Patient Information



Patient Diary for Gynaecological Surgery on the Enhanced Recovery Programme

Name:	
Date of admission:	

About your diary

You will have been offered an information leaflet which will help you to understand the Enhanced Recovery Programme and how you can play an active part in your recovery.

At The Royal Devon & Exeter we are committed to providing a high quality service. The long term vision is to provide safe, high quality, seamless services delivered with courtesy and respect. To enable us to monitor the care we provide and to assess your experience of your stay in hospital, your recovery and progress on discharge home we would like to invite you to complete this diary.

Your diary will allow us to look at how you view your experience from the patient's perspective. The diary is designed to be completed daily recording your patient journey.

We would like to thank you for taking the time to complete this diary and welcome your comments about your stay, our service and any issues you would wish to bring to our attention.

If you require any help completing this diary please ask a member of the Nursing Team. It is important to give your diary to a member of the nursing team when you are discharged home.

Before you come into hospital

Date:				
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Were you involved as much as you wanted to be in decisions about your care and treatment?					
Yes definitely	Yes to some extent	No			

How much information about your condition or treatment was given to you?						
Not enough	The right amount	Too much				

You should have been provided with Preoperative Nutritional Drinks to have prior to theatre.

Have you received these Drinks	Yes	No
prior to day of surgery?	. 03	' '

You will have the opportunity to ask any questions you may have.

Please feel free to make any additional comments below.

Day of surgery and what to expect

Date:	

You will be welcomed to Wynard Ward and clinic 2 and prepared for theatre. Your admitting nurse will complete any further documentation that is required and record your observations.

You will be advised about when you need to stop eating and drinking prior to surgery. If your operation is in the morning you will have been asked to have no solid food after midnight. If your operation is in the afternoon you will be asked to have no solid food after 7am. You will be able to drink clear still fluids up to two hours before your operation, and sips of water up until you go to theatre.

You will be given in Pre Assessment two nutritional supplement drinks to consume at 6.30am if your surgery is in the morning or at 11.30am if your surgery is in the afternoon. These should be consumed over 20 minutes. Please ask for more if your surgery is delayed.

Have you been able to finish your
nutritional drinks prior to surgery?

Yes No

You will be provided with some anti-embolism stockings to reduce the risks of developing a blood clot in your legs called a Deep Vein Thrombosis (DVT). If you are diabetic you may be issued with an alternative device.

You will be given an injection to thin your blood and help to prevent clots.

You will be seen by an Anaesthetist before your operation and methods of pain control discussed with you.

A nurse will prepare you for theatre and complete a theatre checklist.

You will have the opportunity to ask any questions you may have.

Do you feel you've had enough
time to ask any questions you
may have prior to surgery?

Yes

No

Comments:

Day of surgery after your operation

Your nursing team will monitor and review your progress after your operation.

After your operation you will be helped to sit up and encouraged to drink, this is important unless you feel sick. Please try to drink about five glasses or cups of clear fluids today.

Please t drink	ick a box	after you	ı've finish	ed each
1	2	2	1	г

Intravenous fluids will be given via a cannula (plastic tube) in your arm to keep you hydrated.

You may have a urinary catheter.

Good pain control improves your recovery as this enables you to walk about easily, breathe deeply and sleep well.

You will have pain control. Controlling pain and ensuring you are comfortable is very important to ensure a speedy recovery.

Please tell us how you rate your level of pain using a score of 0-10: 0 = No pain & 10 = Intolerable pain

Time:					Pain	Scc	re			
nine.	1	2	3	4	5	6	7	8	9	10

You will be given oxygen via a nasal cannula.

You will be encouraged to sit out of bed if your operation was in the morning.

Sitting out of bed achieved	Yes	No
Tolerated sitting out for two hours	Yes	No

Reasons sitting out not achieved:

First day after your operation (Day 1)

Fluids and drinks

You should aim to drink plenty of fluid.

How many drinks are you managing today?

Diet

You should aim to eat a light diet at each mealtime and walk to the dining room.

Activity

You will be encouraged to sit out of bed.

How many times have you sat out of bed today?

Throughout the day the nurses will help you to mobilise. You will be expected to walk to the dining room for your meals.

Medication will be provided if you feel sick.

Your urinary catheter will normally be removed.

Have you passed urine since	Yes	No
your catheter was removed?	162	INO

Please let us know if:

Your Intravenous drip has been removed	Yes	No
You have passed flatus (wind)	Yes	No
Your pain is under control		No
You have been offered pain relief	Yes	No

Second day after your operation (Day 2)

Your progress will be reviewed by your doctors and nurses.

Fluids and drinks

You should aim to drink plenty of fluid.

How many drinks are you managing today?

Diet

You should aim to eat a normal diet at each mealtime and walk to the dining room.

Activity

You will be expected to mobilise around the ward area throughout the course of the day.

Medication will be provided if you feel sick and make you feel more comfortable with oral pain medication.

Please let us know if:

You are pain free	Yes	No
You have been offered pain relief	Yes	No
You have a planned day for discharge	Yes	No
Have you had your bowels opened	Yes	No

You will be drinking plenty of fluid daily and tolerating 3 regular meals a day.

You will have been given any medications you require to take home with you.

You will have been referred to the district nurse if required and have a letter to give to the nurse.

Letter received?	N/A	Yes	No
Do you have confirmed travel arrangements home?		Yes	No

I have received advice regarding	Yes	No
my follow up appointment	162	INO

You will be given a letter for your records and telephone details of who to contact if you have any problems or concerns.

Date of discharge:	
Time of discharge:	

We advise you to contact Wynard Ward on 01392 406512 if you experience any post-operative complications within the first 7 days following discharge from hospital.

Did you feel you were involved in decisions about your discharge from hospital?

to some	No	I did not
extent		need to be
		involved
	s to some extent	

Did hospital staff tell you who to contact if you were worried about your condition and treatment after you left hospital?

Yes	No	Don't know/
		can't remember

Your views

Thank you for taking the time to complete this diary.

Please could you return this diary to a member of the nursing team before your discharge.

Your opinions on the care you received and being a part of the enhanced recovery programme will enable us to effectively evaluate our service and how you viewed your recent stay in Hospital.

Have you found this diary easy to complete?	Yes	No
Have you found the diary helpful?	Yes	No

Please feel free to make any additional comments about your stay in Hospital

Please contact a member of the nursing team on Wynard on 01392 406512 if you require further information or support.

Thank you

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by RD&E staff undertaking procedures at the RD&E hospitals.

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