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FRCOphth(Lond)

CONSULTANT OPHTHALMIC, OCULOPLASTIC AND ORBITAL SURGEON

Preparing for surgery
Patient information booklet

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This booklet has been prepared to inform you about what to expect before, during and after your surgery.

Should you have any further questions, please contact:

Miss Mellington (via her secretary) 0121 277 0787

Email (secretary): jacqueline.zerey@phf.uk.com

BMI The Priory, Edgbaston, Birmingham 0121 440 2323

Spire Eye Centre, Spire Little Aston Hospital 0121 580 7171

Birmingham Midland Eye Centre, City Hospital 0121 554 3801

Preparing for surgery

2 weeks before surgery

For all minor procedures such as punctoplasty or eyelid biopsy, there is no need to stop your usual medications.

For all other lid/lacrimal/orbital procedures, the following applies...

Avoid drinking alcohol, particularly in excessive amounts as this may thin your blood in a similar way to aspirin.

Stop all herbal medications including: Echinacea, ephedra, ginkgo balboa, ginseng, kava, St John's Wort, valerian (which is contained in virtually all sleeping remedies), and green tea. Also reduce/stop your intake of ginger and garlic.

Stop aspirin and clopidogrel (with the agreement of your General Practitioner)

Warfarin: the INR level should be at or below 2.0 on the day of surgery. The warfarin level is usually adjusted 3 days before surgery as needed.

If you take anticoagulants because you have cardiac problems, atrial fibrillation, or have had a stroke or deep vein thrombosis, it is important that you liaise with your General practitioner, anticoagulation nurse and cardiologist or haematologist before you stop your medications.

2 days (48 hours) before surgery: stop Apixaban

One day before surgery

- NSAIDs e.g. ibuprofen, neurofen, flurbiprofen, diclofenac. These all affect blood clotting. Stop 24 hours before your surgery.
- Newer anticoagulants:
 - Rivoxabaran – stop one day (24 hours) before surgery
 - Dabigatran - stop one day (24 hours) before surgery

On the day of surgery

- Have a good wash including a hair wash
- Take your prescribed medications as normal up to and including the day of surgery. In particular, take your blood pressure medication with a small amount of water.
- If you are having sedation or general anaesthetic, you will need to fast (no food/water/other drinks) for 8 hours before your operation.
- Remove all make-up and jewellery
- Make a note of any allergies you have and your current medications and bring this with you on the day of surgery
- You will be provided with towels and basic toiletries however you should bring toothpaste and any other lotions or skin care that you may wish to use, to make your stay more comfortable
- You are also advised to bring some easy reading material to help pass time while you await your procedure
- Remove your contact lenses before any procedure
- We advise that you travel to the hospital with a friend or relative if you can.
- You should arrive one hour before your scheduled surgery in order to allow time to admit you and prepare you for surgery.

On the day of surgery you will see Miss Mellington and, if you are having a general anaesthetic or sedation, the Consultant Anaesthetist. They will confirm your consent for the procedure. The team of specialist nurses will carefully record your baseline observations such as blood pressure and temperature, and help you to prepare for surgery. After your procedure, a nurse will collect you and escort you back to your room on the specialist ward.

Just as we endeavour to ensure you are fully prepared for surgery, we also want you to feel reassured and supported afterwards. We keep in close contact with you and encourage you to telephone us if you are worried at any stage.

For patients having a general anaesthetic or local anaesthetic with sedation

If you are having a general (“full”) anaesthetic or local anaesthetic with sedation, you will have been asked not to eat or drink for six hours prior to your surgery. This is important for your safety during the anaesthetic. If you are taking medication, you should take this as normal with a small sip of water. Do not take antibiotics on the day of your surgery.

The anaesthetist will see you after you have been admitted. He or she will ensure that you are fit for anaesthetic. You will be able to voice any concerns you have about the procedure or anaesthetic at this stage.

When the surgeon and the anaesthetist are ready for you, a nurse will take you to the anaesthetic room that is linked to the operating theatre.

For patients having a general anaesthetic

The anaesthetic nurse will then check you in. The anaesthetist will normally administer the anaesthetic via a small injection into your hand. Within a few seconds you will feel very contented, and become drowsy and then unconscious. The anaesthetist will be with you throughout your surgery and use specialist equipment to monitor your breathing and heart and circulation. When the operation is over, you will wake up in the recovery room. Specialist nurses will care for you here until you are ready to be taken back to your room in the ward.

For patients having local anaesthetic and sedation

The anaesthetist will normally administer the sedative via a small injection into your hand. Within a few seconds you will feel very contented, and become drowsy (sedated). You will then be given local anaesthetic local to the site of surgery. This may be a little uncomfortable for a few seconds, however any discomfort soon passes and it is usually well tolerated. The effects of the sedation (but not the local anaesthetic) may ease off as the operation proceeds if Miss Mellington requires you to be co-operative during the procedure. When the operation is complete, you will be taken to the recovery area before returning to the ward.

Going home after your surgery

- You should also arrange for somebody to accompany you home after your surgery even you have had a day case procedure.
- We would not recommend travelling home by public transport after your procedure. You should not drive yourself.
- After procedures requiring sedation or general anaesthetic, someone should stay with you the night after discharge from hospital.

Post-operative care

Dressings

- Immediately after surgery, it is likely that your eye will be covered by a dressing. This usually comprises of Jelonet gel-like gauze and two eye pads. You should gently remove this dressing the morning after surgery (unless told otherwise by Miss Mellington or her team). Once the dressing is removed, you may shower and gently wash the operative site but avoid prolonged soaking of the wound. Wounds should be gently patted dry, never rubbed. Newly healing skin is very delicate and should be treated very carefully.
- Once the dressing is removed, you may start administering your post-operative eye drops and ointments as instructed by Miss Mellington and her team.

Reducing swelling

- You may then start applying ice packs (ice or frozen peas in a clean sealed bag wrapped in a clean pillow case) to reducing bruising and swelling. Ice packs should be applied intermittently for 10 minutes several times a day for the first 2 days after your operation.
- You should refrain from heavy lifting or straining for 2 weeks post-operatively
- You should sleep with 2 to 3 pillows to elevate your head slightly for the first 1 to 2 weeks to reduce swelling.

Re-starting medications

- You should re-start your anticoagulants (aspirin, warfarin etc.), other usual medications and any herbal supplements if you take them, the day after surgery.

General recovery and resuming normal activities

- Your recovery will be dependent upon the type of surgery you have had. However, a few general rules apply:
- No make-up and no strenuous exercise or swimming for two weeks
- No contact lens wear for at least two weeks, please seek further advice from Miss Mellington
- After a fortnight, you should gradually resume your usual activities.
- As a general rule, you should avoid flying for one month after your surgery. Thereafter, you should apply the usual advice of keeping well hydrated, wearing compression stockings and doing in-flight exercises. If your GP is in agreement, you may also take aspirin before a flight to reduce the risk of blood clots.



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