

My RBWH

PELVIC EXENTERATION 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

Metro North
Health



Queensland
Government

Contents

Purpose of this resource

This booklet will provide you, and your family or carers with information about your pelvic exenteration surgery at Royal Brisbane and Women’s Hospital (RBWH). This information will help guide you through your surgery journey, helping you to prepare for surgery and for the recovery that follows. This booklet will explain the benefits, risks and alternatives, as well as what you can expect when you come to hospital

Your care is important to us, if you have any questions or concerns please speak to your doctor, nurse, or clinical care coordinator. As there is medical terminology in this booklet, we have provided a glossary to help explain any words you may not be familiar with.

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Your pelvic exenteration surgery explained

What is a Pelvic Exenteration?

A pelvic exenteration is a surgery to remove cancer that is found in the pelvis. A pelvic exenteration is a complex surgery that takes out the organs in your pelvis that have been affected by the cancer. The operation is very complex and can take many hours to complete. Each surgery is different, as it depends on where the cancer is and what organs have been affected. This is why it is important to ask questions and write down any information from the surgeon that you may want to look over later.

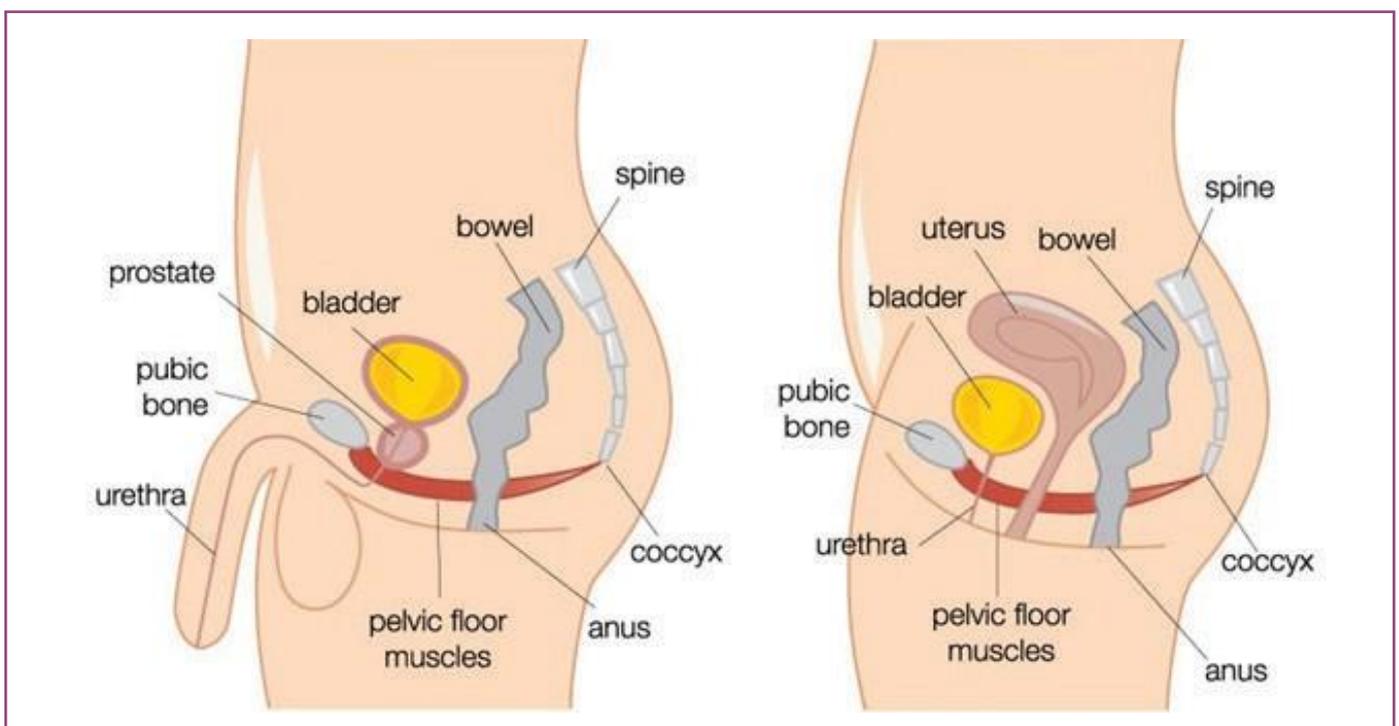
Exenteration surgeries involve incisions in the abdomen and in the perineum (i.e. the skin between the scrotum and anus for men, or vagina and anus for women). The incision in the perineum is made to remove affected organs (commonly the lower parts of the large bowel including the anus) and can be of variable size. The area may need to be rebuilt with tissue taken from another part of the body – this is called a flap repair or flap reconstruction. The most common exenteration procedure involves an abdominoperineal resection (APR).

As part of your pelvic exenteration surgery you may require a stoma or stomas. A stoma is an opening on the abdomen that acts as an exit for body waste (faeces and urine). All stomas require you to wear a pouch (this may also be called a bag or appliance) to collect the output. You will be seen by a stomal therapy nurse both before and after surgery who will provide advice and assistance regarding the management of a stoma.

It is important to understand that you may spend several weeks in hospital recovering after the operation. You should expect to spend a minimum of four weeks recovering in hospital, but depending on the rate that your body recovers, you may spend a longer period of time in hospital. So it is important that you understand what is involved in the surgery and your recovery, and

Normal anatomy of the pelvis

For you to better understand pelvic exenteration surgery it is important that you know what the main organs in the pelvis that your doctors, nurses and healthcare professionals will talk about. Review the appropriate picture below which illustrates the anatomy of the pelvic organs for a male and a female.



Normal anatomy of the pelvis – male (left) and female (right)

Types of pelvic exenteration surgery

Total Pelvic Exenteration

This surgery removes all of the organs in the pelvis (bladder, urethra, rectum, anus and reproductive organs – prostate and seminal vesicles in males and the uterus and ovaries in females) as well as supporting muscles and ligaments. When the bladder and bowel are removed you will be left with two permanent stomas - a colostomy (for faeces) and a urostomy (for urine). If bone is involved, a sacrectomy (removing part of the tailbone) will also be performed.

A flap repair may be required if the incision in your perineum is large. A vertical rectus abdominis musculocutaneous (VRAM) flap is often used, which takes part of the muscle of the abdomen and moves it to fill the area of your perineum. The flap will be stitched in place.

Total pelvic exenteration (shaded area) – shown on a male model

Posterior Exenteration

This surgery removes part or all of the organs located towards the back of the pelvic cavity.

- In females this includes the vagina, uterus, ovaries, rectum and anus.
- In males this includes the rectum and anus.

Usually the bladder and urethra can be spared.

As the lower bowel and anus is removed with this surgery, you will be left with a permanent colostomy.

Posterior pelvic exenteration (shaded area) – shown on a female model.

Central Exenteration

This surgery removes part of or all of the organs situated in the middle of the pelvic cavity. This can include bowel, bladder, connective tissue and pelvic floor. For females, this may include the vagina, uterus and ovaries.

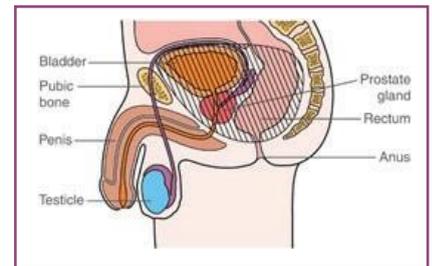
If your bladder is removed you will be left with a permanent urostomy.

If the lower bowel and anus are removed you will be left with a permanent colostomy. Alternatively you may require a temporary ileostomy which moves waste out of the lowest part of your small intestines (before it enters the bowel).

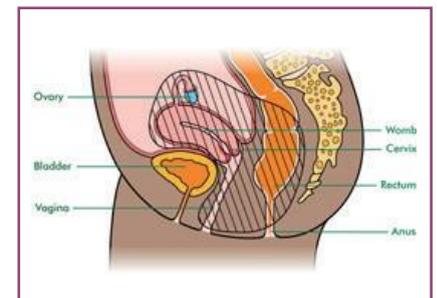
Lateral Exenteration (left or right)

This surgery removes structures that are involved along the side wall of the pelvis. This can include the ilium and ischium bones as well as important vessels, muscles and nerves.

Sometimes vascular surgeons may need to help rebuild vessels that are involved during surgery.



Total pelvic exenteration (shaded area) – shown on a male model



Posterior pelvic exenteration (shaded area) – shown on a female model

Why should I have a pelvic exenteration?

People have a pelvic exenteration when their cancer is in many organs in the pelvis, either to treat a locally advanced cancer or cancer that has come back after prior treatment. The aim of this surgery is to cure you of cancer. For patients who have symptoms due to their cancer, this surgery may also relieve some of their symptoms (e.g. pain).

Are there any alternatives?

This operation is only done if there is a good chance of curing your cancer. You may have had radiotherapy already. As the highest doses of radiotherapy will have been used, radiotherapy cannot usually be used again in the same place as it causes too much damage to your bowel and bladder.

Chemotherapy and hormone treatment may keep your cancer under control, but neither will cure it completely.

What are the risks and complications?

There are risks and complications associated with any surgical procedure. Your surgeon will explain the risks of your surgery to you before you sign the consent form. These risks are significant, but it is important you are aware of them – talk to your surgeon about any concerns you have and ask questions you have before your operation.

Possible serious risks and complications from pelvic exenteration surgery can include:

- Bleeding during or after your operation
- Blood clots (often in the deep veins in the legs)
- Problems from having a general anaesthetic
- Your wound could be slow to heal, or breakdown due to poor healing
- The joining inside of the bowel or stoma could come w apart
- Urine leak
- Stricture
- Recurrent infections
- Deterioration in renal function
- Stomal issues (e.g. stenosis, retraction)
- Need for further intervention (e.g revision surgery)
- Altered sexual function
- Altered bladder function
- Urinary retention
- Urinary incontinence
- Urinary Tract infections
- Damage to ureters
- A hole, called a fistula, can occur in the pelvis or abdomen due to having cancer treatments The
- bowel could become blocked
- The joining from the ureters (tubes coming from the kidneys) could come apart
- Your kidneys could start to fail Blockage
- to your ureters could occur
- Tissue from the flap repair or reconstruction may begin to break down
- Patients can have altered sensation due to a:
 - ▶ flap repair or reconstruction

This is a long list, but not all of these complications occur for every patient. If you develop complications, your doctors will see you and discuss the plan for treatment with you. Complications may mean a longer stay in hospital.

Decision making

Before being seen by any healthcare professional your consent, or permission, needs to be given. Consent can be given in different ways. This includes following your doctor or nurse's suggestion to lift your arm so they can take your blood pressure. For more serious treatments, e.g. surgery, you will be asked to sign a consent form. Getting consent is an important part in making sure you are involved in making decisions about your care and treatment. It is important that you have been given enough information and have had the opportunity to ask any questions you have so that you understand the planned treatment or procedure and can decide whether or not it is right for you.

Consent forms and patient information sheets provide information such as: what the planned procedure is, if an anaesthetic is involved, what to expect before and after the procedure, the risks and benefits of the procedure and any alternative options that may be available to you. These sheets are extra information only and do not replace the time you spend discussing your treatment with your doctors, nurses or healthcare professionals.

If you choose to go ahead with having a pelvic exenteration you will be asked to sign a consent form to say that you have agreed to the treatment and that you understand the benefits, risks and alternatives.

Going ahead with this surgery is your choice. You can change your mind at any time, even if you have signed the consent form. Let staff know immediately if you change your mind, if there is anything you don't understand or you need more time to think. Your wishes will be respected at all times.

The form is titled "Queensland Government Consent Adult (18 years and over) [Procedure Title]". It includes fields for patient identification (URN, Family name, Given name(s), Address, Date of birth, Sex) and several sections for medical consent: A. Does the patient have capacity? (Yes/No), B. Is an interpreter required? (Yes/No), C. Patient/substitute decision-maker requests the following procedure(s) (Procedure Title, Site/site of procedure, Intimate procedure), D. Risks specific to the patient in having a [Procedure Title], E. Risks specific to the patient in not having a [Procedure Title], and F. Alternative treatment options. The form is labeled "Procedure Title Consent" on the right side.

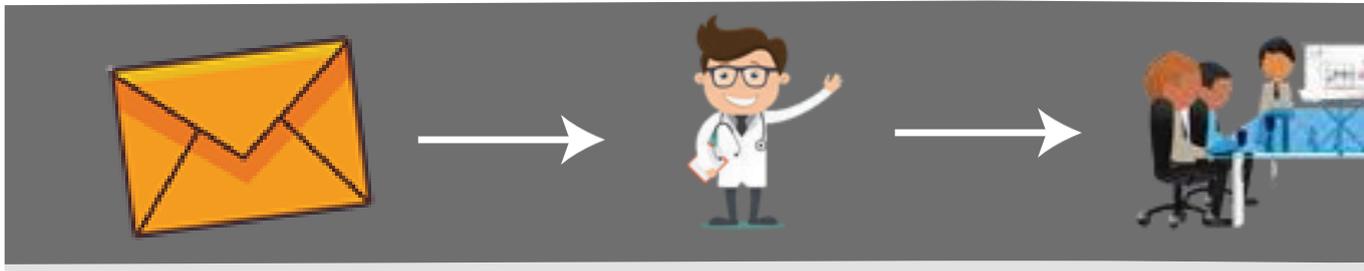
We want to involve you in all the decisions about your care and treatment

Your wishes will be respected at all times

Example consent form. A doctor will go through this form with you to make sure you understand each component before you sign.

My RBWH pelvic exenteration pathway

You start here

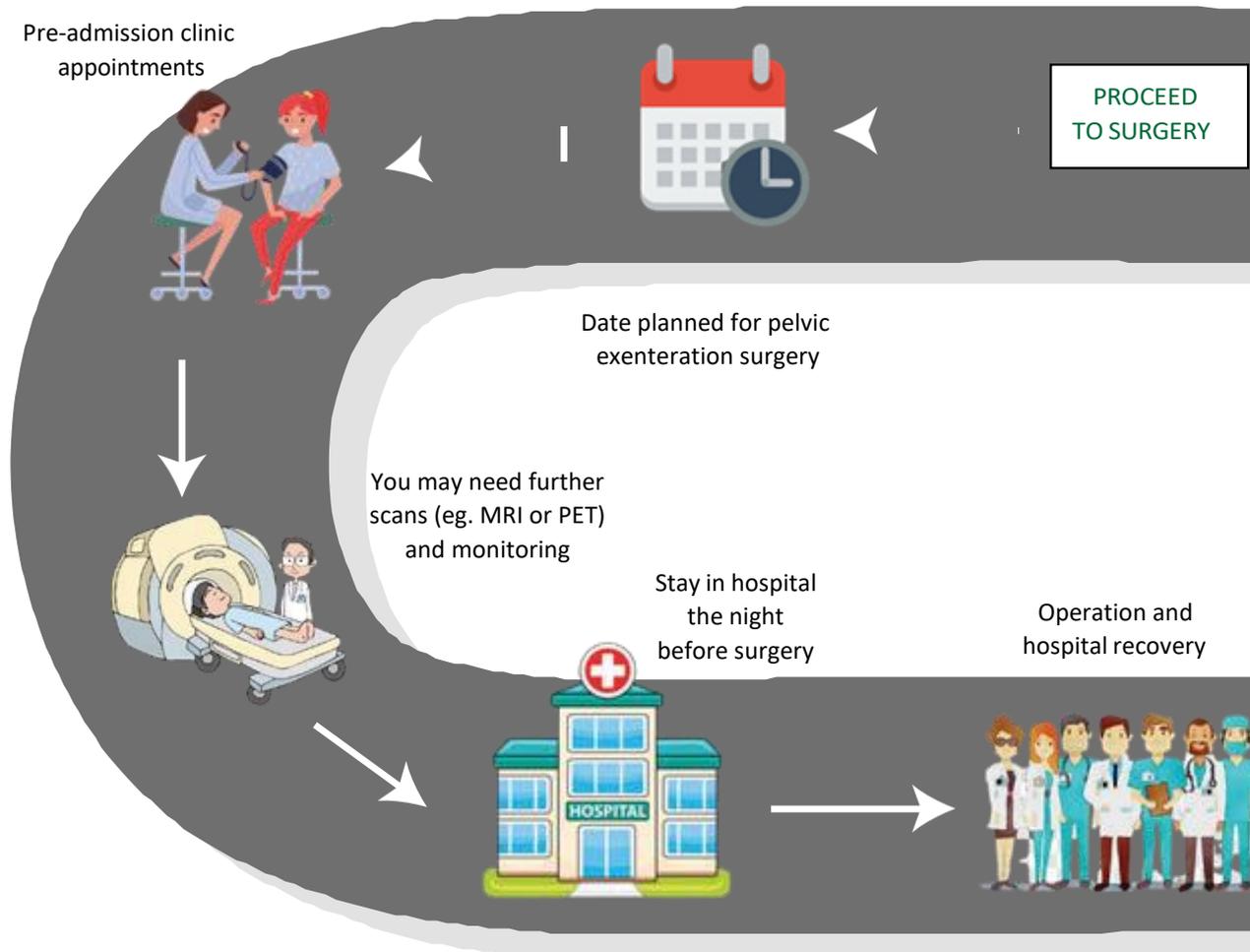


Referral sent to Royal Brisbane and Women's Hospital

Appointment with RBWH colorectal surgeon

Your case is discussed with surgeons, radiologists and oncologists

Pre-admission clinic appointments



PROCEED TO SURGERY

Date planned for pelvic exenteration surgery

You may need further scans (eg. MRI or PET) and monitoring

Stay in hospital the night before surgery

Operation and hospital recovery

NOT SUITABLE FOR PELVIC EXENTERATION

SUITABLE FOR PELVIC EXENTERATION

You may be referred to Medical and/or Radiation Oncology for chemotherapy or radiotherapy for treatment options

ed at a Multi
eeting (MDT)
diologists,
naesthetists

Return for another consult with surgeon



Surgery offered to you by surgeon

DECIDE NOT TO HAVE SURGERY

Referred back to your usual doctor for management



Further recovery at a rehab facility or hospital before going home

OR



Home

Meet the team

Your surgical and medical team:

- Colorectal Consultants (Surgeons)
- Other Surgical Consultants – including Urologists, Plastics Surgeons, Vascular Surgeon
- Surgical Fellows
- Surgical Registrars
- Resident Medical Officers
- Internship Medical Officers
- Anaesthetic Consultants (Anaesthetists)
- Other Medical Consultants – including Intensive Care Physicians, Respiratory physicians, Cardiologists, Rehabilitation Physician etc.

Prior to surgery, your surgical team will meet with you at multiple appointments to discuss what surgery you require; what it entails and organise any diagnostic procedures required.

When you are in hospital, a member of your surgical team will visit you daily. If you, or a family member or carer, have any concerns, arrangements can be made for the surgical team to answer your questions at an agreed

Your nursing team:

- Pelvic Exenteration Nurse Coordinator: coordinates your care prior to and after surgery, i.e. arranges all appointments, surgery date and admission etc.
- Nurse Unit Manager (NUM): is in charge of the running of the ward
- Clinical Nurses (CN's): experienced ward nurses.
- Registered Nurses (RN)/Enrolled Nurses (EN): provide your daily nursing care
- Stomal Therapy Nurses: work with you to assist in managing your stoma/s (e.g. colostomy/ileostomy/urostomy)
- Perioperative Nurses: will care for you during your operation and in Post Anaesthetic Care Unit (PACU).

If you have questions about your day-to-day care whilst in hospital, please ask your nurse on duty or the Nurse Unit Manager.

Your allied health team:

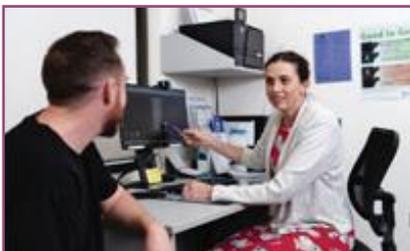
- Dietitian: Will help make sure you are getting enough nutrition to help your body heal and recover
- Physiotherapist: Prior to surgery, will see you at the Pre-Admission Clinic. After surgery, will work with you to wards your goals of moving around again after surgery, which may include sitting exercises and walking. Their role also involves assisting patients with their respiratory function post operatively e.g. breathing/coughing
- Clinical Psychologist: You will be offered to see/have them call you prior to surgery to discuss your cancer experience, past and current coping strategies and supports to aid your recovery.
- Acute Pain Management Service (APMS): a team of anaesthetist doctors and nurses who specialise in managing your pain relief after the operation
- Social Worker: You can request to see after your surgery, while in the ward, to assist with any social or financial issues.

Please note: Although all of these health professionals may be involved in your care during your exenteration journey, your surgeon ultimately makes decisions about your medical care.

Depending on your individual needs, you may also see:

- Indigenous Liaison Officer / Nurse Navigator
- Interpreter
- Occupational Therapist
- Pharmacist
- Speech Therapist
- Hospital Volunteers
- Ministers of Religion

RBWH acknowledges the importance of your cultural and religious needs and will take this into consideration wherever possible regarding your care.



Stomal therapy

Having any operation can be an emotional experience but being well prepared can help you to know what to expect. If, as part of your Pelvic Exenteration surgery you will require a stoma or stomas, you will be seen by a stomal therapy nurse who will provide help and advice both before and after your operation.

A stoma is an opening on the abdomen (tummy) that acts as an exit for body waste. All stomas require you to wear a pouch (this may also be called a bag or appliance) to collect the output.

Colostomy and ileostomy: are both bowel stomas and will pass stool (faeces).

Urostomy: is a urinary stoma and will pass urine.

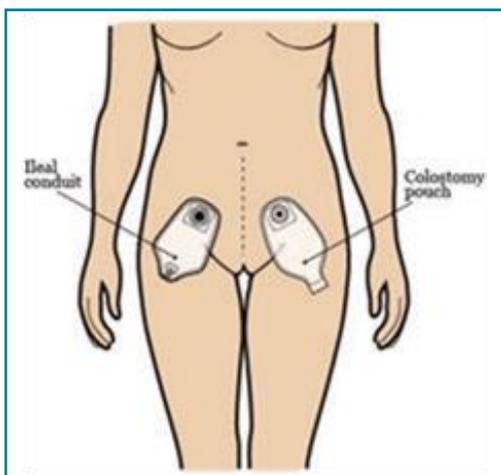
Before your operation you will be seen by the stomal therapy nurse who will discuss the type of stoma/s you will be having and aspects of managing and living with a stoma/s. The stomal therapy nurse will also select a suitable position (site) on your abdomen for the stoma to be brought out to the skin. It is ideal to have the site/s on a flat skin surface that is free from abdominal creases and also visible to you so that you can manage your own stoma.

When selecting the appropriate site, the stomal therapy nurse will take into consideration a number of aspects including: the type of stoma/s you are having, avoiding skin creases and folds on your abdomen, or scars from previous abdominal surgery. Your abdomen is usually viewed in different positions, whilst you are laying, sitting and standing. To help with the siting you may be asked a number of questions including any recent changes you may have experienced with your weight, what type of activities you do and the type of clothing you wear.

At the time of your operation, a post-operative pouch will be applied over the stoma/s. As you progress in your recovery you will be seen regularly by the stomal therapy nurse who will teach you how to manage your stoma/s. There are a large variety of stoma pouches available in Australia. Your stomal therapy nurse will show you appropriate pouch options, from these you will be able to choose a pouch that suits your needs and lifestyle.

In Australia, residents are able to access free stoma supplies through the Stoma Appliance Scheme which is subsidised by the Australian Department of Health. To access these stoma supplies you are required to join a Stoma Association. Each state of Australia has these associations. There is a small annual membership fee required to join the association.

Whilst you are in hospital we will assist you with joining the association. We are happy to also include your family members or support persons in any of the discussions or education sessions. Following discharge, the RBWH Stomal Therapy Department has an outpatient clinic which is available should you be experiencing any problems with managing your stoma/s, or if you would like to have your stoma periodically checked. You will be provided with details on how to access this clinic. If you are not from the Brisbane region we will try, if possible, to refer you to a stomal therapy nurse closer to where you live.



My mental health

People can experience a range of feelings about major surgery. Sometimes there are feelings of satisfaction but there can also be feelings of tension, worry, a sense of losing control and feeling vulnerable, helplessness, sadness, and irritability.

If any of these feelings are hard to overcome, or persist over time, affecting your pleasure in things, your motivation for doing things, your sleep, energy, or appetite, your relationships, and whether you can see hope for the future, it is important to seek help.

Just as you would get help for ongoing physical pain, it is important not to ignore psychological pain because much can be done to help you. You may wish to speak to your GP or your treating team about medication that might assist, and you may benefit from being referred to a Clinical Psychologist.

You will be referred to a clinical psychologist before your surgery – you will be offered for them to make contact with you. You can also be referred to see a psychologist during your stay in hospital, simply by asking members of your team of healthcare professionals. You can expect to have a range of emotions about your cancer experience and surgery. All these emotions are natural reactions to a significant life event.

Emotion	Explanation
Fear	Receiving a cancer diagnosis and preparing for surgery can be frightening. Most people cope better when they know what to expect, so it's important to ask questions if you have gaps in your understanding.
Worry	When things are uncertain, worry is a natural thing for us to do. However, worrying a lot about the future can make you feel more distressed. Acknowledge to yourself that it's natural to feel this worry but it's not helpful to be stuck in worrying. Try to focus on one thing at a time, on present concerns, and things within your control, and discuss your worries with someone if you need to.
Anger	You may feel more angry, frustrated, or irritable than usual. These are also typical emotions experienced by people dealing with something as challenging as going through surgery.
Sadness	It is natural to feel some sadness about the changes you are going through, like not being as active as you used to be. Many people feel sad at times.
Depression	Many people feel low leading up to, or after major surgery. There is a difference between feeling low and being depressed. You may be clinically depressed if you are in a low mood most of the time, not enjoying things you used to for most days over 2 weeks or more. Tackling depression early can mean that you can deal with it quickly. There are different treatments available including medication and non-medication options.
Loneliness	You may feel lonely if you feel that nobody else understands what you're going through. Communicating this with someone – including health professionals – may help you feel less isolated.
Disbelief	You may have trouble believing you have cancer, particularly if you had been feeling otherwise well, or not realising the extent of the surgery needed. It is natural for people to try to make sense of their experiences by wondering 'why' these things have happened.

What to do about worries?

You may have worries about being in hospital, caring for children, accommodation for family members, sick leave, as well as pain, body image or sexuality. If you are having trouble managing your worries please consider speaking to family and friends, a counsellor, psychologist, or joining a support group. Remember it will take time to adjust to life after surgery.

A clinical psychologist can work with you to identify problems you are having and increase ways of coping. It might include practical strategies for communicating with others, focussing on the present, relaxation techniques, recognizing and challenging unhelpful thoughts.

Mindfulness This is a technique aimed at staying in the present and sitting comfortably with unwanted thoughts and feelings. This is worth practising for those moments in hospital when you are feeling overwhelmed. There are a number of helpful resources on the Cancer Council Queensland website: <https://cancerqld.org.au/get-support/cancer-emotional-support/mindfulness-programs/>

Planning helpful moments For the time you spend in hospital, plan for one helpful event each day to help you cope with your admission. Focus on things that are in your control that usually bring you a sense of pleasure or achievement. For example, being out in a chair, messaging a friend, thinking of a special memory, reading a magazine



Physical appearance/body image

You will likely face changes to your physical appearance, or the way you feel about your body due to cancer treatment or surgery. This could include – scarring, weight gain or weight loss, hair loss, or permanent stomas. It is normal to find these changes difficult to adapt to physically and mentally.

If it is interfering with the way you want to lead your life, you may find it helpful to:

- Speak to your psychologist
- Speak to your stomal therapy nurse for information
- Consider an ostomy support group.

Sexuality

Sexuality refers to sexual desire, preferences, arousal and function. Depending on the nature of your operation and psychological factors, such as the way you feel about your physical changes, there may be changes in any of these areas. There may be treatments available for you in your recovery.

You may also find it helpful to:

- If you have a partner, speak to them about what you are experiencing
- Speak to your psychologist on the Pelvic Exenteration team. or another mental health professional.

My Checklist: Preparing to come to hospital

my timeline

My surgery date:

My appointments before surgery

Appointments with my surgeons (eg. Colorectal / Urology / Plastics / Vascular etc.)	Date:	Time:	Date:	Time:
	Location:		Location:	
	Date:	Time:	Date:	Time:
	Location:		Location:	
Pre-admission clinic appointment	Date:	Time:		
	Location:			
Anaesthetics appointment	Date:	Time:		
	Location:			
Allied Health (as required)	Physiotherapy		Dietician	
	Date:	Time:	Date:	Time:
	Location:		Location:	
	Psychology		Other	
Date:	Time:	Date:	Time:	
Location:		Location:		
Scans or tests (if required)	Date:	Time:		
	Location:			

Your Nurse Coordinator will coordinate your pre-surgery appointments

2 – 3 weeks before my surgery

Get a blood test with my GP to check my Iron levels	Date:	Time:		
	Location:			
Stop taking vitamin and mineral supplements	As advised by PreAdmission clinic. Vitamins and herbal supplements can thin your blood and this will cause your surgery to be cancelled. These include but are not limited to, fish oil, krill oil, turmeric tablets.			
Check my list of medications to be stopped as instructed by my pharmacist. Especially blood thinning medication. Refer to page 15				
If you are feeling unwell, please contact your care coordinator to discuss your symptoms. If you are unwell on your surgery day, your surgery is likely to be cancelled. Refer to page 21				

1 week before my surgery

Check my list of medications to be stopped as instructed by my pharmacist. Especially blood thinning medication. Refer to page 15				
Check and follow Bowel Prep instructions. Provided by PreAdmission Clinic				
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 21				

Arriving at RBWH / Day prior to surgery

Insertion of PICC Line	Date: Time: Location: Medical Imaging Dept, Lvl 3, Ned Hanlon Building
Time to arrive at the general admissions desk	Date: _____ Time: _____
Please fill out your patient registration form and give to staff at the general admissions desk	
Time to stop eating	As advised by PreAdmission Clinic
Time to stop drinking	Ward Nursing Staff will advise
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 20
What to leave at home	Refer to page 20
Do not wear make-up, moisturiser, deodorant, perfume, aftershave, nail polish or talc. If you have acrylic/gel nails – remove one on each hand.	

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
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	<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 which 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 www.justice.qld.gov.au
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 www.justice.qld.gov.au
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 www.mycaremychoices.com.au

Pre-admission clinic and medication information

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 anaesthetist doctor (+/- Perioperative Medicine Physician) – to discuss the anaesthetic process, what to expect, and ensure you are medically fit to undergo surgery
- A pharmacist – to discuss your current medication regime and what you should do with your medicines before surgery
- A GP or junior surgical doctor – to discuss the operation, document any medical conditions you may have and order any necessary tests before surgery
- A physiotherapist – to discuss what you can do to reduce your risk of chest infections following surgery and discuss physical rehabilitation and recovery after surgery. They may contact you in advance of your preadmission appointment.
- Other allied health, for example a physiotherapy, social worker, dietitian, stomal therapy nurse or others – to discuss various elements of your health and social supports



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:

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.

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.
- For more information about diabetes and surgery, refer to page 34

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.

My anaesthetic

My anaesthetist

An anaesthetist is a specialist doctor who will:

- Assess your health and discuss with you the type of anaesthetic for your surgery
- Discuss the risks associated with the anaesthetic
- 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.



Anaesthetic Pre-admission Clinic

The anaesthetist will ask you about your medical conditions, and overall health and fitness, to ensure that you're physically able to cope with the operation and that it is not too risky for you. If you have any chronic medical conditions (eg. asthma, diabetes, or hypertension), you may need further tests or consultations with other specialist doctors to ensure that these are managed as best as possible prior to surgery. These may include tests on your heart and lungs to get them in the best possible condition before your operation.

If you smoke, it is important that you stop smoking or cut down before your operation. This will help reduce the risk of potential complications after your surgery such as post-operative lung infection and poor wound healing.

Types of anaesthetic

Pelvic exenteration surgery at the RBWH is carried out with a combination of a General and Regional (epidural and/or spinal) anaesthetic.

Pre-medication

- Is a drug that is sometimes given to you before an anaesthetic to reduce or relieve anxiety.

General anaesthetic

- This is a mixture of drugs to keep you unconscious ('asleep') during an operation.
- Drugs are injected into a vein through a cannula (drip) and/or breathed in as gases into the lungs. Your airway will be supported by a breathing tube that will be placed in your windpipe when you are 'asleep', this is removed as you wake up after surgery.
- 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.



Regional anaesthetic

- This is where a large part of the body is numbed, for example with an epidural and spinal anaesthetic. These techniques are used to stop pain during the operation, and for stopping pain afterwards.
- An epidural is used to deliver local anaesthetic and pain medicines to numb the nerves to your abdomen to keep you comfortable. This will be placed by the anaesthetist when you come down to the operating room, before you go to 'sleep'.

The anaesthetist will talk to you about your anaesthetic in more detail at your pre-admission clinic visit and answer any questions you may have.

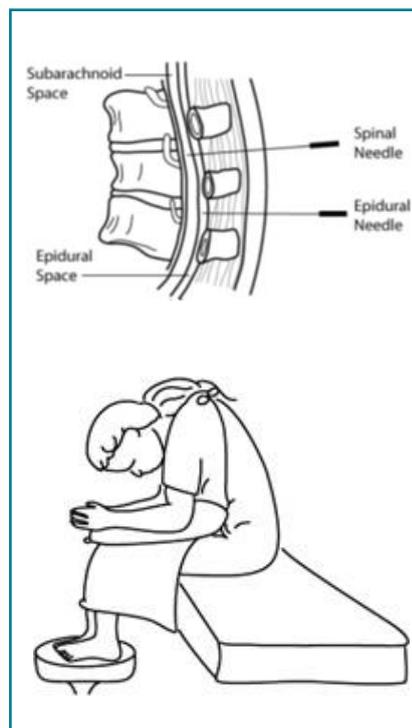
Epidural

An epidural is a procedure where an anaesthetic (a medicine that gives either partial or total loss of sensation) is injected into the small space in your back near your spinal cord called 'the epidural space'. The medicine works by blocking the pain signals from reaching your brain.

A fine plastic tube is inserted through an epidural needle (the needle is removed after the tubing is in place). The fine plastic tube is taped onto your back and medicines can be given through this fine tube for several days after your operation to keep you more comfortable

The risks of anaesthetics

All operations carry a risk from anaesthetics but this is minimised due to modern techniques. Pelvic exenteration surgery is a long and complex operation and some of these potential risks include, but are not limited to, heart or lung complications, drug reactions, awareness, dental damage, nausea and vomiting, pressure injury, nerve damage, confusion, stroke and death. The anaesthetist will talk to you in more detail about the potential risks and complications of the anaesthetic and any individual specific risks.



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

- Being older/elderly
- Smoking
- Being overweight
- Heart disease
- Kidney disease
- High blood pressure
- Asthma

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 hospital. Drink less alcohol.
4. Stop taking recreational drugs.
5. Ask your surgeon which medications you need to stop before surgery. Let us know if you are on the contraceptive pill.
6. Let us know about any health problems, infectious disease, past operations, serious illnesses, false teeth/cans/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.

Getting ready for my surgery

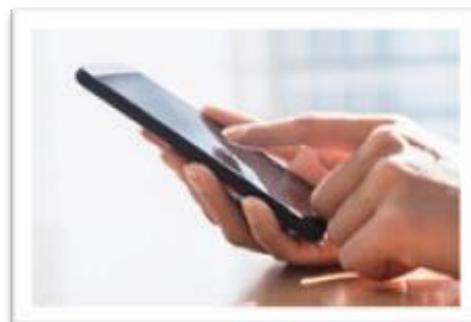
What to bring with you

- ALL of your regular medications including puffers, vitamins, supplements and over-the counter medicines.
- Pyjamas (hospital does not provide) / 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 sticks or forearm crutches)



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 nurse coordinator 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 your nurse coordinator on page 55.

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.



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

We need to know!

Please contact your Nurse Coordinator 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 nurse coordinator to let them know (see page 55).

With early notice of your cancellation or illness, our nurse coordinator 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 Care Coordinator 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
- Travelled to a COVID hotspot or have recently undertaken mandated home isolation

At any point in time

Please alert your Care Coordinator if you experience any of the following:

- COVID infection within the past 26 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

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 gastrointestinal fluids (gastric acid, bile or other bowel contents) have been aspirated into the lungs.

When fasting for your procedure:

- Follow the fasting and/or bowel prep instructions provided to you by the Pre-Admission Clinic
- 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 or alcohol.

As you will be spending the night before surgery in our hospital, please follow the fasting information provided to you by your healthcare professionals.

If you do not fast correctly your operation will be cancelled



Staying at RBWH before my surgery

You will come to the hospital the day before your operation and stay on one of our surgical wards. Your ward nurse will help you get ready for your operation and can answer any questions you may have.

1. When I arrive at RBWH

- Present to Medical Imaging at your appointment time to have your PICC line inserted (Level 3, Ned Hanlon Building)
- Present to the general admissions desk on ground floor of the Ned Hanlon Building, to the right after entering the main entrance on Butterfield Street.
- Refer to your procedure booking letter for date and time.



2. What happens after I check into ground floor general admissions desk?

- You will be directed to the appropriate surgical ward.
- Please present your registration paperwork and any other documents to the reception staff on arrival.
- Nursing staff will collect you from the waiting room and escort you to your ward bed.

3. What happens on the surgical ward before surgery?

- You will be shown around the ward on the day you are admitted.
- A nurse and a doctor will see you on the ward and organise your admission. They will also ensure that you have had your blood tests and that you are still fit for surgery.
- The anaesthetists who will be looking after you for your surgery will also see you to answer any other questions you may have.
- While you are in hospital, we will prepare your bowels for surgery. This will involve taking bowel preparation.
- You will be on clear fluids. This means water and some liquid food supplements. You will be able to drink water up until two hours before surgery.

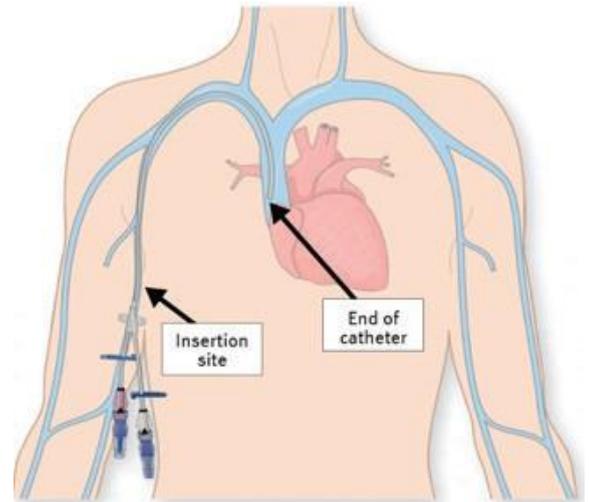


Getting to know my PICC

The following information will help you and your family understand your PICC (Peripherally Inserted Central Catheter) and the care requirements. Your doctor may recommend a PICC for administration of nutrition and/or medicine directly into your vein over a period of time. Your PICC will be removed when no longer required.

What is a PICC?

- A PICC is a long, thin, flexible tube (about 50cm long).
- It is inserted into an arm vein above the elbow and advanced to a larger vein in your chest.
- There may be minor bleeding and tenderness at the site for a day or two. Minimal bruising is normal.
- The site will be covered with a clear dressing. To prevent accidental dislodgement the catheter is held in place with an additional securement.



Risks associated with a PICC

- Risk of infection at the insertion site or in the blood stream. A
- blood clot along the catheter.
- The PICC may become blocked resulting in removal.
- Dislodgement, breakage or splitting of catheter.

Caring for your PICC

- You will be provided with education to assist with caring for your PICC and preventing complications. Routine weekly care is necessary to help prevent complications. This will include:
 - o Dressing change
 - o Bung changes
 - o Flushing of lines with a sterile solution
- If your PICC has clamps they should remain closed when not in use.
- Always wash your hands with soap and water and dry thoroughly prior to touching the PICC or dressing.
- Keep the dressing dry at all times. Cover the PICC with a plastic bag, plastic wrap or waterproof sleeve taped at the top and bottom to protect from water before having a shower.
- Avoid submerging your PICC or lumens in water. Do not bathe or swim.
- Do not use scissors or sharp objects near your PICC to avoid piercing or damaging the catheter.
- Be cautious around small children or pets to avoid catheter damage or accidental pulling.
- Avoid any heavy lifting or reaching above your head.
- Do not put anything stretchy or tight around the PICC arm as this may disrupt the blood flow and

What should I report to my nurse?

- You become unwell, develop a fever and/or chills. Pain
- or redness at the insertion site.
- Any signs of redness, warmth, pain or swelling in the PICC arm or up into the shoulder or neck.
- Itchiness, redness or blistering underneath the dressing.
- Blood or fluid oozing from the insertion site or under the dressing.
- The dressing is lifting, completely come off, wet/moist or soiled (dirty).
- If the bung (connector) becomes loose or falls off.
- If you feel or hear a 'swishing' sound near your ear or behind your nose while IV is running or nurse is flushing the catheter.
- If the bottle of medication is not emptying or the pump keeps alarming.
- If you notice the PICC has come out at all do not attempt to push it back in.

If you have any of these concerns notify your nurse immediately.

My surgery day at RBWH

1. What happens the morning of my surgery?

- Nursing staff will help you prepare for surgery early in the morning. Preparation will include:
 - Ensuring you're showered and dressed for surgery (gown and anti-blood clot stockings)
 - Checking your vital signs and placing a warming blanket on you
- Due to limited space we request only one person accompany you. However in situations like COVID-19 visitor requirements may change. Please speak with your nurse coordinator or the ward nursing staff

Question

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 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 (TSO) will transfer you either to the induction room or the operating theatre.
- These surgeries can be very long and patients are usually transferred to ICU afterwards. It may be wise for your relatives to return the next day
- When you arrive in the 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. Please be aware that the operating team consists of several members including surgeons, anaesthetists, nurses, allied health professionals 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.



Answer

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

3. 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

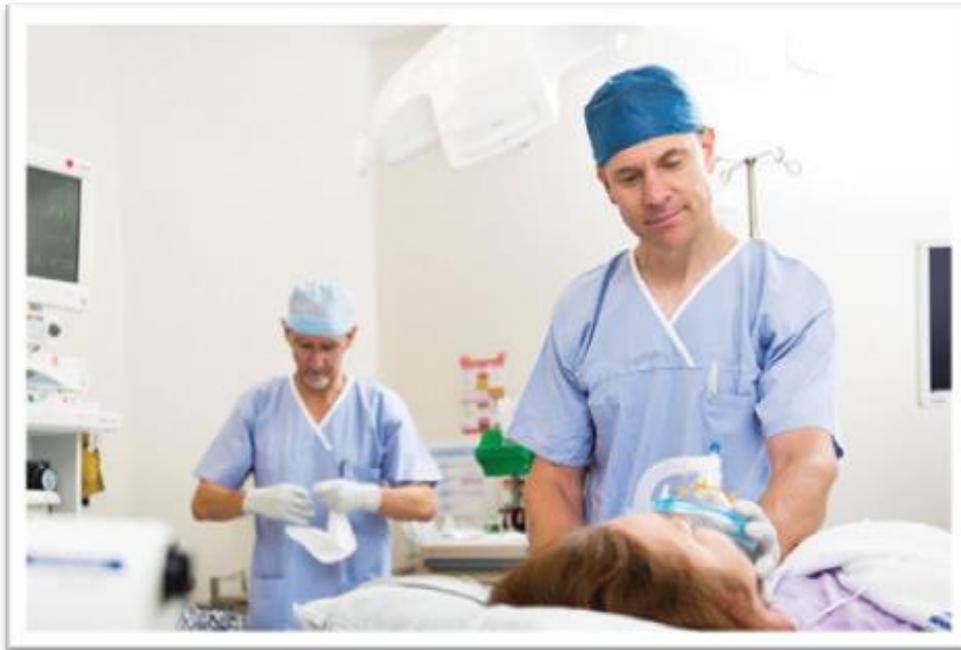
Assist the surgeon with specialist equipment and equipment specific to your surgery

Students

We are a teaching hospital and students may be in attendance observing the operating rooms

4. What happens during the operation?

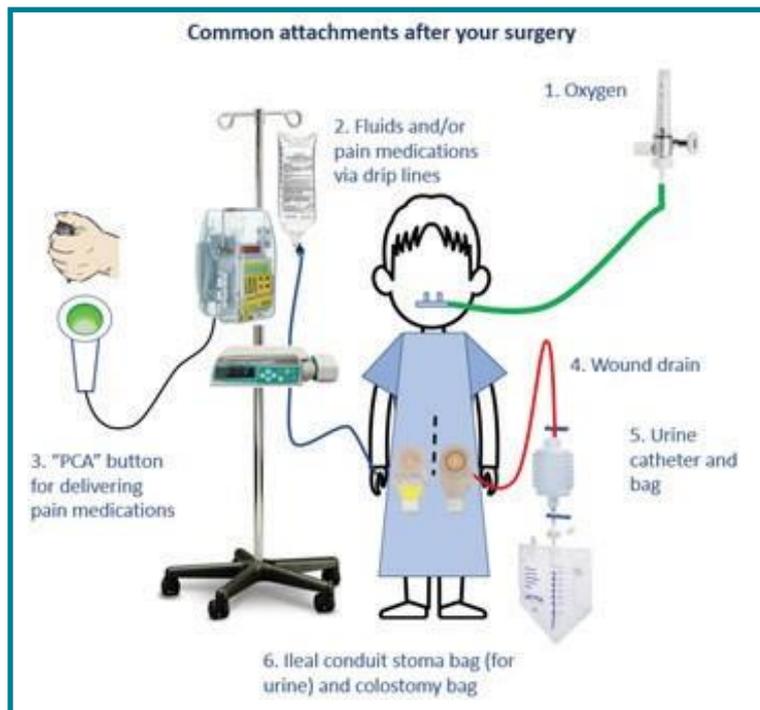
- The anaesthetist will place a cannula (drip) into the vein in your arm in order to give you fluids and medications. A cannula will also be placed into the artery in your wrist to monitor your blood pressure closely during the operation. You
- will be given a general anaesthetic, which means that you will be 'asleep' for the entire procedure.
- Before you have the general anaesthetic, an epidural and/or spinal will be placed in your back which provides you with pain relief and assists in keeping you comfortable following the operation.
- You will have a mask with oxygen on your face as you go to 'sleep'. After you are 'asleep', a breathing tube will be carefully placed in your windpipe, and a special cannula (drip) will be placed in the vein in your neck.
- Pelvic exenteration surgery is a very long and complex operation and the surgical team, anaesthetist and nursing staff will assist with careful positioning and padding of your body to reduce the risk of pressure injuries.
- Your vital signs and anaesthetic will be carefully monitored during the operation to keep you safe. Regular checklists are performed throughout the operation to monitor and detect for any potential complications. You may need a blood transfusion during your operation, and the anaesthetist will carefully assess and administer this



- The operation is carried out through a long vertical incision down the middle of your abdomen (tummy). The inside of abdomen is examined to make sure that the cancer has not spread. Sometimes biopsies (small pieces of tissue and lymph glands) are taken and sent immediately to the pathologist, who will examine them to also make sure that the cancer has not spread to other areas.
 - If the cancer has spread beyond what can be removed, the operation is stopped and the incision is closed without doing any more surgery.
 - If the biopsies are negative and there is no spread, the operation will continue.
- The length of the surgery varies from patient to patient, but it can take on average between 8 and 12+ hours to complete.
- If your bowel is removed you will need to wear a bag to collect the faeces. This may be a permanent stoma, however on some occasions this can be reversed. Sometimes the bowel can be reconnected at the time of the surgery. Your surgeon will discuss options with you before the surgery.
- If your bladder is removed, you may have to wear a bag to collect the urine. It may be possible to create a continent pouch (a channel connecting part of your small intestine to the wall of your abdomen) which you would need to drain with a tube. Your surgeon will discuss these options with you before the surgery.

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.
- The PACU nurses 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 and medical history including allergies with the PACU nurse to plan your care whilst in hospital.
- 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.



- When you wake up from your operation you will have:
 - o An oxygen mask on your face to help you breathe after the general anaesthetic
 - o A small clip on your finger to check your oxygen levels
 - o A drip in your arm and neck to give you fluids and medications
 - o A cannula in your wrist to monitor your blood pressure
 - o An epidural (small tube in your back) and pain relief button, which delivers pain relief into your back to numb the nerves of your abdomen (this may make your legs feel heavy and numb, temporarily). Your nurse will explain how to use this button.
- The length of stay in PACU will depend on your type of procedure, past medical history and your own personal wellbeing.
- You will then be transferred to the Intensive Care Unit (ICU) for the first few days after the operation.
- Some patients will be transferred straight to the ICU immediately after the operation and kept anaesthetised ('asleep').
- It's normal to have pain for the first week or so. The Acute Pain Management Service (APMS), a team of anaesthetic doctors and nurses, will see you daily to review your pain level and adjust your pain medications as needed.

My pain relief medication following surgery

What is acute and persistent 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. After your operation you will be able to have pain relief medicine as you need it.

Pelvic exenteration surgery is complex and some patients can experience persistent pain (pain that can last for a longer time). Some patients may also experience a particular type of pain called neuropathic pain, which may be felt as burning or shooting pain. This pain can be due to damage to nerves (from the cancer or surgery). It is important to report any symptoms of neuropathic pain as different types of pain medication is used to treat these symptoms. If you have any significant ongoing pain problems a referral may be made to a Pain Specialist to help you manage this.

The Acute Pain Management Service (APMS)

The RBWH has a specialised team of anaesthetic doctors and nurses called the Acute Pain Management Service (APMS) that are very good at helping you to manage your pain after the operation. The APMS will see you daily for the first few weeks after your operation to ensure that you get the best pain relief and tailor it to your individual needs.

What are the ways to provide pain relieving medication?

There are many different ways that we can help to provide pain relief to you during and after your pelvic exenteration operation. Most patients receive an epidural, or intra-venous and oral medications (or a combination of these). Your treatment will depend on factors such as your surgery, age, general health and if you can eat and drink. The best choice for you will be made in consultation with you, your surgeon, your anaesthetist, and APMS.

Epidural: An epidural is routine for this type of surgery. Anaesthetic medication is delivered via a pump into the small space in your back near your spinal cord ('the epidural space') through a fine plastic tube. The medicine works by blocking the pain signals from reaching your brain. It is usual for you to have a button which allows you to give yourself a 'top-up' if needed. The epidural will stay in for up to 5 days after your operation to help keep you comfortable. An epidural may cause sensation, strength and/or blood pressure changes.

Patient-Contolled Analgesia (PCA): This is a special type of pain management that allows you to decide when you get a dose of medication. The PCA is used to deliver strong intravenous pain medication. You will be given a button to control your pain relief. There are safety mechanisms so that you don't get too much medication.

Oral Medications: There are many different medications that may be given to you to help with your pain relief. In addition to the epidural or PCA, you will often be given other oral pain medication.

This could include simple medication that you can buy from the chemist such as paracetamol (Panadol). Paracetamol assists the stronger medication to work. You may be given stronger oral medication (such as opioids and morphine), or medication designed to treat nerve pain.

“We want to know when you have pain”



What about drug addiction?

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.

What are the possible side effects of pain relieving 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 and should not stop you from using pain relieving medication if you need it. If you experience any of these side effects, let your nurse or doctor know so that they can be treated.

What can I expect after my surgery?

You may be asked to rate the severity of your pain, when you are lying still, coughing and when you are moving. Staff will ask you to give your pain a number between 1 and 10, where 1 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



You will be asked to do this at regular intervals. This information will help your doctors and nurses decide the best management for you. 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. Poorly controlled pain also can put strain on your heart, and may make it hard for you to take deep breaths and/or cough which increases your risk of a chest infection.

It is important for us as a team to ensure you are able to take a deep breath, cough and move comfortably. If you are finding it difficult to do any of these, please communicate your pain with your health professionals early.

Generally after a big operation the aim is to get you moving the next day, for example sitting out of bed (whether or not you are allowed to do this will depend on what your doctors orders are following your surgery). It is essential that you are comfortable enough to get moving once you are allowed to. If not, please let someone know.

Points to remember

- If you are unable to cough because of pain, please let your nurse or doctor know. Supporting your wound with a folded up towel or 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, frequency, or type of the medication.
- Paracetamol is a particularly effective pain-reliever when given together with other medication. Do not miss any.
- Constipation can be a problem with all strong pain-relievers. You should take medication to assist your bowels to open as it is prescribed. Let us know if you feel constipated or bloated.



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.

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

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.

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.

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.

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

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

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:

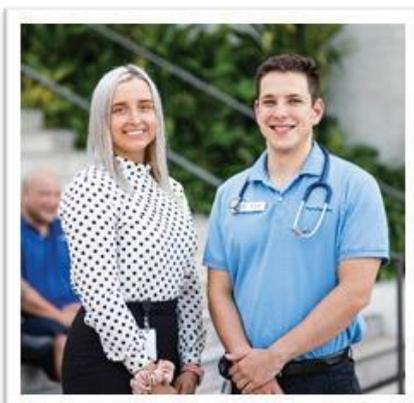
- Get up from your couch or desk and walk around – aim to do this every hour
- Park the car further away from your destination and walk
- Get off public transport 1 or 2 stops earlier and walk the rest of the way home or to work
- Take the stairs rather than the escalator or lift
- Consider walking or 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:

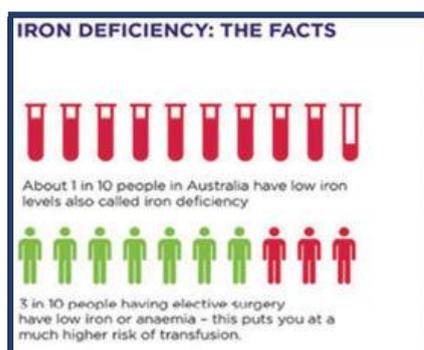
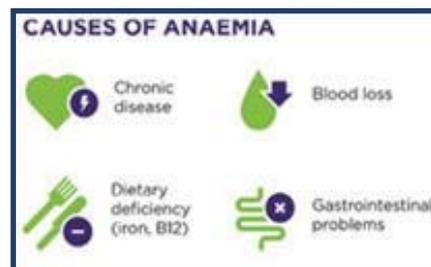
- Happy Healthy Campaign
- Exercise Right

www.healthier.qld.gov.au
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
- Dizziness
- Tiredness or fatigue
- 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:
 - Antiplatelet medicines like aspirin or clopidogrel (Iscover/Plavix)
 - Anticoagulant medicines like warfarin (Coumadin/Marevan), dabigatran (Pradaxa), rivaroxaban (Xarelto) or apixaban (Eliquis)
 - Non-steroidal anti-inflammatory medicines like ibuprofen (Nurofen) or naproxen (Inza/Naprosyn).
 - Proton pump inhibitors such as omeprazole (Losec) 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.

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.

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

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



No smoking on RBWH grounds. Fines may apply.

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.

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 increases 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 who have 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 6 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 Pre-operative Diabetes optimisation clinic

The RBWH Preoperative Diabetes Optimisation Clinic provides specialist diabetes support to patients scheduled for surgery at the RBWH who need improvement in their diabetes control before surgery.

Who will be referred to the clinic?

You may be referred to the Preoperative Diabetes Optimization 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
- Diabetes Australia - www.diabetesaustralia.com.au
- National diabetes services scheme (NDSS) - www.ndss.com.au

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.

Getting moving after an exenteration

Research has shown early exercise and mobilisation (sitting out of bed and walking) helps to prevent complications after surgery. For many major surgeries this is often the next morning, however for pelvic exenterations when you are allowed to start getting up and sitting out of bed may be different depending on how big your surgery was and the orders from your doctors. You will be given exercises to do while you are resting in bed, and the ward staff, usually lead by the physiotherapist, will help you to get moving when it is safe to do so. It is important you tell us if you are experiencing pain at a level that prevents you from being able to move.

Depending on your surgery you may need a special cushion to allow you to sit on your bottom (e.g. in a chair) – you will not be allowed to sit until this cushion arrives. You surgeon may limit how long you can sit for (e.g. 30 mins) when you first begin sitting

Doing simple breathing and circulation exercises help to prevent complications until you can get up and moving

How we will help you

Your nurse and physiotherapist will encourage you to do regular deep breathing exercises and circulation exercises like moving your ankles up and down. These exercises should be:

- practiced in the days leading up to your surgery
- started immediately after you wake up from your surgery
- continued until you are discharged home



Breathing exercises

Breathing exercises may assist in preventing lung complications after your surgery. These exercises include:

- Taking deep breaths
- Coughing while supporting your wound

You will also be assisted by your nurse and physiotherapist to get out of bed once it is safe. Mobility often starts slowly in the first few days after a pelvic exenteration. Let your physiotherapist know if you feel dizzy or unwell while mobilising.

Before you leave hospital

In the days following your surgery, it is expected you will become more independent with your mobility, sit out of bed regularly and continue with your deep breathing exercises. Some people may require rehabilitation to assist in their recovery to become more independent – this may occur at a rehabilitation facility or, if you are well enough at your home

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.

Circulation exercises

Circulation exercises assist to prevent blood clots by increasing the blood flow through the veins in your legs.

These exercises may include:

- Ankle pumps
- Knee squeezes/static quads
- Bottom saueeszes/static gluts

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.

After surgery These exercises can be performed in bed or when you are sitting, and should be completed every hour when you are awake

My nutrition after surgery

Why is nutrition important?

Nutrition is an important part of your recovery. Studies have shown that people who get enough energy (calories) and protein after surgery have a lower rate of complications, including less infections, less pressure sores and better wound healing. It is also important for keeping up your strength. After surgery, your body needs more calories and protein than usual to heal even though you are not doing as much physical activity as normal. Your dietitian will work with you to make sure you are getting all the nutrition you need to support your recovery.

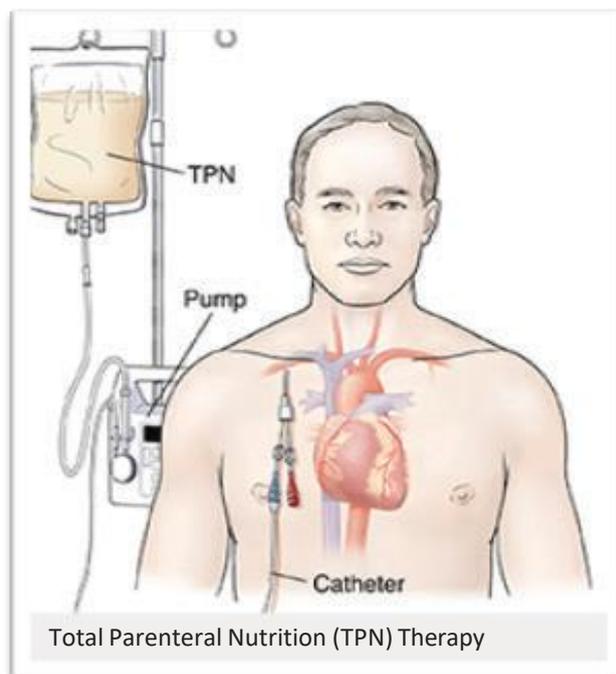
What will my diet be after surgery?

Most patients are started on a fluid diet after surgery and are then progressed to a full diet depending on how your gut is working. The diet you will receive is high in protein and energy to support your recovery. The hospital can provide meals for specific dietary needs you may have such as allergies. You will be offered snacks between meals, including the use of supplement drinks that are high in calories and protein (e.g. Sustagen, Ensure Plus, Resource Fruit). Family and friends can also bring you in food from home provided it is prepared and transported in a safe manner – your dietitian or nursing staff can provide you with further information on this.

What is parenteral nutrition?

Parenteral nutrition (PN) is intravenous feeding, where liquid nutrition is given through your vein (through the PICC line) into your bloodstream. Parenteral nutrition is made up of carbohydrate (glucose), protein and fats with vitamins and minerals added separately. It meets your nutrition needs. It is used after surgery because it is common to develop an ileus, which is where there is reduced movement of the bowel, and parenteral nutrition bypasses the bowel. The PN will be provided until your bowels are working and you are able to get enough nutrition using the gut.

While you are receiving PN you will be reviewed by the nutrition support team to monitor this, which includes a doctor, pharmacist and dietitian. (See page 24) after '(through the PICC line)' in the first centre.



MyMeals@RBWH is now available, order your hospital meals on your mobile phone, laptop or tablet. For all enquires, please contact your ward Dietetic Assistant.

Eat Walk Engage

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. drips).
- 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 drips and catheters.
- Using antibiotics appropriately to prevent and treat infections.
- Placing patients with certain types of bugs in single rooms to help protect others.

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.

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.

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:
 - An outpatient appointment.
 - A discharge prescription (if required).
 - A discharge summary to take to your local doctor.
 - Medical certificate (if required).
 - 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 below.

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 contact 000 or your local Emergency department: <ul style="list-style-type: none"> - Uncontrollable bleeding - Chest pain or tightness of the chest - An altered level of your consciousness/difficulty staying awake - Seizures/fits/sudden collapse or fall - Sudden onset of weakness or paralysis of the limbs or face - Difficulty in breathing For any concerns refer to page 53
My medications	<ul style="list-style-type: none"> • After receiving your discharge medication, please follow the instructions on the packet. • Please keep in mind that pain medication can make you constipated. Contact your local GP with any concerns. • If you have any concerns with your medications before discharge, please ask one of our team: pharmacist, doctor or nursing staff
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"> • Go back to work: • Start driving: • Start exercising: • Lift heavier objects:
My stoma	
If you have any general enquires	RBWH Switchboard – 07 3646 8111

About Royal Brisbane and Women's Hospital

Acknowledgement of Country

At Royal Brisbane and Women's Hospital we acknowledge the Traditional Owners of the land where RBWH now stands. We pay our respect to the Aboriginal and Torres Strait Islander elders past, present and emerging.

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 2020)

- We have a population of 350,847 persons in the RBWH primary catchment
- People aged 0-14 years (15.3%)
- People aged 15-44 years (50.3%)
- People aged 45-69 years (25.8%)
- People aged 70 years and over (8.5%)
- There were 4,273 people (1.2%) in the RBWH primary catchment who identify as Aboriginal and/or Torres Strait Islander (2019 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 professionals

- Over 200 surgical doctors
- Over 150 anaesthetic doctors
- Over 900 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, musculoskeletal and obstetrics

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

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

Patient Travel Subsidy Scheme, Accommodation and Transport

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

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 care coordinator 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 to RBWH



Royal Brisbane and Women's Hospital

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

Main switchboard: (07) 3646 8111

Our visiting hours

We encourage family and friends to visit our patients during their stay. Please check with individual wards and units about their visiting hours. Please note that hospital visiting rules are subject to change due to COVID-19. Before arranging a visit, please check the RBWH website for the latest requirements.

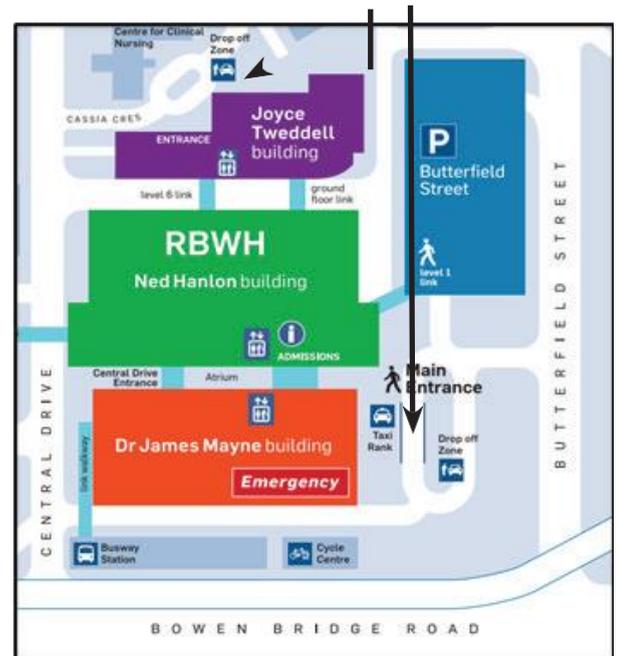
Visitors are asked to keep noise to a minimum and must not smoke within five metres of the hospital grounds. Children are to be accompanied by an adult at all times.

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

RBWH Pick up and drop off zone



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

PLEASE BE AWARE HOSPITAL ENTRY POINTS MAY VARY DUE TO RBWH COVID RESPONSE PROTOCOL.

PLEASE CHECK RBWH WEBSITE PRIOR TO COMING TO THE HOSPITAL

<https://metronorth.health.qld.gov.au/rbwh/>

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/>.



Car parking near RBWH



*Please see websites
for parking rates*

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.

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>

Brisbane Showgrounds

- O'Connell Terrace – The Pavilion Car Park
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/>
- 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/>

COVID-19 and RBWH

Please be aware that due to the changing nature of COVID-19 pandemic, there may be regular changes to our hospital visiting rules, your appointments and mask wearing requirements. Please check with your case manager before coming in for your surgery or visit our hospital website for regular updates. <https://metronorth.health.qld.gov.au/rbwh/>

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.

Point Parking Carpark

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: 1300 55 11 31 / (07) 3252 4333

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

Cornerstone Parking Pty Ltd

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) 3034 0528

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

Bramston Terrace Metro Carpark

Location: Bramston Terrace (off Herston Road) Contact: (07) 3257 2778 – site manager

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



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

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

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:
 - o URN (Hospital) number
 - o Name
 - o Date of birth
 - o 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 a 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.

Aboriginal and Torres Strait Islander Hospital Services

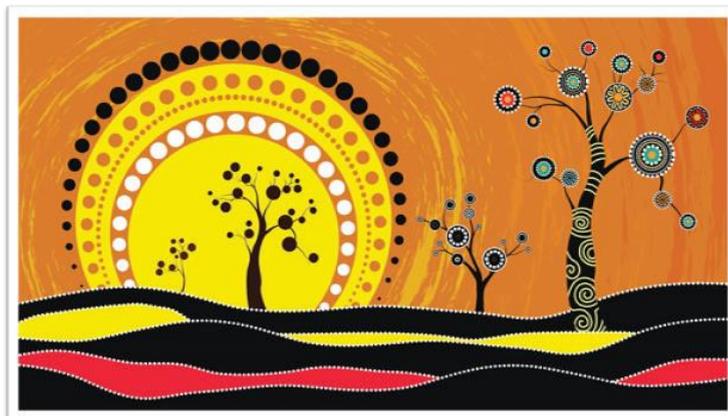


About us

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)**
 - o Assist patients and their families, who reside in Brisbane Metro; South East Queensland and New South Wales.
 - o Bedside visits to explain the hospital system and companionship.
 - o Support and advocacy for your needs when speaking to hospital staff about important matters.
 - o Assistance with engaging language translation services (interpreters).
 - o Awareness of the different types of services available to you at the hospital.
 - o Transportation support for eligible patients/carers and family members.
- **Indigenous Patient Journey Officer (IPJ)**
 - o Assist patients and their families who are travelling from rural, remote and regional communities.
- **Maternity Service – Ngarrama Royal Midwifery Group Practice**
 - o A small group of dedicated midwives will care for mums and their families throughout pregnancy and after their babies are born.
- **Indigenous Mental Health**
 - o Assist mental health consumers presenting to RBWH for psychiatric emergencies, inpatient and community care.
- **Nurse Navigator – Aboriginal and Torres Strait Islander Health**
 - o Conducts pre-surgery health and wellness checks, provides assist inpatient and outpatient support.
 - o Provide support for you across your healthcare journey from community to hospital and home again.
 - o Assist you to navigate community supports as needed so that you can access the care support you need.
 - o Work closely with you and your GP, medical specialists, allied health, Aboriginal and Torres Strait Islander community services and others involved in your care.
 - o 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

Weekday service

Located: Level 1, Ned Hanlon Building Phone:
(07) 3646 4154

Team Leader: 0408 472 385

Email: 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 4182



Maternity Service – Ngarrama Royal Midwifery Group Practice

Weekday service

Located: Level 5, Ned Hanlon Building Phone:
(07) 3646 3759

Email: Ngarrama_Royal@health.qld.gov.au

Open: Monday to Friday. 8.00am – 4.00pm

Indigenous Mental health Team

Weekday service

Located: E Floor, Mental Health Centre Phone:
(07) 3646 1189

Email: indigenousmentalhealthreferrals@health.qld.gov.au

Open: Monday to Friday. 8.00am – 5.00pm

Nurse Navigator Aboriginal and Torres Strait Islander HealthWeekday service

Phone: (07) 3646 3091

Email: 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.

RBWH Foundation 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.

Compassion Crew Volunteers are on site Monday to



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://metronorth.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

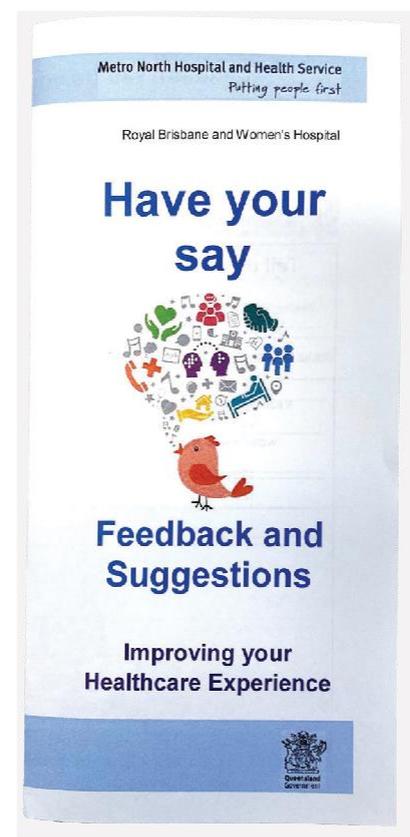
Queensland Health is inviting patients to participate in an online survey about their experience with the care they received in hospital. These are known as Patient Reported Experience Measures (PREMs).

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



Please note that opening hours and service offerings of some retailers may be impacted by COVID-19.

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)

Metro Cafe

Freshly prepared hot and cold light meals, cakes and coffee.
Open: 6.00am-3.30pm
Location: Ground floor Ned Hanlon Building
*Closed when COVID vaccination clinic in operation

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



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
CARE Packages available for immediate delivery
(Mon-Fri only)
Phone: (07) 3252 8175
Website: www.butterfieldsrbwh.com.au
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

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

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.

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
Website: <https://samara-hair-and-beauty-boutique.business.site>

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
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Perrotts Florist

Open: Monday-Friday 8.30am-4.30pm
Closed Saturday and Sunday
Phone: (07) 3252 7877
Our webstore: www.perrotts.com.au
With free delivery available to the hospital

Phone chargers

Recharge your phone battery located at:

- Emergency Department, ground floor, Dr James
Mayne Building
- Level 1, Ned Hanlon Building in front of the Atrium
Pharmacy

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





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 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



What if I have concerns after my surgery?

When you go home following your surgery, especially if you have had a general anaesthetic:

- o 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.
- o 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, NURSE COORDINATOR (Monday-Friday) 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 or download the healthdirect app.

Glossary

Anaesthetist	A specially trained doctor with skills in controlling pain and using an anaesthetic during your operation.
Abdomen	The area of the body below the chest, which contains the stomach, bowel and reproductive organs.
Abdominal	Describes something which relates to the area of the body below the chest called the abdomen.
Abnormality	Something which is not normal.
Anti-embolic stockings	Stockings that are worn to reduce the risk of getting blood clots.
Bladder	This is an organ which helps store urine until the body is ready to pass it.
Bladder catheter	A small rubber tube that is placed into your bladder during your operation. The tube can feel a little uncomfortable but should not be painful. It allows urine to drain away into a bag so that an accurate measurement of your urine can be taken. It also means you do not need to get up to go to the toilet to pass urine.
Cancer	Cancer is a disease of the cells that make up the parts of the body. Normally these cells repair, reproduce themselves and die in an orderly way. If this process gets out of control, the cells that are no longer functioning normally are described as cancer cells.
Cervix	The lower part of the uterus where it joins the top end of the vagina.
Chemotherapy	This is a drug therapy used to stop cells multiplying, usually used as a cancer treatment.
Colorectal surgeons	These are surgeons that specialise in operating on the lower bowels.
Drain	This is a small tube, which is placed at your wound site to remove any extra fluid from inside your body into a bag or bottle outside.
Drip	A bag of fluid connected to a small tube in your vein. Used to give your body fluid when you are not able to drink.
Epidural pump	This allows local anaesthetic to be administered into a space in the spine for pain relief usually after surgery.
General anaesthetic	Is the administration of a drug that brings about a temporary loss of consciousness so that you can sleep through your surgery.
Gynaecology	The study of women's illnesses/conditions which affect the parts of the body involved in reproduction (making babies).
Hormone replacement therapy (HRT)	Putting back the hormones that a woman's ovaries no longer make, using manufactured (man-made) hormones.
Ileal conduit (or urostomy)	Where the bladder is removed and a piece of ileum (small bowel) or colon (large bowel) is removed and transferred to the abdomen. The ureters (kidney tubes) are then transplanted into the piece of ileum or colon to help you pass urine.
Incision	A surgical cut.
Laxative	Medicine used to help your bowels work as normal. Used to relieve constipation.
Lymph node (or gland)	Lymph nodes are found throughout the body and can be anything up to the size of a baked bean. They are part of the body's system which helps fight infection.
Occupational therapist	A health care professional who makes assessments and uses purposeful activities to help patients regain or maintain their wellbeing, usually after surgery.
Patient controlled analgesia (PCA)	A method of allowing a patient in pain to administer their own pain relief by an electronically controlled infusion pump that delivers a prescribed amount of intravenous pain killer when the patient activates a button.
Pelvis	Lower part of the abdomen.
Physiotherapist	A health professional that is skilled in treating physical problems using techniques such as therapy and exercise.

Radiotherapy	The medical use of radiation as part of cancer treatment to control malignant cells.
Rectum	The final straight portion of the large intestine which acts as a temporary storage facility for faeces.
Stoma	A surgically created opening on the abdomen that allows bowel motion or urine to leave the body. A piece of bowel is brought out through the opening and stitched to the skin.
Surgeon	A doctor with special skills and trained/training to practice surgery (carry out operations).
Urinary continence	Being able to pass urine normally (for example, only when you want to, and without leaking).
Urology	The surgical specialty that focuses on the urinary tract (kidneys, ureters, urinary bladder and urethra).
Uterus	A female reproductive organ, also known as the womb.
Vagina	A muscular tube or canal leading from the uterus to the exterior of the body.

Hospital Information

Pelvic Exenteration Nurse Coordinator	0472 696 420	RBWHPelvicExenterationSurgery@health.qld.gov.au
RBWH Switchboard	(07) 3646 8111	
RBWH Preadmission Clinic	(07) 3646 7476	
RBWH Elective Surgery Office	(07) 3646 1196	RBWH_Elective_Surgery@health.qld.gov.au

Pain

Australian Pain Management Association	www.painmanagement.org.au
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Well-being and support

Stomal therapy support	https://www.australianstoma.com.au/living-well-with-a-stoma/support-groups-2/
Mental health information and resources	www.beyondblue.org.au
Cancer information and support	www.cancercouncil.org.au
Psychological assessment and treatment programs	www.mindspot.org.au
Mindfulness information and exercises	www.mindfulness.org

Things to keep in mind when chatting to your health care professionals

- It can be difficult to digest all the information provided to you – it is recommended you have a family member or close friend attend your consultations with you as an extra set of ears can be helpful.
- They try hard not to, but sometimes health care professionals unintentionally use jargon words and phrases. If there is any terminology or phrases used by your health care professionals that you do not understand, please do not hesitate to ask the health care professional to further explain the term or phrase until it is clear to you. It is very important to health care professionals that you understand the information that you are being provided.
- As the busy hospital environment and attending appointments can cause anxiety, it can be difficult to remember all of the questions you may have for your health care professionals. It is a good idea to write down questions and bring them to your appointments. See page 2 of this booklet for space for note taking.

We are here for you



metronorth.health.qld.gov.au

**Metro North
Health**



**Queensland
Government**