitate to ring, or SMS my secretary (Meera) on 07771 924632 (normal working hours) or the ward (out of normal hours). You can also e-mail if you prefer (info@sarin.uk.com) as these are looked at regularly, even over the weekend.

S Sarin
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