Surgical Day Care Program

Operation Day: ____________________________________________

Be at Hospital: ____________________________________________

Nothing to eat after: _________________________________________

Nothing to drink after: ________________________________________

Important information if you are having an anaesthetic:

• You must not eat any food from midnight the night before your surgery. This includes candy, chewing gum or non-prescription medications.

• If a drink is needed, after midnight the night before surgery drink only black coffee, clear tea water, or apple juice but only until four hours before your surgery. Do not add milk or cream to the coffee or tea.

• Nothing to drink at all four hours before your surgery time.

• If you are taking medications from your doctor, ask the doctor if you should take the medication on the day of your surgery.

You must follow these directions. If you do not your surgery could be cancelled.

Before Your Surgery

To get ready for you to be admitted to the hospital your doctor:

• completes a medical history and physical check-up.

• completes blood tests or laboratory tests, if needed.

• has you sign a consent form before your surgery. It is important that you sign this consent form in your doctor’s office.

The Day Before Your Surgery:

• If you have a cold or temperature, report it to your doctor.

• If you have children, please arrange for childcare. Do not bring children to the hospital.

The Day of Your Surgery

Arriving at BC Women's:

• Report to the Admitting Desk, two hours before the time of your surgery. Enter through the Admitting Entrance (entrance #97).

• Bring your Care Card with you.

• Bring any medications you take with you.

• Bring an interpreter if you need one. Interpreter Services are there to help you twenty-four hours a day, seven days a week. To book an interpreter ask your doctor to call (local calls) 604-875-3402 or call free in BC: 1-877-228-2557.

• Remove makeup, hairpins, wigs, nail polish, jewellery and contact lenses before coming to the hospital. Dentures will be taken out right before surgery.

• Do not bring any amounts of money or valuables to the hospital. The hospital is not responsible for the loss of valuables.

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Getting Ready for Surgery:
• A small tube called an intravenous line is put into your arm before your surgery. Fluids are given to you through this tube.
• You will be given medications to take before your surgery.
• The doctor who manages your pain relief meets with you. This doctor is called an anaesthetist. She or he will talk to you about your choices for pain relief.

Surgical Safety Checklist
The Surgical Safety Checklist is a tool to help ensure patient safety in the operating room. Before your surgery, a number of the health care team members will visit you. You will be repeatedly asked a number of questions about your surgery by members of the team.

The questions you will be asked include:
• your name,
• what procedure you are having done
• other important medical information

Doing this makes sure that you get the best and safest care possible.

If you have any questions or concerns, please ask the surgical team.

Adapted from Interior Health Surgical Safety Checklist – Patient Information Pamphlet

You may see the following people in the operating room:
• Nurses
• Your Doctor (Gynecologist)
• Doctors and residents who help with the surgery
• Anaesthetist

In the Recovery Room:
• You will be taken to the Recovery Room after your surgery where you will stay for thirty to sixty minutes.
• When you wake up you may have an oxygen mask over your nose and mouth. You may hear the hiss of the oxygen.
• After your stay in the Recovery Room, you will be taken to your room in the Day care area. You will go home from there.
• You must have a person who knows you well and who is responsible take you home about two hours after your surgery and discharge from the hospital. You should have someone stay with you once you are at home until the following day.

Name of contact for ride:
________________________________________

Phone Number: ________________________