

My RBWH

# SURGICAL

Pathway

Everything you need to know about preparing for your surgery



## PREPARING for surgery CHECKLIST

- Your anaesthesia and pain medication explained
- Fasting instructions
- How to get here, parking and much more

PLACE ID LABEL HERE

**PLEASE BRING THIS BOOKLET WITH YOU  
TO ALL OF YOUR APPOINTMENTS**

## My Questions

## For my healthcare professionals

**Write down any questions you may have:**

## My important phone numbers

**Case Manager:** .....

**Outpatients department:** .....

**RBWH Switchboard: 07 3646 8111**

# Contents

My RBWH Surgical Pathway has been developed to provide you with all the information you need to correctly prepare for your surgery and what you can expect once you go home following surgery.



## Way to go Portal

The new Patient and Visitor Portal making your hospital journey easier.



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# Preparing to come to hospital

## my timeline

My surgery date: .....

My appointments before surgery	
Appointment with my doctor (if required)	Date:                      Time: Location:
Pre-admission clinic appointment (if required)	Date:                      Time: Location:
Anaesthetics review (if required)	Date:                      Time: Location:
Scans or tests (if required)	Date:                      Time: Location:
Your case manager will advise which appointments are required before your surgery	

2 – 3 weeks before my surgery	
Get a blood test with my GP to check my Iron levels  (if required – see page 23)	Date:                      Time: Location:
Stop taking vitamin and mineral supplements	Some vitamins and herbal supplements may thin your blood or interact with the medicines we give you during surgery. It is recommended that you cease these at least two weeks prior to surgery.
Check my list of medications to be stopped as instructed by my pharmacist. Especially <b>blood thinning</b> medication.	Refer to page 5
If you are feeling unwell, please contact your case manager to discuss your symptoms. If you are unwell on your surgery day, your surgery is likely to be cancelled. Refer to page 15	

1 week before my surgery	
Check my list of medications to be stopped as instructed by my pharmacist. Especially <b>blood thinning</b> medication.	Refer to page 5
If you are feeling unwell, please contact your case manager to discuss your symptoms. If you are unwell on your surgery day, your surgery is likely to be cancelled. Refer to page 15	



## The night before and morning of surgery

Time to arrive at the general admissions desk	Time:
Time to stop eating	Time:
Time to stop drinking	Time:
Medications not to be taken on the morning of surgery	Please take your regular medication unless informed otherwise by the doctor, anaesthetist or pharmacist. See below.
What to bring	Refer to page 10
What to leave at home	Refer to page 10
Please fill out your patient registration form and give it to the staff at the general admissions desk	
Please shower the night before and morning of your surgery before coming to the hospital	
Do not wear make-up, moisturiser, deodorant, perfume, aftershave, nail polish or talc. If you have acrylic/gel nails – remove one on each hand. Refer to page 11	

## If I am having a day case procedure (discharge same day as surgery)

If you are going home the same day as your surgery and have had a general anaesthetic:

- You will need to organise a family member or friend to be able to be with you for the following 24 hours. If you do not have a support person your surgery may be cancelled.
- Provide staff with the details of your support person before surgery.
- Ensure your support person is aware that the hospital will be contacting them following your surgery.

Support person details	Name:	Relationship to you:
	Phone number:	

## Instructions for my medication before surgery

Medications to STOP TEMPORARILY before surgery

Name	When to stop
	<input type="checkbox"/> Now <input type="checkbox"/> Morning of surgery <input type="checkbox"/> ..... Days before surgery
	<input type="checkbox"/> Now <input type="checkbox"/> Morning of surgery <input type="checkbox"/> ..... Days before surgery
	<input type="checkbox"/> Now <input type="checkbox"/> Morning of surgery <input type="checkbox"/> ..... Days before surgery
	<input type="checkbox"/> Now <input type="checkbox"/> Morning of surgery <input type="checkbox"/> ..... Days before surgery
	<input type="checkbox"/> Now <input type="checkbox"/> Morning of surgery <input type="checkbox"/> ..... Days before surgery
	<input type="checkbox"/> Now <input type="checkbox"/> Morning of surgery <input type="checkbox"/> ..... Days before surgery

## Have I considered:

An Enduring Power of Attorney	This is a legal document that nominates a family member or friend (you can nominate more than one) to make important decisions for you when you are unable to do so. Forms available online at <a href="http://www.justice.qld.gov.au">www.justice.qld.gov.au</a>
An Advance Health Directive	This is a legal document that records your decisions about future health care in specific situations for a time when you may be unable to communicate. It needs to be signed by your doctor. Forms available online at <a href="http://www.justice.qld.gov.au">www.justice.qld.gov.au</a>
A Statement of Choices	This focuses on your wishes, values and beliefs. It helps those close to you make health care decisions on your behalf if you are unable. It provides comfort for you and your loved ones. To complete, speak to your GP, or visit <a href="http://www.mycaremychoices.com.au">www.mycaremychoices.com.au</a>

# Getting to RBWH



## Royal Brisbane and Women's Hospital

**Location:** Corner Butterfield St and Bowen Bridge Rd,  
HERSTON QLD 4029

**Main switchboard:** (07) 3646 8111

**Map of floors and wards:**

<https://metronorth.health.qld.gov.au/rbwh/wp-content/uploads/sites/2/2017/07/map-departments.pdf>



Map of RBWH floors & wards

## Our visiting hours

We understand the importance of support from loved ones while patients are in hospital and strongly encourage family and friends to visit our patients during their stay. Children accompanied by an adult are also most welcome. Visiting hours are flexible and we encourage you to ask the ward staff about the best times to visit your relative or friend.

While you are visiting the ward, please be mindful of other patients nearby who are recovering from illness or injury. Please be aware that treating teams may be required to interrupt your visit to provide healthcare to the patient. The Nurse Unit Manager is responsible for the ward and may be required to restrict visitors during certain medical and nursing procedures or in an emergency situation. We kindly ask that visitors do not attend the hospital if they have a potentially infectious illness (e.g. coughs or colds, gastro symptoms).

Please note that access to the hospital is restricted between 9.00pm and 5.30am. If you require access outside of these hours, security can be contacted via the intercom that is based at the RBWH Main Entrance, Butterfield Street.

## Pick up and drop off zone

We have 'two minute' pick up/drop off areas for patients and visitors in the hospital grounds.

- In front of the main entrance of the hospital (on Butterfield Street)
- Outside the entry to the Joyce Tweddell Building

People exceeding this two-minute limit may be fined. Parking fines apply for illegal parking in the hospital grounds.

## Bus station

The bus station is located next to the Royal Brisbane and Women's Hospital. Find out what buses stop at the hospital or search through the TransLink journey planner. For timetable information, call the TransLink Hotline on 131 230 or visit <http://translink.com.au/>.

## Train station

The nearest train stations are **Brunswick Street Station** in Fortitude Valley or **Bowen Hills Station**. Both stations are about 1km walk from Royal Brisbane and Women's Hospital. Buses are available outside the station for transport to RBWH. For timetable information, call the TransLink Hotline on 131 230 or visit <http://translink.com.au/>.

### RBWH Pick up and drop off zone



# Car parking near RBWH



*Please see websites  
for parking rates*

There are a number of carpark facilities which service the Royal Brisbane and Women's Hospital. All are privately owned and operated. Please see websites for parking rates.

**For regular RBWH parking and transport updates:**  
<https://metronorth.health.qld.gov.au/rbwh/patients-and-visitors/parking-and-transport>

## Parking Concessions

RBWH offers discounted parking to eligible patients or their primary carer. To check your eligibility and for how to apply for discounted parking please visit:

<https://metronorth.health.qld.gov.au/rbwh/patients-and-visitors/parking-and-transport>

## On-campus Parking

### Butterfield Street Carpark (Point Parking)

Location: 20 Butterfield Street, next to the Ned Hanlon Building This is the closest carpark to the main entrance of the hospital. Visitor entry and exit is via Butterfield Street or the circular drive at the main entrance. An undercover walkway links this carpark to level 1 of the Ned Hanlon building.

Contact: (07) 3252 4333

Website: <https://pointparking.com.au/locations/royal-brisbane-and-womens-hospital/>

### Herston Road Carpark (Cornerstone Parking)

Location: 325 Herston Road, Herston QLD 4006 Located at the junction of Gilchrist Avenue and Herston Road. This carpark is the closest to the mental health building, Block 7, Education Centre and QIMR Berghofer Medical Research Institute.

Contact: (07) 3034 0534. For Monthly Parking please call (07) 30340528

Website: <http://cornerstoneparking.com.au/car-parks/royal-brisbane-hospital/>

### Bramston Terrace Carpark (Point Parking)

Location: Bramston Terrace (off Herston Road), Herston QLD 4006

Contact: (07) 3257 2778

Website: <https://pointparking.com.au/locations/bramston-terrace-herston/>

## Street Parking

Parking around the Herston area and the hospital complex is regulated. There is no parking for visitors on the hospital grounds. Some metered parking in surrounding streets is available.

## Surrounding Parking Royal Brisbane Carpark (Cornerstone Parking)

Location: 43 Butterfield Street, Herston QLD 4006

This carpark is located across the road from the main hospital, but within easy walking distance. Entry and exit is via Butterfield Street.

Contact: (07) 3252 4333

Website: <https://www.cornerstoneparking.com.au/car-parks/butterfield-street-car-park-rbwh/>

## The Pavilion Car Park (Brisbane Showgrounds)

Location: Gate 5 off O'Connell Terrace, Bowen Hills Contact: (07) 3253 3900

Open: 24 hours, Monday – Sunday

Website: <https://www.brisbaneshowgrounds.com.au/information/parking/>

## Wren Street Carpark – PriPark

Location: Wren Street, Bowen Hills

Contact: 1300 720 53

Open: 24 hours, Monday – Sunday

Website: <https://pripark.com.au/monthly-parking/#herston>

## Gregory Terrace – Royal International Convention Centre

Location: 600 Gregory Terrace, Bowen Hills

Contact: (07) 3253 3900

Open: 5am – midnight, Monday – Friday

Website: <https://www.brisbaneshowgrounds.com.au/information/parking/>

# Patient Travel Subsidy Scheme

[www.health.qld.gov.au/ptss](http://www.health.qld.gov.au/ptss) or call 13 HEALTH (13 43 25 84)

## What is the Patient Travel Subsidy Scheme (PTSS)?

The scheme provides financial support for patients to get specialist medical treatment when the service is not available within 50km of the patient's closest public hospital or public health facility. Eligible patients can apply for travel and/or accommodation subsidies to help with the costs of getting to and from the closest public hospital or public health facility that provides the specialist medical treatment. Patients who need help when travelling can also apply for a patient escort to travel with them.

The PTSS does not cover the full costs of travelling for specialist medical treatment. Any costs incurred in addition to approved subsidies are at the patient's expense.

## Am I eligible for PTSS?

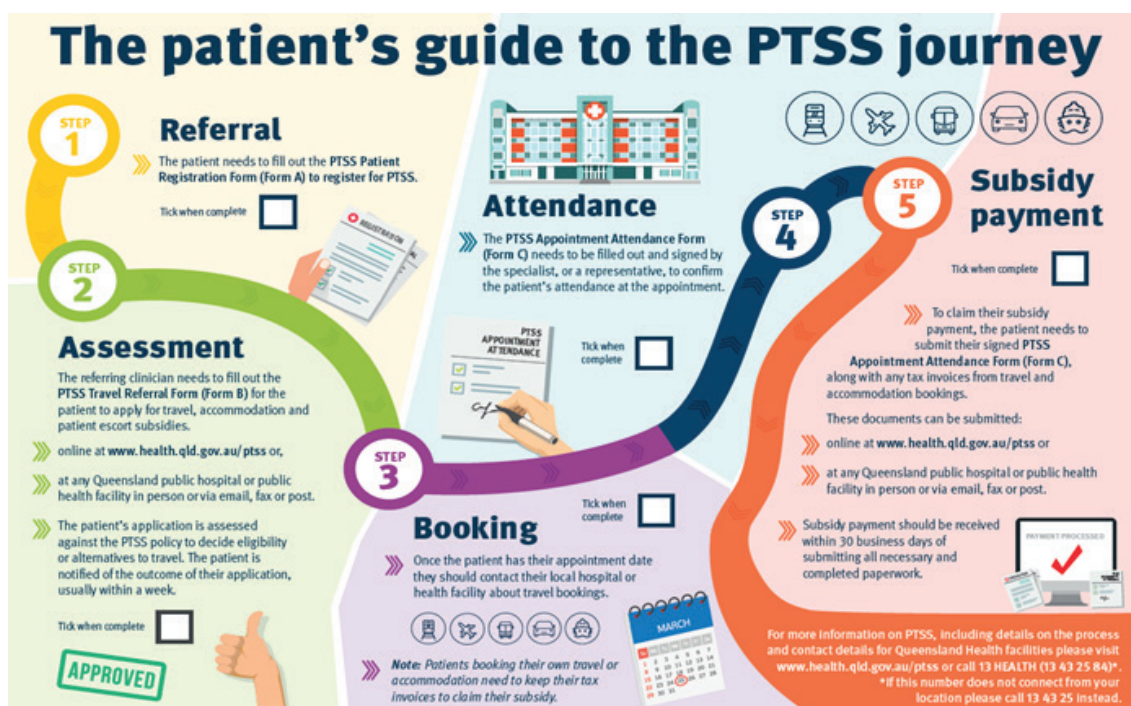
Patients must be a Queensland resident and eligible for Medicare to receive PTSS subsidies. They must also have a valid referral for an approved PTSS specialty, that is not available within 50km of their nearest public hospital or health facility.

## What subsidies are available?

Travel and accommodation subsidies are available for eligible patients and their patient escort. Patients should apply for PTSS as early as possible prior to travel. Eligible patients can submit one retrospective application for assessment for travel undertaken in the last 12 months.



Please scan the QR code to be directed to PTSS webpage for subsidy information





# Pre-operative hospital admission

## Who may require pre-operative admission?

Some patients may need to be admitted to the hospital before surgery.

Your doctor will talk to you about whether early admission will be needed. Some conditions that may need an early admission are:

- Type 1 Diabetes
- Certain cardiac conditions
- Respiratory disorders
- Bleeding disorders
- Emergent needs

If you have any questions or concerns about your health contact your case manager for further assistance.

## Accommodation

If you need accommodation prior to your hospital admission, there are multiple options close to the RBWH. Accommodation may also be subsidised by your local travel office.

## Transport

Speak to your general practitioner and/or RBWH case manager about your eligibility for transport assistance, and transport options.

Please contact the local travel office based on your place of residence if you have any questions about the Patient Travel Subsidy Scheme.

Travel Office	Phone number	Opening hours (Mon-Fri)
Bundaberg	07 4150 2176	0800 – 1600
Cairns	07 4226 5600	0800 – 1600
Emerald	07 4987 9404	0830 – 1600
Gladstone	07 4976 3285	0800 – 1600 (closed 1pm- 2pm)
Hervey Bay	07 4325 6607	0830 – 1630
Mackay	07 4885 5291	0800 – 1600
Maryborough	07 4122 8301	0830 – 1630
Mt Isa	07 4744 4463 / 07 4744 4020	0800 – 1600
Rockhampton	07 4920 6748	0830 – 1600
Metro North	07 3624 1245	0730 – 1700
Toowoomba	07 4616 6252	0830 – 1600
Townsville	07 4433 1115	0800 – 1600

# Getting ready for my surgery

## What to bring with you

- ALL of your regular medications including puffers, vitamins, supplements and over-the counter medicines.
- Pyjamas (hospital does not provide) / comfortable clothes / dressing gown / toiletries / tissues / flat comfortable shoes / supportive slippers (no scuffs or thongs) / eye mask and ear plugs to help sleeping.
- Glasses / hearing aids / walking aids / CPAP or other personal aids.
- Any x-rays / scans. It is your responsibility to take your private x-rays / scans home.
- Medicare card, healthcare card and pension card.
- A copy of your advanced health directive and/or power of attorney details (if you have these).
- Bag limit: One hand held bag and one overnight bag - maximum weight 10kg.
- If you are staying overnight or longer after surgery, please bring a smart phone, tablet or laptop and some connecting headphones so you can connect to the free MetroNorth-PatientWiFi service while you recover. Televisions may not be available during your stay.
- Walking aids (e.g. walking stick or four wheel walker)



## What not to bring with you

- Do not bring large amounts of money or valuables.
- Any electrical item (other than a smart phone, tablet or laptop) brought into the hospital must be tested and tagged by a qualified electrician (this is your responsibility) or have batteries. Mobile phone chargers do not require testing.
- Alcohol or illegal drugs.



## Give your case manager a phone call if:

- You are feeling unwell, ill or have changes to your skin condition.
- You are no longer able to attend your surgery.
- Please see contact details for case managers on page 43.



## It is recommended that you:

- If you smoke, stop smoking now. This will reduced your risk of post-operative complications.
- Do not drink any alcohol for at least 24 hours before your procedure.
- Please inform the medical staff if you require a Medical Certificate, Workcover form signed or require Patient Travel Subsidy Scheme Forms completed, and any other forms that need to be completed by your doctor.



## Preparation: the night before surgery

- It is important you wash your whole body and hair with soap to help reduce the number of bacteria and germs on your skin prior to surgery.
- Please take your regular medication unless informed otherwise by the doctor, anaesthetist or pharmacist.



## Preparation: on the day of surgery



### Do not:

- ✗ Use lotions, creams, powders, perfume, aftershave or deodorants.

**These applications can make it difficult for staff to accurately monitor your skin.**

- ✗ Wear lipstick, make-up, nail polish or acrylic nails.

Fake nails can harbour bacteria, and make-up makes monitoring of skin and lips difficult.

- ✗ Use hair spray or hair gel as they can be flammable.
- ✗ Shave below the neck.

**Shaving or waxing can cause cuts and abrasions which can lead to infection.**



### Do:

- ✓ Shower before you leave home.
- ✓ Please take your regular medication unless informed otherwise by the doctor, anaesthetist or pharmacist.

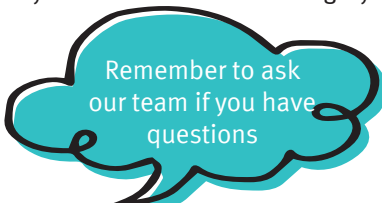
# What I need to know about my medication before surgery

## Your Pre-admission Clinic appointment

Before surgery, most patients are required to attend a Pre-admission Clinic appointment. This appointment aims to make sure you are ready for surgery by completing all required tests and reviews by our multidisciplinary team. As this clinic is very comprehensive, you need to allow a minimum of 4 hours for attendance. This may vary depending on the type of surgery you are having, and the extent of tests required. For your comfort, you may want to bring something to eat and drink. It is a good idea to think about any questions you may have in advance so that you leave the meeting feeling informed.

During your appointment you may see the following staff:

- A **nurse** - to discuss your general health and home supports, record your vital signs (blood pressure, pulse etc) and provide information about your fasting and preparation requirements before surgery
- An **anaesthetic doctor and surgical doctor** - to discuss the operation and anaesthetic process, ensure you are medically fit to undergo surgery, document any medical conditions you may have and order any necessary tests before surgery
- A **pharmacist** - to discuss your current medication regime and what you should do with your medicines before surgery
- **Allied health**, for example, a **physiotherapist, social worker, dietician** or others – to discuss various elements of your health and social supports



Remember to ask  
our team if you have  
questions

## Medications before surgery

Between the doctor and/or the pharmacist at your Pre-admission Clinic appointment, a detailed history of the medications that you take will be recorded, including any prescription, over-the-counter medicines, vitamins or herbal medicines.

It is **very important** you bring the following to your Pre-admission Clinic appointment:

- All your medications in the original packaging, both prescription and non-prescription. This includes medications from pharmacies, supermarkets or health food shops, including any medicines you use such as inhalers, eye drops, patches and creams or ointments.
- Prescriptions from your general practitioner (GP) or specialists
- Any webster/blister packs or medication rolls
- A list of medicines from your GP or community pharmacy
- A list of any allergies, bad reactions or side effects you have experienced with any medications

Other important information to bring with you include:

- Recent blood tests results (completed outside of Queensland Health)
- Any contact details of your private specialist doctors
- Any pacemaker or defibrillator information and any recent check reports or letters from your cardiologist
- If you use hearing aids or glasses, please bring them with you

Your Pre-admission clinic pharmacist will (this section **does not apply** to Gynaecology Outpatients Department):

1. Enter all your medication related information into your electronic record, and produce a medication list that highlights any medication changes required before surgery
2. Advise which medications you need to stop and when, and which medications you should continue taking before the surgery. It is important that you follow the advice provided by the pharmacist or doctor exactly, as failing to stop certain medications **may result in your surgery being cancelled**
3. Advise you how to manage your usual morning medications on the morning of the operation, even if you are fasting  
If your surgery is cancelled, ask about how to manage the medications that you had been asked to stop.

## Blood thinning medications *(such as warfarin, aspirin, clopidogrel, rivaroxaban, dabigatran, apixaban)*

- If a treating specialist has prescribed your blood thinning medication, they should review you before your surgery or at least be notified that you are having surgery. The decision about ceasing medications should be made primarily by the prescribing doctor in consultation with your treating team in hospital. It is important that you do not stop taking these medications without specific instructions from your treating specialist or the pre-admission team.
- Please ensure you ask your treating team before you leave the hospital if you have not been told when to restart your blood thinning medication after your surgery.



# Important medications to discuss with my doctor and pharmacist

## Diabetes (blood sugar) medications *(including tablets and injectable medicines)*

- The Pre-admission Clinic doctor or pharmacist will advise you when to stop your diabetes medications before surgery and when to restart after your surgery. This will depend on whether you have type 1 type or 2 diabetes.
- Diabetes can affect the body's ability to heal after an operation. Before you have your surgery, it is important to have the best possible control of your diabetes. Good diabetes management helps to avoid slow wound healing and infections which can lead to a longer hospital stay.
- You should see your GP or diabetes specialist to review your HbA1c test. The HbA1c shows how well your diabetes is controlled. The hospital also has a clinic that can help you to improve your diabetes control before surgery – you may be referred to this clinic by your treating team if your diabetes control needs improvement.
- What can I do to improve my diabetes control?
  - o Be a healthy weight
  - o Have well-controlled blood pressure
  - o If you smoke, see your doctor for advice about stopping before surgery.
  - o Make sure you have had your HbA1c checked within the last 6 months
  - o Check your blood glucose level at home – ideally before meals and at bedtime
  - o Take diabetes medications as prescribed

## Pain medications

- Some pain medicine such as anti-inflammatory medicine may affect blood clotting before surgery. These include over-the-counter medicines such as ibuprofen (Nurofen, Advil, Mersynofen = paracetamol with ibuprofen), naproxen (Naprogesic, Naprosyn) and diclofenac (Voltaren). Ensure you speak to your Pre-admission clinic doctor or pharmacist as to whether such medication needs to be ceased before surgery.

## Medicines that affect the immune system

*(such as medicines used for arthritis conditions and auto-immune conditions)*

- Some medicines which are used to treat auto-immune conditions such as rheumatoid arthritis or inflammatory bowel disease may affect wound healing after surgery. It is important to inform your Preadmission clinic doctor or pharmacist if you are prescribed medicines from a specialist such as a rheumatologist or gastroenterologist, so they can assess if modification to your current medication regime is necessary.

## Nicotine, alcohol, marijuana, or other cannabinoid (CBD) products

- Speak to your Pre-admission Clinic doctor or pharmacist as to whether use of the above can affect outcomes from your surgery. Quitting smoking before surgery is advised as it will lower your risk of lung complications such as pneumonia and reduce the likelihood of wound infection and poor healing.

## What about vitamins, minerals and herbal supplements?

- Commonly used vitamins, minerals and herbal supplements include fish oil, tumeric, echinacea, garlic, ginseng, ginkgo biloba, St John's wort and valerian. Vitamin, minerals and herbal supplements can have a variety of effects on surgery, including impairing blood clotting and promoting excessive bleeding. They may also interact with anaesthetic drugs possibly altering their effects.
- ALL vitamins, minerals and herbal supplements should be stopped TWO weeks before surgery. Speak to your Pre-admission clinic doctor or pharmacist if you have concerns about stopping any of these supplements

## What to do with my medicines if my surgery is delayed or cancelled?

- If for some reason your surgery is cancelled or delayed, please ensure you discuss with your treating hospital doctors about restarting any regular medicines that you have been advised to cease before surgery, and when you might need to stop them again if the procedure has been rescheduled.

**Due to the nature of your surgery, certain changes to your medications may occur post-operatively too. Your ward pharmacist will endeavour to educate you about any changes throughout your admission and at time of discharge. If in doubt, ask your treating team and be sure to follow up with your GP.**

# How to fast before my surgery

The aim of fasting prior to anaesthesia or sedation for a surgical or medical procedure is to decrease the risk of vomiting during and after your procedure, which may result in aspiration of fluid into your lungs. This may be associated with chemical pneumonitis, bacterial pneumonia or airway obstruction depending upon whether foreign material (food) and/or gastro-intestinal fluids (gastric acid, bile or other bowel contents) have been aspirated into the lungs.

## When fasting for your procedure:

- For adults having an elective procedure, solid food may be taken up to six hours prior to anaesthesia and clear fluids may be taken up to two hours prior to anaesthesia.
- Prescribed medications may be taken with a sip of water up to two hours prior to anaesthesia unless otherwise directed.
- Please avoid chewing gum. Chewing gum must not be swallowed. This is due to its risk as a foreign body.

**Clear fluids include:** water, black tea, black coffee, cordials, clear fruit juice without pulp.

Clear fluids **DO NOT** include: milk, milkshakes, coffee or tea with milk, cloudy fruit juices.

These fasting guidelines may not apply to all patient groups. Examples include those at increased risk of vomiting, patients having emergency procedures and those with known/suspected delayed gastric emptying or oesophageal motility disorders, and obstetric patients in labour. Patients who have had bariatric surgery may also fall into this category.

**Please follow the fasting information provided to you by your healthcare professionals**

**If you do not fast correctly your operation will be cancelled**

**At RBWH we have three different types of operating lists – morning lists, afternoon lists and lists that run all day.**

### **Morning theatre list – 6.00am arrive at hospital**

- No food from midnight. This includes lollies or chewing gum.
- Only clear fluids from midnight to 5.00am. No more than 200mls an hour.
- Nil by mouth from 5.00am, except a sip of water to help swallow tablets.

### **Afternoon theatre list – 10.30am arrive at hospital**

- Light breakfast (cereal or toast) before 7.00am.
- Only clear fluids from 7.00am to 10.00am. No more than 200mls an hour.
- Nil by mouth from 10.00am, except a sip of water to help swallow tablets.

### **All day theatre list – arrival at hospital time can vary**

- Your case manager will advise what time you will need to present to RBWH and when to stop eating and drinking before surgery.

# *If I am feeling unwell or can't make my surgery*

## **We need to know!**

**Please contact your Case Manager if there are any changes to your health between the time you are booked for surgery and your surgery date.**

If you are feeling unwell or have changes to your skin condition, your surgery may need to be postponed or canceled and re-booked for another time.

If you are no longer able to attend on your booked surgery, please contact your case manager to let them know (see page 43).

With early notice of your cancellation or illness, our case managers will be able to organise another patient to have their surgery.

If you do not let us know that you can't attend or are cancelled on the day of your surgery due to illness, this will cause theatre time to be wasted and others will miss the opportunity to receive surgery.



## **What we need to know and when**

### **In the week prior to your surgery**

**Please alert your Case Manager if you experience any of the following:**

- Temperature or fever
- Sore throat
- Rash, swelling, cuts, breaks or tears in your skin
- Infected wounds
- Diarrhoea or vomiting
- Travelled overseas in the last six months
- Visited your GP or emergency department

### **At any point in time**

**Please alert your Case Manager if you experience any of the following:**

- COVID infection within the past 3 weeks
- If you are unable to attend your surgery for any reason
- You become pregnant
- If you are diagnosed with any new medical conditions
- You are moving away from the RBWH catchment area
- You no longer would like to have your surgery
- You have any concerns about your surgery

# My anaesthetic



## My anaesthetist

An anaesthetist is a specialist doctor who will:

- Assess your health and discuss with you the type of anaesthetic suitable for your surgery
- Discuss the risks of suitable anaesthetic options
- Agree to a plan with you for your anaesthetic and pain control
- Be responsible for giving your anaesthetic and caring for you during your surgery and straight after your surgery.

## Types of anaesthetic

You will be having a general, a local, a regional anaesthetic or a combination of these.

### Pre-medication

- Is a drug that is sometimes given to you before an anaesthetic to reduce or relieve anxiety. They are not given very often.

### General anaesthetic

- This is a mixture of drugs to keep you unconscious during an operation.
- As part of a general anaesthetic for a painful procedure, pain relief will be administered during surgery so that it is on board before you wake up.
- Drugs are injected into a vein and/or breathed in as gases into the lungs. Your airway may be supported by a tube or a special device to keep you safe under a general anaesthetic, this is removed as you wake up after surgery.

### Local anaesthetic

- This is used to numb a small part of your body. It is used when nerves can be easily reached by drops, sprays, ointments or injections.

### Regional anaesthetic

- This is where a large part of the body is numbed, for example, an epidural and spinal anaesthetic. These techniques are used to stop pain during the operation, and/or for stopping pain afterwards.
- With local and regional anaesthetics, you can stay awake or you can sleep through the surgery (by giving you sedation or a general anaesthetic as well).





## Factors that may increase the potential of anaesthetic side effects and complications

- Being older/elderly
- Smoking
- Being overweight
- Diabetes
- Heart disease
- Kidney disease
- High blood pressure
- A bad cold or flu
- Asthma

## The risks of anaesthetics

Modern anaesthetics are generally very safe. Every anaesthetic has a risk of side effects and complications. Your anaesthetist will discuss the possible side effects and complications with you before surgery.

## My responsibilities before surgery

You are at less risk of problems from an anaesthetic if you do the following:

1. Increase your fitness as tolerated
2. Stop smoking immediately
3. Bring all your medications to the hospital
4. Lessen alcohol intake
5. Stop taking recreational drugs
6. Ask your surgeon which medications you need to stop before surgery
7. Let us know if you are on the contraceptive pill
8. Let us know about any health problems, infectious disease, past operations, serious illnesses, false teeth/caps/ loose teeth or dental issues, as well as allergies or intolerances of any type

**Do not to eat, drink, chew gum or lollies before your surgery. This is to make sure your stomach is empty. You will be told when you need to stop eating and drinking before surgery.**

# My surgery day at RBWH

## Question

### 1. When I arrive at RBWH

- Present to the General Admissions Desk on ground floor of Ned Hanlon Building via the main entrance on Butterfield Street.
- Refer to your procedure booking letter for date and time.
- It is very important that you bring your patient registration form that you would have received with your procedure booking letter.

#### Why do you keep asking me:

- What is your name?
- What is your date of birth?
- What are you allergic to?
- What surgery are you having done today?
- Is this your signature on the consent form?

### 2. What happens after I check into ground floor?

- You will be directed to waiting rooms of either the Surgical Day Care Unit (Level 4 Ned Hanlon Building), Women's Day Surgery Unit (Level 5 Ned Hanlon Building), Minor Procedures Unit (MPU) (Level 1 James Mayne Building), or to your surgical ward. Some patients may require blood to be taken and will be directed to our pathology department.
- Please present your registration paperwork and any other documents to the reception staff on arrival.
- Nursing staff will call you through to prepare you for surgery, depending on the order you are booked on the operating list. There are 18 operating rooms attached to the SDCU, 4 operating rooms attached to Women's Day Surgery unit and 2 Minor Procedure operating rooms – as you can imagine these areas can get very busy. We appreciate your patience!
- During the preparation process, a nurse will complete a surgical checklist, vital signs and apply a pair of anti-blood clot stockings. You will have a comfortable recliner to sit in and a heated blanket while waiting for surgery.
- Due to limited space we request only one person accompany you.



## Answer

To continuously ensure we have the correct patient and are performing the correct surgery

### 3. What happens when I am called into the operating room for my surgery?

- After you have completed your preparation with your nurse, one of our theatre support officers will transfer you either to the Holding Bay or the operating room - induction room.
- This is a good time for your relatives to go and have something to eat or drink (See page 40).
- When you arrive in the holding bay or induction room, we will again ensure we have the correct patient and are performing the correct surgery you have consented for by asking you a number of questions.
- Our anaesthetic team will also ask you some more questions while preparing you for surgery.
- When the operating room is ready you will be moved into the operating room. The operating team consists of several members including surgeons, anaesthetists, nurses, anaesthetic healthcare practitioners and theatre support officers. You will again be asked the same questions by the team to ensure we have the correct patient and are performing the correct surgery.
- The operating room can be quite cold so please don't hesitate to request another blanket! There will be a lot of people moving about as they are getting ready for your surgery to commence – this is all very normal.

## 4. Who are all the people in my operating room?

### Surgeon

Will be performing your surgery

### Anaesthetist

Will be providing and monitoring your anaesthesia

### Nurse

Will be caring for you during surgery and assisting the surgeon

### Anaesthetic Healthcare Practitioner

Will be assisting the anaesthetist

### Theatre Support Officer

Assist the entire team with equipment and positioning

### Company Representatives

Are available for implant specific support and information

### Students

We are a teaching hospital and students may be in attendance observing the operating rooms if you have given consent

## 5. What happens after my surgery is finished?

When your surgery is completed you will be transferred to the Post Anaesthetic Care Unit (PACU) where our nurses will assist you in your recovery from surgery.

### On arrival to PACU:

- o It is common to feel drowsy and you may have a sore throat from the tube that was assisting your breathing during your anaesthetic. You may experience some discomfort at the site of surgery.
  - o If you require oxygen there will be a mask on your face or tubing to your nose to help breath.
  - o Monitoring is attached to record regular vital signs, such as your blood pressure, pulse rate, respiratory rate and temperature.
  - o You may have a cannula in your arm giving you intravenous fluids.
  - o Your surgical site will be viewed intermittently to monitor dressings.
- The PACU nursing staff are experienced in recognising and managing pain, nausea and vomiting. You will be asked questions to assess your level of alertness, knowledge of surroundings and basic information.
  - The anaesthetist and surgical staff from theatre will discuss your operation, past surgical experience and relevant medical history including allergies with the PACU nurse to plan your care whilst in hospital.
  - The length of stay in PACU will depend on your type of procedure, past medical history and you own personal wellbeing.

### If you are going home the same day as your surgery:

- o You may be required to stay for a period of time until your anaesthetic has worn off.
- o If you had a general anaesthetic, you will require a responsible adult to take you home and stay with you for the next 24 hours. Your PACU nurse will provide information regarding this and keep you up to date.
- o You will return to the SDCU, Women's Day Surgery Unit or MPU where you will be given something to eat.
- o You will be able to leave once you have recovered and received your postoperative instructions, medications and appointments. Expect to stay between 4 – 6 hours.

### If you are staying overnight or longer:

- o You will be transferred to one of our hospital wards for care. We will advise which ward on the surgery day.

# Getting to know my IV Catheter (Drip)



it's as easy as .....

An intravenous (IV) catheter is a soft plastic tube inserted into a vein in the arm or hand, and occasionally in the foot. It is needed for medications or fluids which cannot be given by mouth. Some procedures need an IV catheter. The person who puts in the IV catheter must be trained and competent to do so.

## 1 Before the IV catheter is inserted

- You will be informed of the reason you require an IV catheter and the potential risks.
- The surgical procedure may not be able to proceed without an IV catheter.
- Staff may discuss you other IV access options that may suit your treatment journey better than an IV catheter.
- You will be asked if you have any allergies.
- You will be asked about any problems you have had with needles or IV catheters in the past.
  - o **You can opt for local anaesthetic to numb the site prior to the procedure.**
- You will be asked about any reasons to avoid a specific limb (e.g. stroke arm, mastectomy, renal fistula).
- Your skin will be cleaned with an antiseptic and have drying time to allow effectiveness
- The clinician will wash their hands and put on gloves.
  - o **Please ask staff to wash their hands if you do not see them doing so.**

The IV catheter will be inserted using aseptic practices however at times infection can occur at the insertion site or more rarely, in the bloodstream. Fluid may leak into the surrounding tissue causing swelling and pain. The vein can be irritated by the IV catheter or the medication/fluid and this can cause pain and sometimes a clot may form. This can be quite painful but will resolve over time.



## 2 While the IV catheter is inserted

- Minor pain is not abnormal but if there is significant pain, numbness or tingling then tell the inserter to stop as this is not normal. If there is numbness, tingling or intense pain then tell the inserter to stop (this is not normal).
  - o **You may stop the inserter at any time if you feel concern.**
- You can request to have a more experienced inserter if you have concerns or if you know your veins are very difficult or limited



## 3 After the IV catheter insertion is inserted

- A self-adhesive dressing will be used to secure and protect the catheter.
- We avoid bandages, stockings or anything that will obscure or put pressure on the IV catheter.
- We try to avoid disconnecting and reconnecting of medication lines as this can contribute to infection.
- After medications are given, the nurse should flush your IV catheter with saline to clean out the IV catheter.
- If there is any pain, redness, heat, bruising or swelling near or around the catheter inform a nurse or doctor and they will assess the device.

**If you have any issues or concerns regarding your IV catheter, please ask your nurse or medical team to review.**



# Nourishing my body before surgery

Good nutrition is important for health. It is also very important in the time leading up to your surgery. Your body is best prepared to deal with surgery when you eat a healthy, balanced diet. It may also help to make the recovery process faster.

Patients who do not eat well are more likely to have problems after surgery. Your wounds may take longer to heal, you may be more prone to infections and have a longer stay in hospital.

## Follow a healthy diet:

Everyone should eat nutritious foods and keep active to maintain muscle strength. This is important both before and after surgery. Eating a wide variety of healthy foods is important to ensure your body gets all the nutrients it needs. This includes protein, vitamins and minerals from fruit and vegetables. It is also important to drink plenty of water and avoid drinking too much alcohol. Try to drink no more than 2 alcoholic drinks a day and aim for 2 alcohol-free days per week.

More information can be found at the following website: [www.eatforhealth.gov.au/guidelines/australian-guide-healthy-eating](http://www.eatforhealth.gov.au/guidelines/australian-guide-healthy-eating) (Australian Guide to Healthy Eating | Eat For Health)

## Having trouble eating:

Poor food intake can lead to problems after surgery. If you are underweight or losing weight without trying check out our tips below. These will help increase your intake of both protein and total energy (kilojoules or calories) to help you gain weight. Speak with your local doctor if you continue to have difficulty eating due to a poor appetite or losing weight without trying. A visit with a dietitian might help you.

### To increase protein and build your strength before and after surgery to help 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 a small plate and eat every 2-3 hours
- Eat with family and friends or in pleasant surroundings
- Keep ready-to-eat meals and snacks handy for times when you don't feel like preparing food
- If you are not hungry at mealtimes, try to have a nourishing milk drink or snack for example cheese and crackers. Not eating may make you feel sick in the stomach
- Avoid filling up on low calorie foods (e.g. tea, coffee, water, vegetable juices, diet drinks or clear soups)

### Tips for preventing weight loss:

Your body uses protein for growth and repair of body tissues and muscles. Protein foods include:

- meat, fish and chicken
- eggs
- dairy products
- soy products, legumes and nuts
- high protein nutrition supplements

## A healthy weight before surgery:

Staying in a healthy weight range is important. Being overweight increases the chance of chronic disease and surgical complications. Obesity can cause difficulties before, during and after surgery. Your surgeon might ask that you lose weight before surgery. This could include the use of meal replacement products such as Optifast®. Talk to your local doctor about monitoring and supporting you with this. A visit with a local dietitian may further assist you achieve your weight target.

## MyMeals@RBWH

We are pleased to offer patients the ability to order meals using their own device. MyMeals@RBWH is an easy way for patients to self-order meals from a range of delicious and nutritional options. If you are unable to order a meal online using MyMeals@RBWH, a Dietetic Assistant may assist you to take a meal order. Please note if a meal order has not been placed, a suitable choice will be made for you by our Food Service team.

Meal times (Breakfast 6.45am-8.00am; Morning tea 9.30am-10.15am; Lunch 11.40am-1.00pm; Afternoon tea 2.45pm-3.30pm; Dinner 4.40pm-6.00pm; Supper 7.00pm-7.45pm)

## How to order

Patients can get started by visiting: [mnmealorder.health.qld.gov.au](http://mnmealorder.health.qld.gov.au)

To log in, please enter your UR number and date of birth

- Login ID: UR number (your UR number can be found on your admission tag)
- PIN: Date of birth. Enter your date of birth in the following format DDMMYYYY

## After surgery:

Ensure you continue to eat well after surgery to aid fast recovery. If you are struggling with your eating you should follow the tips above until your appetite returns. If you continue to have any difficulties contact your local doctor.

# Keeping active before my surgery

## Keeping fit and active before your surgery will help your recovery:

- Active people are known to have a reduced risk of complications both during and after surgery.
- It has been shown that increasing physical activity before surgery can reduce the time it takes you to return to activity and work after surgery.

It is important to move your body in some way every day, by finding a range of activities that you enjoy and are more likely to commit to. Set a goal of starting with **10-15 minutes of physical activity each day**, with the aim of building up to **20-30 minutes or more each day** as you feel able.

The activity you choose doesn't need to be high intensity or something always done at the gym. The aim is to achieve a **moderate intensity of physical activity** which will increase your breathing and heart rate. When exercising at this pace, speaking will take a little more effort than usual, but you should be able to carry on talking to someone without gasping for air.

**Don't hesitate to get moving today! Commence slowly and gradually build up your exercise.**

If you're not doing regular exercise, consider making some changes to your daily routine that can help increase your amount of **incidental exercise**:

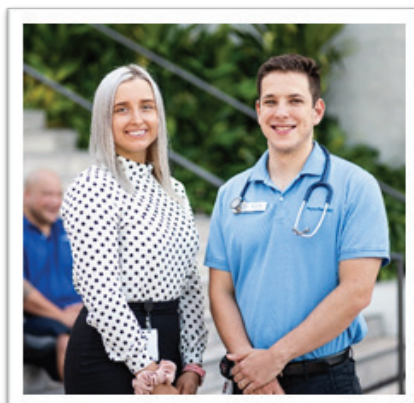
- Get up from your couch or desk and walk around – aim to do this every hour
- Park the car further away from your destination and walk
- Get off public transport 1 or 2 stops earlier and walk the rest of the way home or to work
- Take the stairs rather than the escalator or lift
- Consider walking or cycling for short journeys rather than using the car
- Do those tasks at home you have been putting off (e.g. cleaning your windows, mowing the lawn, gardening/weeding, raking leaves)
- Consider meeting your friends for a walk or physical activity rather than a sit down catch up

Other activities that you may consider:

- Walking
- Swimming or hydrotherapy
- Cycling
- Yoga
- Pilates
- Tennis
- Golf
- Supervised gym classes



Remember to speak to your doctor before starting a new exercise regime



## Keeping it safe

We recommend that you speak to your doctor for medical clearance before starting any new exercise regime. If you already experience severe joint pain, or it becomes significantly worse with exercise, speak to your doctor or physiotherapist.

For more information about increasing your activity and exercise, go to:

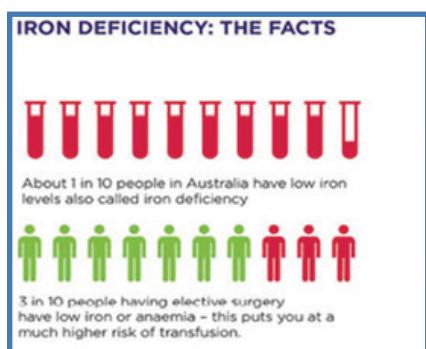
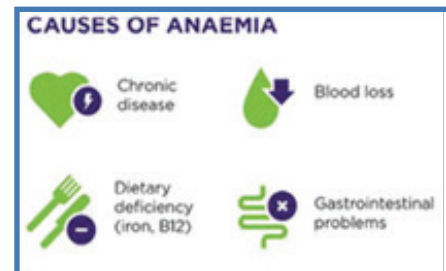
- Happy Healthy Campaign
- Exercise Right

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

# What I need to know about anaemia and iron deficiency

## Anaemia

Anaemia occurs when there are not enough red blood cells in your body, or the blood cells do not have enough haemoglobin to carry oxygen to your tissues. **Having anaemia before you go to surgery puts you at a higher risk of needing a blood transfusion.** The most common cause of anaemia is iron deficiency. If anaemia is found it can be corrected before surgery, your doctor will talk to you about how this will be managed.



## Iron Deficiency

You may need to commence taking an iron supplement if your iron levels are low. If you cannot tolerate oral iron, or you need to increase your iron stores rapidly, it may be recommended you receive an iron infusion before your surgery.

## Signs and symptoms of anaemia and iron deficiency

- Breathlessness
- Tiredness or fatigue
- Dizziness
- Decreased concentration

## Your medications can affect your blood

- Your hospital doctors will need to know all the medications that you are taking, including the ones that affect your blood:
  - o Antiplatelet medicines like aspirin or clopidogrel (Iscover/Plavix)
  - o Anticoagulant medicines like warfarin (Coumadin/Marevan), dabigatran (Pradaxa), rivaroxaban (Xarelto) or apixaban (Eliquis)
  - o Non-steroidal anti-inflammatory medicines like ibuprofen (Nurofen) or naproxen (Inza/Naprosyn).
  - o Proton pump inhibitors such as omeprazole (Losec)
  - o Any herbal or over the counter medications

## Are you ready for your elective surgery? My anaemia check before surgery

### Make an appointment with your GP now

You will need to have:

- A blood test to screen for anaemia and iron deficiency
- A review of existing medical problems
- A check for undiagnosed conditions
- A general health check such as weight, blood pressure and smoking

If you have a number of problems you may need to make a longer appointment or have a second appointment at a later date.

### Why do I need to see my GP?

- Before surgery it is important to make sure that your body is in the best condition possible
- The sooner problems are found the more time there is to fix them
- Sometimes, medical problems are not found until you come to hospital, your surgery might be delayed or cancelled
- The better your health before surgery, the better you are able to recover from surgery

# Smoking, illicit drugs and alcohol

If you would like help to stop or reduce the amount of alcohol, or illicit drugs, or the overuse of other substances or medicines of dependence, the Metro North Alcohol and Drug Service may be able to help you. Ceasing or reducing the use of unnecessary substances prior to admission may be beneficial to your treatment and health outcomes.

For the health of everyone at RBWH, there is no smoking permitted on hospital grounds by patients, visitors or staff. If you are a smoker, we encourage you to cease smoking immediately for the benefit of your own health.

Stopping smoking will positively affect your post-surgery recovery:

- Decrease the risk of lung infections, wound infections and blood clotting
- Help your body to heal wounds quicker and more effectively
- Smelling cigarette smoke can make you feel ill after an anaesthetic, please ask your visitors not to smoke

Please speak with your general practitioner about the available options to support your decision to quit. There are medications available including nicotine patches, gums, lozenges and sprays. To ensure these medications work correctly for you, please seek advice from your general practitioner.

During your hospital stay we can prescribe nicotine replacement medication to help with cravings.

**PLEASE NOTE THAT CONSUMERS, STAFF AND VISITORS ARE NOT TO HAVE TOBACCO OR RELATED PRODUCTS AT THE HOSPITAL. THIS INCLUDES CIGARETTES, LIGHTERS, E-CIGARETTES, AND VAPES.**

Regular consumption of alcohol has the ability to cause bleeding during surgery and affect your recovery from surgery, so it is important that you inform your medical team. These risks are increased when more than two alcoholic drinks are consumed each day.

It is very important that you inform your medical team if you use illicit drugs. Illicit drugs can affect your anaesthesia during surgery and your recovery afterwards. Illicit drugs can change the way your body responds to pain medicines after surgery.

At RBWH we provide a Consultation-Liaison (CL) Service to inpatients. The role of the CL service is to assist patients and their treating teams to manage alcohol and other drug issues during their inpatient stay.



## You should quit smoking as soon as possible

Quitting smoking at least 6-8 weeks before surgery will reduce your risk of wound and lung complications. If you have not been able to stop smoking, it is important that you do not smoke in the 12 hours before surgery.

We are a non-judgemental service that works with your choices and decisions. All our services are free of charge and confidential. We provide a number of services to support our patients:

- General information and advice
- Counselling (available by telephone and in person)
- Group programs
- Detox (also known as withdrawal management)
- Opiate replacement therapy (ORT)



## Important phone numbers to help you:

ADIS Phone number: 1800 177 833  
Website: [www.adis.health.qld.gov.au](http://www.adis.health.qld.gov.au)

**\*ADIS is a Queensland Statewide 24/7 confidential telephone counselling, support and referral service for anyone experiencing issues with alcohol and other drugs**

**Quitline 13 QUIT (13 78 48)**

RBWH specialties have strict requirements about stopping smoking before particular operations because of the known adverse effects on a successful outcome.

**Be aware that this can lead to your surgery being cancelled**

## Avoid smoking after surgery

Smoking makes it harder for your body to recover, stressing your heart and lungs, and interferes with tissue healing. Nicotine replacement medications are available to help with cravings you may have during your hospital stay.



# Diabetes and surgery

## How diabetes affects your surgery

Diabetes can affect the body's ability to heal after an operation. Before you have your operation, it is important to have the best possible control of your diabetes. This will give you the best outcome and a quicker recovery from your operation. High blood glucose levels from poor diabetes control increase the risk of problems during and after surgery. This can include slower wound healing, infections and longer hospital stay.

## Before your operation

Before your operation, you will need a blood test at the hospital known as HbA1C which shows how well your diabetes is controlled. If your HbA1C level is too high, you may be referred by your surgical team to our Preoperative Diabetes Optimisation Clinic which has a dedicated diabetes specialist and health professionals who will work with you to help improve your diabetes control before surgery.

### What can I do to improve my diabetes control?

- Be a healthy weight
- Have well-controlled blood pressure
- If you smoke, see your doctor for advice about stopping before surgery
- Make sure you have had your HbA1C checked within the last six months
- If you do not already check your blood glucose level at home, start doing a reading before meals and at bedtime
- Please discuss any issues with your general practitioner or our diabetes educator
- Attend pre-operative appointments to review your diabetes control

## RBWH Preoperative Diabetes optimisation clinic

RBWH Preoperative Diabetes Optimisation Clinic provides specialist diabetes support to patients scheduled for surgery at the Royal Brisbane and Women's Hospital who need improvement in their diabetes control before surgery.

### Who will be referred to the clinic?

You may be referred to the Preoperative Diabetes Optimisation Clinic if the HbA1c result taken after your initial surgical outpatient appointment is high. This indicates there is a need to improve your diabetes control before surgery to reduce the risk of complications. You will receive a phone call from the clinic to schedule your initial appointment with the clinic pharmacist and diabetes educator.

### What happens during pre-operative clinic appointments?

Before your operation, you will be assessed by our diabetes team which includes a diabetes educator, pharmacist and diabetes specialist, either by telephone or in-person. They will advise you about your HbA1c blood test result and give you advice on healthy eating and exercise, blood glucose monitoring and how to manage high and low blood glucose levels, as well as necessary changes to your diabetes medicines.

### Will participation in the clinic cause delays to my surgery?

No. Your diabetes team will work closely with you and your surgery team to provide the best possible diabetes care in the timeframe available and preparing for your surgery. This may mean more frequent reviews with your diabetes team in the weeks and days leading up to your surgery to ensure that your blood glucose levels are well controlled.

### Where can I find more information on managing diabetes before surgery?

- Diabetes Queensland - [www.diabetesqld.org.au](http://www.diabetesqld.org.au)
- Diabetes Australia - [www.diabetesaustralia.com.au](http://www.diabetesaustralia.com.au)
- National diabetes services scheme (NDSS) - [www.ndss.com.au](http://www.ndss.com.au)

# *My pain relieving medication following surgery*

## What is acute pain?

We all experience pain at some time in our lives. Acute pain is the message your brain receives when you have had an injury or illness such as appendicitis. You may have acute pain following an operation and this is called Post-Operative Pain. This pain should get better as the affected area heals. After your operation, you will have pain relief available.

## What is pain relieving medicine?

There are many different medicines that may be given to you to help with your pain relief during your stay in hospital. This could include medications given orally, intravenously or via a regional catheter.

## What about drug addiction?

If you are prescribed an opioid type medication, research shows that it is rare for opioid addiction to occur with short-term use of opioids when taken for significant pain. However, if you are concerned please discuss this with your doctor or nurse.

**“We want to know when you have pain”**



## How will pain relieving medication be given?

Pain relievers may be given as tablets, injections into the vein (nurse or patient-controlled via a pain pump), and as an infusion such as an epidural. Your treatment will depend on factors such as your surgery, age, general health, medical history and if you can eat and drink. The best choice for you will be made in consultation with you, your surgeon and your anaesthetist.

## What are the possible side effects of pain medications?

While pain relievers are good at treating pain, they may cause some side effects, such as:

- Nausea and vomiting
- Drowsiness
- Itching
- Constipation
- Difficulty passing urine
- Light-headedness
- Vivid dreams
- Heartburn
- Sedation
- Breathing changes
- Tolerance

These effects do not generally mean that you are allergic to the drug. They should not stop you from using pain relief medication if you need them. If you experience any of these problems, let your nurse or doctor know so that they can be treated.

## What can I expect after my surgery?

The aim is that you return to your normal level of functioning after your operation. Pain relief medications may be required, in the short term, to assist with this. To decide on the most appropriate medications for you, you may be asked how much movement you are able to do and to rate the severity of your pain, both when you are lying still and when you are moving. Staff will ask you to give your pain a number between 0 and 10, where 0 means that you have no pain and 10 means the worst pain you could ever imagine.

I have no pain		A little pain		Quite a lot of pain		A very bad pain		As much pain as I could possibly bare	
1	2	3	4	5	6	7	8	9	10



It is important that you have good pain relief. If your pain is poorly controlled, you will not want to move about which increases your risk of post-operative problems. Unrelieved pain can strain your heart and stop you taking deep breaths and coughing which puts you at risk of a chest infection.

Generally after a big operation you will be helped to sit out of bed the next day. It is essential that you are comfortable enough to do so. If not please let someone know. In some rare circumstances, you may be required to remain in bed after the operation.

## Points to remember

- If you are unable to cough because of pain, please let your nurse or doctor know. Supporting your wound with a pillow when you cough can help.
- It is much easier to deal with your pain while it is still mild, rather than waiting until it becomes severe. Tell the nurse as soon as you feel your pain is getting worse.
- Tell the doctor or nurse if you are still in pain after taking your pain medication. They may need to change the strength or frequency of the medication.
- Paracetamol is a particularly effective pain-reliever when given together with other medication. Do not miss any.
- Constipation is a common problem with all strong pain-relievers. Make sure you take something to prevent this as soon as you start taking opioids.



# *I need to keep active after my surgery*

## You are at risk

Any patient who has surgery is at risk of complications both during the operation and in the immediate post-operative period. This can include complications that affect the lungs (e.g. pneumonia), circulation (e.g. blood clots) or the surgical site (e.g. wound infection). Your doctors and other health professionals of your treating team will talk to you about this.



## How you can help yourself

Research shows that patients can help prevent complications after surgery by:

- Start deep breathing exercises as soon as possible when you wake up from surgery. Try and do 30 deep breaths every hour.
- Participating in early exercise and mobilisation (sitting out of bed and walking)

You should let staff know if you have pain at a level that stops you from being able to take deep breaths, cough or mobilise.

## How we will help you

Your nurse and physiotherapist will encourage you to do your regular breathing exercises and will also encourage you to do circulation exercises (like moving your ankles up and down). Depending on the type of surgery you have, you may also be shown how to place support over the site of your surgery to perform a supported cough.



You will also be assisted by your nurse and physiotherapist to get out of bed once it is safe. Depending on your operation, you may be allowed to mobilise within hours of your surgery. For larger procedures, mobility often commences early on the day after your surgery. It is common to feel dizzy the first time you get up, so it is always best to have a nurse or physiotherapist with you the first time you get up.

## Before you leave hospital

In the days following your surgery, it is expected you will become more independent with your activities of daily living. You may be reviewed by an Occupational Therapist to assist with maximizing your safety and independence before discharge.

If there are certain exercises or restrictions specific to your type of surgery, this information will be provided to you by your doctor, nurse or physiotherapist.



## When you return home

It is important to keep active. Walking is a simple way to keep active and speed up your recovery. You may be given some exercises to continue once you are home.

You should aim to gradually increase your walking distance and time until you are walking approximately 20 – 30 minutes per day on most days of the week. Ask your doctor, nurse or physiotherapist if you have any concerns about exercise at home.



# EAT WALK ENGAGE

## Did you know eating and drinking well, moving more and keeping your mind active is important for a fast recovery?

- The **Eat Walk Engage** Program is designed to help you keep your mind and body active. This helps to prevent delirium (a common hospital complication where a person suddenly becomes confused) and get you back home faster.
- Your healthcare team will guide your progress and you may have a visit from an Eat Walk Engage Assistant to help.

## What can your visitors do to help?

- Bring personal items like hearing aids, glasses, walking aids and familiar items such as photos, clothing, a radio or favourite music.
- Bring in your usual clothes and comfortable shoes to wear.
- Take you to a different place around the hospital for some fresh air or a change of scenery.
- Bring in your favourite food and drinks and help you sit out of bed to eat.
- It can be hard to stay motivated in hospital, so your visitors can help encourage you to get moving.



## While you're with us always remember to:

### EAT

- Eat frequent small meals, snacks and drink fluids even if you are not feeling hungry or thirsty.
- Sit out of bed for snacks and meals as much as possible.
- Ask your visitors to bring in your favourite foods from home.
- If you don't like the food in hospital, ask the nurses or the menu staff for other options.
- Ask if you can attend the ward morning tea or participate in the ward group activity.

### WALK

- Sit out of bed as much as possible. Sitting is better than lying down.
- Walk to the toilet instead of using bedpans, urinals or pads.
- Try to walk a bit every morning, afternoon and evening.
- If you are unable to walk, ask your nurse or physio for exercises you can do in your chair or bed.

### ENGAGE

- Stay engaged in the things that interest you, like reading, crosswords, the news or puzzles.
- Listen to the radio or your favourite music.
- Have a chat with your fellow patients.
- Encourage visitors so you keep up with what is happening in the world and to lift your spirits.
- Pick up a second-hand book for a gold coin donation from the main entrance of the hospital or from RBWH Foundation volunteer trolley every Monday, Wednesday and Friday.

# Preventing Healthcare Associated Infection (HAI)


## What are healthcare associated infections?

An infection is a disease caused by micro-organisms such as bacteria, viruses, fungi, or parasites. These microorganisms are also called 'bugs' or 'germs'. Healthcare associated infections (HAIs) are infections that people may catch when they are receiving care in a healthcare facility – for example, in hospital, at a GP surgery, in a nursing home, or even at home.

## Hospital, healthcare and bugs

Hospitals are clean but unfortunately, they can be a place that germs like to spread. When you are in hospital, your body can be more susceptible to germs. Healthcare associated infections (HAIs) are infections that people catch when they are receiving care in a healthcare facility. **This may be because:**

- Your immune system is weakened due to illness.
- There are devices that bypass the body's normal immune defences (e.g. IV catheters).
- The elderly and very young are at higher risk due to such things as:
  - Not being fully immunised.
  - Functional difficulties e.g. swallowing, walking and toileting.
- Having wounds and broken skin (e.g. surgical wounds, burns)



If you have been overseas in the last 6 months, let our staff know!

## Preventing the spread of germs is everyone's business

Metro North Facilities employ Infection Prevention and Control nursing staff that help all staff focus on preventing healthcare associated infection through:

- Infection control procedures and policies.
- Correct and frequent hand hygiene measures by all staff and patients.
- Keeping the healthcare environment and equipment clean.
- Complying with standard sterile techniques when performing surgery, caring for wounds or inserting and caring for medical devices such as IV catheters.
- Using antibiotics appropriately to prevent and treat infections.
- Placing patients with certain types of bugs in single rooms to help protect others.

## What to expect if you get an infection in hospital

If you do get a healthcare associated infection in hospital, measures may be put in place to stop the spread to other patients. Depending on the type of infection, these measures might include:

- Being moved to a single room with your own bathroom.
- Being nursed by staff wearing gloves and gowns.

## Things you can do to prevent infection during your hospital stay

Staff involved in your care take measures to prevent the spread of infection and illness. There are some important things that you can also do to prevent getting a HAI:

- Make sure that you clean your hands often with soap and running water, or use an alcohol-based hand rub, especially after using the toilet and before eating.
- Don't be afraid to ask nursing and medical staff if they have cleaned their hands before they touch you.
- If you have an IV cannula, let your nurse know if the site around the cannula is red, swollen, painful or leaking.
- Tell your nurse if any dressings are not clean, dry and attached around your wound.
- Let your nurse know if tubes or catheters feel displaced.
- Let your nurse or doctor know if you have diarrhoea.
- Cover your mouth and nose when you cough or sneeze.
- Take course of antibiotics as directed by your treating team.
- Ask relatives or friends who have colds or are unwell not to visit.
- Let your nurse know if you have travelled overseas in the last 6 months.

## Where to get help

Ask your nursing staff, doctor or hospital infection control department

# Things to know when I am getting ready for discharge

## Discharge Information

- Prepare for discharge before 9.00am in all wards.
- On the day of discharge, you may be transferred to the **Transit Lounge** to wait for your support person to pick you up.
  - **Open:** Monday-Friday 8.00am to 6.30pm excluding public holidays.
  - **Located:** Level 2, Ned Hanlon Building. Please follow the signs.
  - **Phone:** (07) 3646 7929
- Your GP can view your public hospital healthcare information online.
- Don't forget your belongings including any scans, medications or anything you have brought in.
- Before discharge we may provide you with:
  - o An outpatient appointment.
  - o A discharge prescription (if required).
  - o A discharge summary to take to your local doctor.
  - o Medical certificate (if required).
  - o Patient Travel Subsidy Scheme forms (if required).
- Please ensure you are aware of your plan for medications to take when you discharge and ensure you have asked if/when to restart medicines that needed to be stopped temporarily due to the surgery.

## Our nurses will help you fill in the information

Things to think about	What I need to know
My follow up appointment	Date: _____ Time: _____ Doctor: _____ Location: _____
What if I have concerns after my surgery	If you have any signs of the following <b>contact 000 or your local Emergency department:</b> <ul style="list-style-type: none"> <li>- Uncontrollable bleeding</li> <li>- Chest pain or tightness of the chest</li> <li>- An altered level of your consciousness/difficulty staying awake</li> <li>- Seizures/fits/sudden collapse or fall</li> <li>- Sudden onset of weakness or paralysis of the limbs or face</li> <li>- Difficulty in breathing</li> </ul> For any concerns refer to page 32
My medications	<ul style="list-style-type: none"> <li>• After receiving your discharge medication, please follow the instructions on the packet.</li> <li>• Please keep in mind that pain medication can make you constipated. Contact your local GP with any concerns.</li> <li>• If you have any concerns with your medications before discharge, please ask one of our team: pharmacist, doctor or nursing staff</li> </ul>
My wound dressings	Leave wound dressing intact for ..... days. Other: _____
My diet	Type: _____ Other: _____
My activity levels	When I can: <ul style="list-style-type: none"> <li>• Go back to work: .....</li> <li>• Start driving: .....</li> <li>• Start exercising: .....</li> <li>• Lift heavier objects: .....</li> </ul>
If you have any general enquires	RBWH Switchboard – 07 3646 8111

# What if I have concerns after my surgery?

When you go home the same day as your surgery, especially if you have had a general anaesthetic:

- You will need to organise a family member or friend to be able to be with you for the following 24 hours. If you **do not** have a support person your **surgery may be cancelled**.
- Ensure your support person is aware that the hospital will be contacting them following your surgery.

If you feel unwell following your surgery, have severe pain or have any other concerns, you will need to contact a health professional to receive the help you need. This could be your local GP, your hospital specialist or your closest emergency department.

**If you have any of the below symptoms, contact the appropriate healthcare professional.**

## URGENT CONCERNS

### CALL 000 OR GO TO YOUR LOCAL EMERGENCY DEPARTMENT

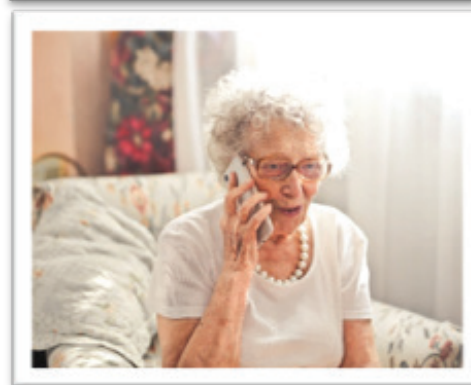
- Uncontrollable bleeding
- Chest pain or tightness of the chest
- An altered level of your consciousness/difficulty staying awake
- Seizures/fits/collapse or fall
- Sudden onset of weakness or paralysis of the limbs or face
- Difficulty in breathing



## CONCERNS REQUIRING REVIEW

### CONTACT YOUR LOCAL GP OR YOUR HOSPITAL TREATING TEAM

- Redness around your wound site
- Increasing pain that is not controlled by pain relief medication
- Increasing swelling around the surgical area
- Your wound opens up or stitches break
- You have a fever
- Any concerns that you, your family or friends may have



## GENERAL ENQUIRIES

### CALL 13HEALTH (13 43 25 84)

13 HEALTH is a confidential phone service that provides health advice to Queenslanders. You can phone and talk to a registered nurse 24 hours a day, 7 days a week for the cost of a local call. **This is not a diagnostic service and should not replace medical consultation. In an emergency always dial 000.**

Registered nurses provide health-related advice over the phone for health information and assessment of symptoms. This includes a comprehensive telephone assessment resulting in a recommendation of a time and place of care.

## HEALTHDIRECT

The healthdirect service will help you find the right health information for your symptoms and provide advice on what to do next. This government-owned service aims to help you make informed decisions about your health using online tools including a risk checker, symptom checker and question builder. **Visit** [www.healthdirect.gov.au](http://www.healthdirect.gov.au) or download the healthdirect app.

# About Royal Brisbane and Women's Hospital

## Acknowledgement of Country

At Royal Brisbane and Women's Hospital we respectfully acknowledge the Custodians of the land where our health services are located. We pay our respects to the Aboriginal and Torres Strait Islander Elders and valued persons, past, present and future and recognise the strength and resilience that Aboriginal and Torres Strait Islander people and their ancestors have displayed in laying strong foundations for the generations that follow. For it is through building a joint understanding of land, water and community that we work together to reduce health inequities.

Royal Brisbane and Women's Hospital (RBWH) is the largest tertiary referral hospital in Queensland with nearly 1,000 beds and is one of five hospitals within Metro North Health. The RBWH provides emergency and elective surgery to many people across Brisbane and Queensland.

### Our population (As at 2022)

- We have a population of 351,405 persons in the RBWH primary catchment
- People aged 0-14 years (15.2%)
- People aged 15-44 years (49.9%)
- People aged 45-69 years (26.1%)
- People aged 70 years and over (8.8%)
- There were 5,506 people (1.39%) in the RBWH primary catchment who identify as Aboriginal and/or Torres Strait Islander (2020 data)
- The majority of people treated at the RBWH live in areas outside the primary service catchment, including other Queensland catchments and northern New South Wales

### Our service enablers

- Culture  
We will embrace diversity to create a welcoming and inclusive environment for all
- Education and training  
We will create an environment that caters for the contemporary educational needs of our current and future staff
- Connecting care  
We will continue to advance collaboration within our hospital as well as externally to improve the experience and increase convenience for our patients
- Digitalisation  
New digital models and improved consumer engagement will enable us to achieve personalised healthcare that consumers and clinicians expect

### Our professionals

- Over 200 surgical doctors
- Over 150 anaesthetic doctors
- Over 1100 surgical and perioperative nurses
- Over 80 anaesthetic healthcare practitioners
- 45 dieticians
- 115 pharmacists
- 50 occupational therapists
- 126 physiotherapists
- 23 speech pathologists
- 31 clinical psychologists
- 61 social workers
- Our surgical specialties: vascular, orthopaedic, maxillo-facial, ear, nose and throat surgery, ophthalmology, thoracic, urology, burns, plastics and reconstructive, general surgery, neurosurgery, gynaecology and obstetrics

### Our operating rooms

- 22 main operating theatres
- 2 minor procedure unit operating theatres
- More than 26,000 operations performed a year
- Average over 500 procedures a week

### Our values

- Respect
- Teamwork
- Compassion
- High Performance
- Integrity



# We need you to confirm your surgery

## We'll send you a surgical booking letter which will let you know:

- Your admission date and time
- Where to present for admission
- How to confirm your surgery
- Information about declining and cancelling surgery
- How to contact us if you have any questions

Call us on  
3646 1813  
to confirm  
your surgery



## Confirming your surgery

- To confirm your surgery, you will need to call our surgery confirmation line (07) 3646 1813. Select option 1 when prompted.
- When you call this phone number you will hear a voice recording asking you to state your:
  - URN (Hospital) number
  - Name
  - Date of birth
  - Date of surgery

Our administration officers in our bookings department review the voice recording and then confirm your surgery on our system. Once we have confirmed your surgery, you will receive an SMS message at 6pm notifying you that we have received your confirmation and actioned this in our system.

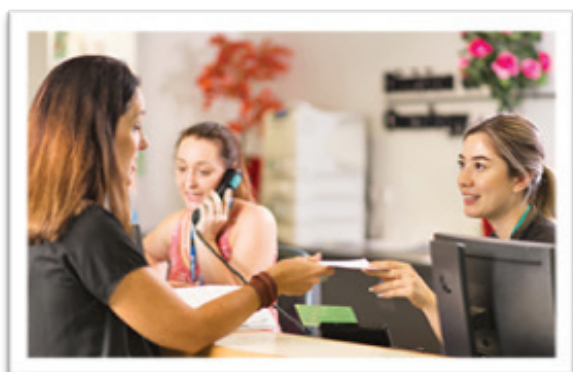
**If you do not confirm your surgery** this may result in your surgery being cancelled as we cannot be certain you will attend.

We will send you a reminder text message at fourteen days, and again at two days before your surgery.  
These text messages will look like this:

“Admission for your procedure at RBWH is booked for <DAY><DATE> at <TIME>. Please follow any preparations as advised by your clinicians. If you are unable to attend call (07) 3646 xxxx as soon as possible.  
**PLEASE DO NOT REPLY VIA SMS.**”

## If we need to chat with you

When we call you, our phone number will be shown on your mobile as ‘External number’, ‘No caller ID’, ‘Unknown number’, ‘Private Number’ or ‘Caller ID blocked’. This is because our hospital uses large computerised telephone systems. In the days prior to your surgery, please keep this in mind as we may need to contact you.



It is important that you keep your contact details up to date. Please make sure that we have correct details on our system for your phone numbers, address, next of kin details and your general practitioner information.

We have access to professional interpreters available if you need help to communicate in English. If you let our staff know in advance or when you confirm your surgery, we can organise this for you.

Please let our staff know prior to your appointment to allow us time to organise.

# RBWH Foundation Volunteers



## About the RBWH Foundation

The RBWH Foundation is the charity that proudly supports Royal Brisbane and Women's Hospital (RBWH) and the Surgical, Treatment and Rehabilitation Service (STARS) to go above and beyond in the care and treatment of our patients. We strive, every day, to connect those who wish to give with the most potent patient care and research opportunities that make a difference to lives, including yours, now and into the future. We call it the Gift of Time.

Time to be better, time to be faster, time to be kinder. Faster at making crucial medical discoveries, better at considering new diagnoses, and kinder in how we provide for our patients and their visitors. Thanks to the extraordinary power of giving, the RBWH Foundation has developed Australia's first family care program within an intensive care unit, refurbished patient lounges throughout RBWH hospital wards and our ground floor foyer, provided classical live music sessions, and purchased portable radios for elderly patients.

Our community of givers also funds medical and health research projects at RBWH and STARS, each year, which improve the lives of thousands of people – from using snake venom to stop bleeding, caffeine to protect the brains of premature babies and manufacture of new generation CAR-T cell cancer therapies.

In 2022, the RBWH Foundation was honoured to be named inaugural Queensland Community Foundation Philanthropic Foundation of the Year for our work advancing patient care and life-saving research.

Learn more about the RBWH Foundation, or make a tax-deductible donation, at:

- Website: [www.rbwhfoundation.com.au](http://www.rbwhfoundation.com.au)
- Facebook: [www.facebook.com/RBWHFoundation](https://www.facebook.com/RBWHFoundation)
- Instagram: [www.instagram.com/rbwhf](https://www.instagram.com/rbwhf)
- LinkedIn: [www.linkedin.com/company/1234781](https://www.linkedin.com/company/1234781)
- X: [twitter.com/RBWHFoundation](https://twitter.com/RBWHFoundation)

## Our volunteers

The Royal Brisbane and Women's Hospital (RBWH) Foundation Compassion Crew are a welcoming and friendly point of contact for patients, families and visitors. This loyal group of inspirational volunteers are a vital part of the hospital community and play a key role in assisting the thousands of patients and visitors that walk through the hospital's doors every year.

Crew members are dynamic individuals who selflessly give their time on a weekly basis and come from a diverse range of cultural backgrounds, ages and levels of experience. The Compassion Crew works closely with patients and their families in clinical and non-clinical areas within RBWH to help create a caring and compassionate environment.

Whether it's offering companionship and support, a cup of tea or a book, escorting hospital visitors to their destination or providing support to staff, each volunteer role contributes directly to making sure patients and their families have an exceptional experience. Volunteers help to provide an innovative and contemporary program that meets the needs of patients, visitors and staff alike. Compassion Crew members have the opportunity to improve patients, families and visitors experiences at the hospital through a variety of roles that complement the work of paid staff and align to the values of the RBWH Foundation.

# Aboriginal and Torres Strait Islander Hospital Services



## About us

Our teams assist Aboriginal and Torres Strait Islander patients and their families with their journey to and from the hospital and during their stay.

When you attend our hospital make sure that you ask our helpful staff to contact the Indigenous Hospital Liaison Officer (IHLO) or Indigenous Patient Journey (IPJ) Officer, to come and assist you. Patients will be supported by the:

### Indigenous Hospital Liaison Officer (IHLO)

- Assist patients and their families, who reside in Brisbane Metro; South East Queensland and New South Wales.
- Bedside visits to explain the hospital system and companionship.
- Support and advocacy for your needs when speaking to hospital staff about important matters.
- Assistance with engaging language translation services (interpreters).
- Awareness of the different types of services available to you at the hospital.
- Transportation support for eligible patients/carers and family members.

### Indigenous Patient Journey Officer (IPJ)

Assist patients and their families who are travelling from rural, remote and regional communities.

### Maternity Service – Ngarrama Royal Midwifery Group Practice

A small group of dedicated midwives will care for mums and their families throughout pregnancy and after their babies are born.

### Indigenous Mental Health

Assist mental health consumers presenting to RBWH for psychiatric emergencies, inpatient and community care.

### Nurse Navigator – Aboriginal and Torres Strait Islander Health

- Conducts pre-surgery health and wellness checks, provides assist inpatient and outpatient support.
- Provide support for you across your healthcare journey from community to hospital and home again.
- Assist you to navigate community supports as needed so that you can access the care support you need.
- Work closely with you and your GP, medical specialists, allied health, Aboriginal and Torres Strait Islander community services and others involved in your care.
- Help you to make informed decisions about your health care and to better understand and manage your health conditions.

# How to get in touch with our service

## Contact Details

### Indigenous Hospital Liaison Service

Located: Level 1, Ned Hanlon Building

Phone: (07) 3646 4154

Team Leader: 0408 472 385

Email: [RBWH\\_IHLS\\_Referral@health.qld.gov.au](mailto:RBWH_IHLS_Referral@health.qld.gov.au)

Open: Monday and Friday, 8.00am-8.30pm

Tuesday-Thursday, 8.00am-5.00pm

Saturday and Sunday, 10.00am- 6.30pm

#### After hours service

Phone: (07) 3647 4183

### Maternity Service – Ngarrama Royal Midwifery Group Practice

Located: Level 5, Ned Hanlon Building

Phone: (07) 3646 3759

Email: [Ngarrama\\_Royal@health.qld.gov.au](mailto:Ngarrama_Royal@health.qld.gov.au)

Open: Monday to Friday. 8.00am – 4.00pm

### Indigenous Mental Health Team

Located: E Floor, Mental Health Centre

Phone: (07) 3646 1189

Email: [indigenoumentalhealthreferrals@health.qld.gov.au](mailto:indigenoumentalhealthreferrals@health.qld.gov.au)

Open: Monday to Friday. 8.00am – 5.00pm

### Nurse Navigator Aboriginal and Torres Strait Islander Health

Phone: (07) 3646 3091 and 0499 858 267

Email: [RBWHNurseNavigatorAandTSI@health.qld.gov.au](mailto:RBWHNurseNavigatorAandTSI@health.qld.gov.au)

Open: Monday to Friday. 7.30am – 4.00pm excluding public holidays

Our nurse navigator contacts Aboriginal and Torres Strait Islander patients booked for surgery to conduct a health and wellness check to support preparation for surgery. Patients will be contacted at 7 days and 3 days prior to surgery.

### How to refer

Aboriginal and Torres Strait Islander people can self-refer or be referred by a family member or service provider to any of the above services using the contact details.





# My healthcare rights

This is the second edition of the **Australian Charter of Healthcare Rights**.

These rights apply to all people in all places where health care is provided in Australia.

The Charter describes what you, or someone you care for, can expect when receiving health care.



## I have a right to:

### Access

- Healthcare services and treatment that meets my needs

### Safety

- Receive safe and high quality health care that meets national standards
- Be cared for in an environment that is safe and makes me feel safe

### Respect

- Be treated as an individual, and with dignity and respect
- Have my culture, identity, beliefs and choices recognised and respected

### Partnership

- Ask questions and be involved in open and honest communication
- Make decisions with my healthcare provider, to the extent that I choose and am able to
- Include the people that I want in planning and decision-making

### Information

- Clear information about my condition, the possible benefits and risks of different tests and treatments, so I can give my informed consent
- Receive information about services, waiting times and costs
- Be given assistance, when I need it, to help me to understand and use health information
- Access my health information
- Be told if something has gone wrong during my health care, how it happened, how it may affect me and what is being done to make care safe

### Privacy

- Have my personal privacy respected
- Have information about me and my health kept secure and confidential

### Give feedback

- Provide feedback or make a complaint without it affecting the way that I am treated
- Have my concerns addressed in a transparent and timely way
- Share my experience and participate to improve the quality of care and health services

**AUSTRALIAN COMMISSION**  
ON SAFETY AND QUALITY IN HEALTH CARE

For more information  
ask a member of staff or visit  
[safetyandquality.gov.au/your-rights](https://safetyandquality.gov.au/your-rights)



# How to provide feedback

## Have your say

### Feedback and Suggestions

There are many ways the community can help us improve our service. Please contact us and let us know.

### How to let us know what you think



The quickest way to raise a concern or provide a compliment is to speak to the nurse / person in charge during your stay.

To provide feedback in writing, complete a have your say feedback form at the hospital and place in the feedback box in the ward / area. Alternatively, return via post or e-mail as per the details below.



You can also provide feedback on the Hospital website: <https://metro-north.health.qld.gov.au/rbwh/contact-us#feedback>



If your concern is not resolved to your satisfaction, you may contact the Patient Liaison Service on:

**Phone:** (07) 3646 8216 (please leave a message if your call is not answered)

**Email:** RBWH-PLS@health.qld.gov.au

**Postal:** Patient Liaison Service, Royal Brisbane and Women's Hospital, HERSTON, QLD 4029.



### Patient Reported Experience Survey

Queensland Health is inviting patients to participate in an online survey about their experience with the care they received in hospital. These are known as Patient Reported Experience Measures (PREMs).

#### Who is included in the survey?

A selection of patients will receive an invitation to take part in the survey two days after they leave hospital.

#### How do I complete the survey?

If you are selected, a link to the survey will be sent in a text message (SMS) to the mobile phone number listed in your hospital record. To complete the survey your phone will need to be connected to the internet. The link in the SMS and email will take you to the online survey welcome page, where you will be invited to participate in the survey. If you agree, you will be asked to complete a short questionnaire that will take about 5 minutes. If you are willing to provide more feedback, there are additional questions about other aspects of the care you received that will take about 10 minutes to complete.



**Your feedback helps us find out what we are doing well and what can be improved.**

# RBWH retailers



## Pulse Cafe

Offering a full à la carte menu for both breakfast and lunch

Open: Monday-Friday 6:30am-3:00pm

Bar: Friday 3:00pm-7:00pm

Pulse Coffee Cart: Monday-Friday 07:00am - 11:30am

Location: Ground floor Centre for Clinical Research Building (next to Education Centre)

## Atrium Plaza Pharmacy

Open: Monday-Friday 7:00am-6:00pm

Weekends and public holidays 9:00am-3:00pm

Location: Level 1 Ned Hanlon Building

Phone: (07) 3854 0474

Fax: (07) 3854 0434

## Subway

Open: Monday-Friday 7:00am-8:00pm,

Saturday 8:00am-4:00pm and

Sunday 9:00am-4:00pm

Location: Level 1 Ned Hanlon Building

## Coffee Clinic

Coffee, prepacked light meals and snacks.

Open: Monday-Friday 6:00am-1:30pm

Location: Level 1 Atrium (Between Ned Hanlon Building and Dr James Mayne Building)

## Cancer Care Coffee Cart (2C's)

Coffee, prepacked light meals and snacks.

Open: Monday-Friday 7:00am-2:30pm

Location: Level 4 Joyce Tweddell Building

## Coffee Cube

Coffee, prepacked light meals and snacks.

Open: Monday-Friday 6:00am-1:30pm

Location: Level 6 Ned Hanlon Building

## Café Royale and Lattes

A range of freshly prepared hot and cold food and drinks, sandwiches, salads, coffee, cakes and fruits.

Open: Monday-Friday 7:00am-6:00pm and weekends 7:00am-4:00pm

Location: Level 1 Ned Hanlon Building

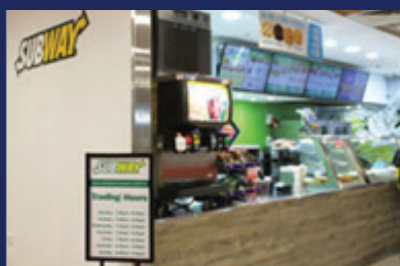
## City Pantry – Open all hours

Fresh fruit and meals that can be served cold or heated in the supplied microwave.

Open: 24 hours a day 7 days a week

Location: Level 1 Atrium (next to Coffee Clinic)

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



## Butterfields RBWH-Newsagency, Gifts & Convenience

Open: Monday-Friday 7:00am-6:00pm  
Saturday/ Sunday and public holidays  
7.00am-3.00pm

Location: Level 1 Ned Hanlon Building

Shop online for bedside delivery at

Phone: (07) 3252 8175

Website: [www.butterfieldsrbwh.com.au](http://www.butterfieldsrbwh.com.au)

## Information desk

RBWH Foundation volunteers are on hand to assist you with directions between 8:30am to 4:00pm weekdays.

Location: Level 1 +Ned Hanlon Building

## RBWH Cycle Centre

The Cycle Centre provides secure bike racks, lockers and showers for staff and the public.

Phone: (07) 3646 Bike (2453) | Fax: (07) 3646 0800

Email: [RBWH-Cycle-Centre@health.qld.gov.au](mailto:RBWH-Cycle-Centre@health.qld.gov.au)

## Internet and Wi-Fi

A free patient Wi-Fi service is available for patients and their families at Royal Brisbane and Women's Hospital.

The free service works on any Wi-Fi enabled device and is available 24/7. Don't forget to bring your laptop, mobile phone or other Wi-Fi enabled device when you come to hospital.

## Australia Post Office

Open: Monday-Friday 9:00am-5:00pm and closed weekends

Location: Level 1 Ned Hanlon Building, (near the newsagency towards the front of the hospital)

Phone: 13 76 78

## Hairdresser

Open: Monday-Friday 9:00am-5:00pm and Saturday 8:00am-2:00pm

Location: Ground floor, Atrium, Ned Hanlon Building

Phone: (07) 3636 0998 / Mobile 0458 829 360

Email: [thomassamara8@gmail.com](mailto:thomassamara8@gmail.com)

## Justice of the Peace

Open: opening hours vary and are displayed on the Justice of the Peace desk

Location: Ground floor, Ned Hanlon Building (near Admissions and Chapel)

To locate a Justice of the Peace outside of hours please contact the JP's in the Community Branch on 1300 301 147

## Perrotts Florist

Open: Monday-Friday 8:00am-4:30pm

Closed Saturday and Sunday

Phone: (07) 3252 7877

Our webstore: [www.perrotts.com.au](http://www.perrotts.com.au)

With free delivery available to the hospital

## Phone chargers

Recharge your phone battery located at:

- Level 1, Ned Hanlon Building in front of the Atrium Pharmacy







### Free patient Wi-Fi

A free patient Wi-Fi service is available for patients and their families at Royal Brisbane and Women's Hospital. The Wi-Fi will allow you to stream entertainment and stay connected to friends and family. The free service works on any Wi-Fi enabled device and is available 24/7. Don't forget to bring your laptop, mobile phone or other Wi-Fi enabled device when you come to hospital.

### Two easy steps to connect

1. Select the MetroNorth-PatientWiFi network on your device.
2. Read the Metro North Wi-Fi Internet Terms of Use. Should you agree and accept you will be connected to the free WiFi service.

### MyStay@RBWH

Royal Brisbane and Women's Hospital has launched a patient entertainment platform, MyStay@RBWH, to help patients connect to a range of free-to-air entertainment and music options, health and wellness tools and hospital information during their hospital stay.

To access MyStay@RBWH, visit [metronorth.health.qld.gov.au/rbwh-wifi/entertainment](https://metronorth.health.qld.gov.au/rbwh-wifi/entertainment) or scan the QR code below.

Please note that MyStay@RBWH contains links to external websites, therefore you may be required to create a personal log-in to access the content. Many of these websites are completely free, however some require a paid subscription. Royal Brisbane and Women's Hospital does not supply paid streaming services to patient.

### Televisions

Royal Brisbane and Women's Hospital is currently transitioning from physical televisions to the digital patient entertainment platform MyStay@RBWH outlined above. You may have access to a physical television while in hospital, however this cannot be guaranteed and we strongly recommend you bring your own digital device with you. Free to air television will continue to be available in patient lounges and common areas of the hospital.



Connect to **MyStay@RBWH**

[metronorth.health.qld.gov.au/rbwh-wifi/entertainment](https://metronorth.health.qld.gov.au/rbwh-wifi/entertainment)

Metro North  
Health



Queensland  
Government

# Useful contact numbers

## RBWH Switchboard

**Phone: (07) 3646 8111**

Our helpful switchboard operators will be able to forward your call to the appropriate staff members to assist with any of your enquiries.

## RBWH Elective Surgery Office

**Phone: (07) 3646 1196**

Email: [RBWH\\_Elective\\_Surgery@health.qld.gov.au](mailto:RBWH_Elective_Surgery@health.qld.gov.au)

The RBWH Elective Surgery Office team work closely with our case managers to guide our patients through their elective surgery journey. Our team may be able to help with your enquiries if you are unable to reach your case manager.

## RBWH Case Managers

Our case managers are responsible for coordinating your journey from when you are placed on the surgical waitlist until you have your surgery.

Specialty	Contact number	Email Address
Breast Health	(07) 3646 1975	<a href="mailto:RBWH-Breastcare@health.qld.gov.au">RBWH-Breastcare@health.qld.gov.au</a>
Burns & MPU (Plastics, Burns, Dermatology)	(07) 3646 4237	<a href="mailto:RBWH-Burns-MPU-CaseManager@health.qld.gov.au">RBWH-Burns-MPU-CaseManager@health.qld.gov.au</a>
Ear, Nose & Throat	(07) 3646 3147	<a href="mailto:RBWH-ENT-CaseManager@health.qld.gov.au">RBWH-ENT-CaseManager@health.qld.gov.au</a>
Gynaecology & Obstetrics	(07) 3646 2392	<a href="mailto:RBWH-Elective_Admissions_Coordinator_WNBS@health.qld.gov.au">RBWH-Elective_Admissions_Coordinator_WNBS@health.qld.gov.au</a>
Gynaecology Oncology	(07) 3646 2391	<a href="mailto:RBWH-GynaeOncology@health.qld.gov.au">RBWH-GynaeOncology@health.qld.gov.au</a>
Maxillofacial	(07) 3646 1450	<a href="mailto:RBWH-Maxillofacial-CaseManager@health.qld.gov.au">RBWH-Maxillofacial-CaseManager@health.qld.gov.au</a>
Neurosurgery	(07) 3646 4180	<a href="mailto:RBWH-Neurosurgery-CaseManager@health.qld.gov.au">RBWH-Neurosurgery-CaseManager@health.qld.gov.au</a>
Ophthalmology	(07) 3646 7823	<a href="mailto:RBWH-Ophthalmology-CaseManager@health.qld.gov.au">RBWH-Ophthalmology-CaseManager@health.qld.gov.au</a>
Orthopaedics	(07) 3646 3141	<a href="mailto:RBWH-Orthopaedics-CaseManager@health.qld.gov.au">RBWH-Orthopaedics-CaseManager@health.qld.gov.au</a>
Orthopaedics Trauma	(07) 3646 4452	<a href="mailto:RBWH-Orthopaedics-CaseManager@health.qld.gov.au">RBWH-Orthopaedics-CaseManager@health.qld.gov.au</a>
Plastics & Reconstructive Surgery/ Burns	(07) 3646 7245	<a href="mailto:RBWH-Plastics-CaseManager@health.qld.gov.au">RBWH-Plastics-CaseManager@health.qld.gov.au</a>
General Surgery 1	(07) 3646 0755	<a href="mailto:RBWH-EndoSurg-CaseManager@health.qld.gov.au">RBWH-EndoSurg-CaseManager@health.qld.gov.au</a>
General Surgery 2 & 4	(07) 3646 0538	<a href="mailto:RBWH-GenSurg2&amp;4-CaseManager@health.qld.gov.au">RBWH-GenSurg2&amp;4-CaseManager@health.qld.gov.au</a>
General Surgery 3	(07) 3646 0539	<a href="mailto:RBWH-ColorectalSurgery-Coordinator@health.qld.gov.au">RBWH-ColorectalSurgery-Coordinator@health.qld.gov.au</a>
Urology	(07) 3646 7076	<a href="mailto:RBWH-Urology-SurgicalCaseManager@health.qld.gov.au">RBWH-Urology-SurgicalCaseManager @health.qld.gov.au</a>

## Pre-admission Clinic

You may require a pre-admission appointment, which is usually 2 – 6 weeks before your procedure. Here you will complete a thorough health assessment and be provided information and support about how to prepare and what to expect before and after your procedure. This may take place in person, over the phone or via video conference.

Specialty	Contact number
Burns, General surgery, Neurosurgery, Plastics & Reconstructive surgery, Thoracic surgery, Urology and Anaesthetic appointments	(07) 3646 6880
Breast health, Ear, Nose & Throat, Gynaecology, Maxillofacial, Obstetric, Ophthalmology, Orthopaedics and Vascular	Please contact your case manager. See above.



# We are here for you



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[metronorth.health.qld.gov.au](https://metronorth.health.qld.gov.au)

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