# Day of Surgery Information Pack

### PLEASE READ THIS INFORMATION PACK CAREFULLY

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#### **PLEASE KEEP THIS PAGE**

# Important information about your procedure

Shortly you will be undergoing your procedure under general anaesthetic. The following has been designed to give you and your family important information regarding your upcoming anaesthesia. We hope this answers any questions you may have and explains our strong commitment to your safety and wellbeing.

Ascenda Anaesthesia is proud to offer you a high level of anaesthetic service where your comfort and safety is our highest priority. Your general anaesthetic will be administered and managed by **Dr John Lau**, a Specialist Anaesthetist. Australian Anaesthetists are highly trained medical specialists. After graduating from medical school and working for some years in major hospitals, Anaesthetists then spend a further 5 to 6 years undergoing specialist training in Anaesthesia and Pain Management. Dr Lau will put you into a state of carefully controlled unconsciousness for the duration of your procedure. He will be utilising anaesthetic drugs administered intravenously. The level of anaesthesia is calculated and constantly adjusted with great precision. Your vital signs are monitored with sophisticated equipment.

Your Anaesthetist needs to know about your general health and wellbeing in order to minimise any risk to you during your procedure. Please use the **Patient Information and Healthcare Questionnaire** provided in this pack to inform Dr Lau of any and all health issues (particularly in relation to heart or breathing problems), allergies, prescription medications, blood-thinning medications, smoking status and drug and alcohol intake.

#### **Risks and complications**

Major complications with anaesthesia for oral surgery are very uncommon when anaesthesia is administered by a specialist anaesthetist. Nevertheless, some patients are at an increased risk of complications because of health problems such as heart or respiratory disease, diabetes or obesity, their age and/or because of the type of surgery which they are undergoing. Even healthy patients have risks.

Common side effects following anaesthesia include bruising or pain at the injection site, a sore throat, and postoperative nausea or vomiting. These are generally only short-lived. The risk of these side effects is about 1 in 3 to 1 in 100 patients.

**Uncommon side effects** include persisting hoarse voice, prolonged nausea and vomiting, post-operative breathing problems, damage to lips, tongue, eyes and teeth, pins and needles or weakness from pressure on nerves in the arms or legs and aspiration pneumonia from inhaling stomach contents, The risk of these is about 1 in 100 to 1 in 5000 patients.

Vary rare side effects include severe allergic or sensitivity reactions, heart attack, stroke, seizure, brain damage, kidney or liver failure, deep vein thrombosis and death. The risk of these is about 1 in 5000 to 1 in 150,000 patients. Remember that the risks of these more serious complications, including death, are quite remote but do exist.

We urge you to ask questions. Dr Lau will be happy to answer them and to discuss the best way to work with you for the best possible outcome.

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# **Preparing for your procedure**

#### **Admission time**

Ascenda Anaesthesia will confirm your admission time [Monday of surgery week/24 hours prior to procedure].

### **Prescription medication**

If you take prescription medication and you are required to do so within the fasting period, please ensure you only use a small sip of water and do not consume anything at all for at least 1 hour prior to the procedure. When you arrive for your procedure, please inform your surgeon and anaesthetist of the time of your last dosage.

Please note if you are taking blood thinners (e.g. Aspirin, Warfarin) you will be required to stop taking the medication for at least one week prior to your procedure. Please consult your doctor before discontinuing any prescribed medication.

On the day of your procedure, please bring with you ALL your prescription medications, including inhalers such as Ventolin.

#### **Non-prescription products**

Please stop taking any vitamins, herbal products or complementary medicine effective immediately and until after your procedure.

#### **Smoking and alcohol**

Smokers may have delayed recovery or an increased predisposition to complications. Avoidance of smoking and improving general health with light to moderate exercise in the period leading up to the procedure helps improve recovery and reduces risk.

Do NOT consume any alcoholic beverages within 24 hours of your procedure.

### PLEASE KEEP THIS PAGE

# Preparing for your procedure (continued)

### What to wear/bring

- Please wear a loose dark t-shirt/top (no long sleeves), comfortable pants and enclosed flat shoes with socks. Bring a warm jumper.
- Remove all jewellery.
- Do NOT apply powder, creams, lotions, makeup, or dark nail polish.
- Men should shave on the day of the appointment (men with full beards or moustache need not shave).
- Children may also bring a comforting item (soft toy/blanket).

### **Fasting instructions**

Fasting means: No food, No drink, No chewing gum/breath mints etc.

Morning Patients	Fast from 12:00 Midnight the night before your procedure
Afternoon Patients	Fast from 6:00 AM the morning of your procedure

If fasting instructions are not followed, your procedure may have to be delayed or cancelled in the interests of your safety.

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# After your procedure

#### **Discharge time**

The clinic nursing staff will assist you by estimating your time of discharge on the day of your surgery. However, this is an estimate only and can change without notice.

#### **Getting home**

It is vital you have a responsible adult accompany you home and stay with you for 24 hours following the procedure. It is both a legal and medical requirement.

Prior to leaving you will be given written instructions about your post-operative care as required by your surgeon. These instructions will be given to you in the presence of your adult caregiver, who will be asked to sign a declaration indicating that the information is clearly given and understood.

In some instances, prescription medication will need to be collected on discharge by your carer whilst they wait for you. Please make arrangements for this to occur. There are multiple pharmacies nearby.

#### At home

Please follow the post-operative instructions provided to you and limit your physical activities.

For the first 24 hours after your procedure, it is important that you:

- Do not drive a motor vehicle or operate machinery
- Do not drink alcohol
- Do not remain on your own
- Do not make complex or legal decisions

#### **Medical certificates**

Medical and Carer's Leave certificates can be provided on the day if required - please note this on the Patient Information Form where indicated.

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### **Feedback**

Ascenda Anaesthesia recognises that patients may wish to express their opinion about the treatment and care they receive. Complaints are welcomed, received, investigated and resolved as this aids the clinic in improvement in patient care.

Compliments from satisfied patients encourage ongoing high standards of care.

If you, your family, or your carer wish to comment about any aspects of care or treatment received, we strongly encourage you to contact our designated Complaints Officer at <a href="mailto:info@ascenda.com.au">info@ascenda.com.au</a>.

If you wish to make a suggestion to better improve our delivery of care, or if we have failed to meet your expectation in any other way, we want to hear from you. Your complaint or suggestion will be treated in a respectful, professional and confidential manner.

If it cannot be resolved via phone or email conversation to your satisfaction, Ascenda Anaesthesia has an established pathway to formally address your concerns, in compliance with government regulations. Our Complaints Officer will guide you in formalising your complaint. Our policy in handling of complaints and grievances is fully aligned with established practices and standards and guided by AHPRA.

# **Privacy Policy**

#### YOUR HEALTH INFORMATION

In accordance with the Victorian Health Records Act 2001 and Federal Privacy Act 1988

We respect your right to privacy. We realise that it is important that you understand the purpose for which we collect details about your health, as well as how this information is used at our facility and to whom this information might be disclosed. We will collect and use the minimum amount of personal information needed for us to ensure you receive a high level of care.

The policy of this practice is to follow these procedures:

- 1. The information collected will be used for the purpose of providing treatment to you. Personal information such as your name, address and health insurance details will be used for the purpose of addressing accounts to you, as well as processing payments and writing to you about our services and any issues affecting your treatment.
- 2. We may disclose your health information to other healthcare professionals or require it from them, if in our judgement, that it is necessary in the context of your treatment. In that event, disclosure of your personal details will be minimised wherever possible.
- 3. We may also use parts of your health information and dental records for research purposes, in study groups or at seminars as this may provide benefit to other patients. Should that happen, your personal identity will not be disclosed without your consent to do so.
- 4. Your medical history, treatment records, x-rays and any other material relevant to your treatment will be kept here. You may inspect or request copies of our records of your treatment at any time, or seek an explanation from the dentist. Statutory fees will apply in relation to the types of access you seek. If you request an explanation of our records or a written summary our usual fees apply to these services.
- 5. If any of the information we have about you is inaccurate, you may ask us to alter our records accordingly.

You can otherwise rest assured that your health information will be treated with the utmost confidentiality. Disclosure will not be made to any person not involved in either your treatment or the administration of this practice; or any person who is NOT a participant of a training and education program, without your prior consent. If you have any queries or concerns about our handling of your health information, please do not hesitate to raise these concerns with our practice.

Please note that your treatment plan will often be posted to your referring doctor or dentist, as required by Medicare. If you have any objection, you must let us know in writing.

I confirm that I have read and understood the P information as outlined above.	rivacy Policy and that I consen	t to the use	of my per	rsonal
ignature of Patient/Guardian:				
Print Name:		Date:	/	/

# Transfer Details (In Case of Emergency)

Ambulance Cover										
Do you have Ambulance Cover?										
Ambulance Membership Number (if applicable):										
In case of Emergency										
Would you like to be transferred to:	Private	OR Public Hosp	tal (plea	se circle)						
Private Health Insurance Details										
Name of Fund:		Member Numbe	r:							
Emergency Family Contact										
Name:										
Relationship to Patient:										
Mobile:										
Home:										
Work:										
Medical Details										
Blood Group (if known):										
Allergies/Sensitivities:										
Signature of Patient/Guardian:										
Print Name:			Date:/_	/						