

Addressograph

Name:

Date of birth:

Hosp No:

NHS No:

Thoracic surgery medicines

A patient's guide

Medicine name	Date last dose to be taken

Introduction

This booklet is for patients waiting to have thoracic surgery. It will provide you with all the information you need to know about your medication before having an operation or procedure (surgery).

It explains which medicines you will need to stop taking before your surgery and also gives you information and advice about new medicines you may be given during your stay in hospital. Please read through it and, if you have any concerns or questions, phone the **Pharmacy Medicines Helpline on 01480 364739** (see last page for information about the helpline).

Drug history

You will be asked about your drug history by a doctor or nurse at the pre-admission clinic, or when you are admitted to the ward prior to your surgery.

This involves writing down the names and doses of all the medicines you are currently taking and will include eye-drops, creams, inhalers, herbal

or homeopathic remedies and over-the-counter medicines.

By doing this we can get a complete picture of your current medicines which will help us decide on the best medicines to use during your stay in hospital.

Allergy history

We need to find out which medicines you are truly allergic to. For example, in the past penicillin may have caused a whole or partial body rash or difficulty breathing.

We would also like to know if you have a sensitivity to a medicine. This is where you may have suffered side effects, such as a headache, that made you unable to tolerate any further treatment with that particular medicine.

It is useful to know about these reactions so that we can avoid the same medicine being prescribed again.

We will also ask about other allergies, such as plasters, latex gloves, food, and metal contact allergy.

Patients who have allergies are given a red wristband to wear to alert all hospital staff to their allergies.

Medicines to stop taking before your surgery

Some medicines are known to interfere with surgery (for example, they might thin the blood which may cause bleeding problems) or interact with other medicines given when you have surgery.

For these reasons we generally advise patients to stop taking the following medicines before their surgery:

Medicine
Aspirin
Clopidogrel, Prasugrel, Ticagrelor
Warfarin
'New' oral anticoagulants (Dabigatran, Rivaroxaban, Apixaban)
Metformin (or metformin containing medicines)
Ibuprofen or Diclofenac
Naproxen or Piroxicam
Herbal medicines eg cod liver oil, glucosamine, gingko, garlic

Guidance for patients arriving on the day of thoracic surgery

Most patients are requested to come into hospital the day before their surgery. However some patients are asked to arrive on the morning of their surgery.

If you are arriving on the morning of your surgery the nurse will inform you of any medicines which should not be taken that morning.

All other medicines should be taken with a light breakfast (eg tea and toast) before 6.00am.

Control of pain and constipation

The nursing staff will provide you with information about the strong painkillers you may be given immediately after surgery. These may be given by drip and are called 'epidurals' or 'patient-controlled analgesia' depending on the route of administration. These are usually continued for between one and five days.

You will also be given regular doses of paracetamol tablets.

Gradually, all your painkillers will be changed to medicines that can be taken by mouth.

The painkillers we usually use are paracetamol and a stronger, codeine-based tablet such as (Dihydrocodeine or Tramadol). Initially, both of these will be prescribed to be given FOUR times a day, but as your pain decreases you can start to reduce the number of painkillers you take slowly until you no longer need them.

Every patient is different and some patients take longer than others to stop their painkillers completely - the important thing is that you take them as long as you need to and cut them down slowly and sensibly.

Every patient's response to painkillers is different. If you feel that they are NOT working as well as they should or are experiencing side-effects such as drowsiness, nausea or giddiness, please tell your nurse or ward pharmacist as soon as possible as there are alternative painkillers that can be prescribed.

The stronger, codeine-based painkillers can cause constipation. For this reason you will be prescribed laxatives (senna and Laxido sachets) to take whilst in hospital. If this is not helping, please tell your nurse or ward pharmacist so that you can be prescribed additional laxatives.

When you are discharged we will give you a supply of painkillers and laxatives to take home with you.

When reducing your pain killers it is a good idea to reduce from two tablets of your stronger pain killer to one tablet initially. Stop middle of the day doses first, then the morning and evening doses. Use the same process to reduce from one tablet to zero. Once you no longer require the stronger pain killer you can stop your paracetamol in the same way:

Breakfast	Lunch	Evening meal	Bedtime
2	2	2	2
2	1	1	2
1	1	1	1
1	0	0	1
0	0	0	0

How to reduce your pain killers from two tablets four times a day to zero.

Control of nausea

At the pre-admission clinic we will also check whether you have had an anaesthetic or operation before and, if you have, whether you felt nauseous or sick afterwards.

If you have not had an operation before we will ask you if you suffer from travel sickness.

For those people who have had problems in the past with post-operative sickness or travel sickness we will prescribe extra anti-sickness medicines for you to be given before and after your operation. Everyone is prescribed an anti-sickness medicine for use 'when needed'.

Your regular medication

On admission to hospital we would like you to bring all your current medicines in the green plastic bag given to you at the pre-admission clinic.

These medicines should be in the original boxes supplied from the pharmacy as these have labels with your name and dosing instructions on them.

Please include any medication we have asked you to stop prior to your surgery. If you have been taking warfarin, please bring your yellow anticoagulant record book with you.

Please bring two or three weeks' supply of tablets into hospital to ensure that you have sufficient supply for use in hospital and on discharge.

On admission

Please hand your green bag of medicines to the nurse looking after you on admission. Your medicines will be locked away in a medicines cupboard near your bed.

Notify the nurse if you have brought in any controlled drugs (morphine, temazepam, fentanyl patches, methadone etc) or medicines that need storing in the fridge.

Administration of medicines

Before the nurses give you your medicines they will need to confirm your identity. This is usually done by checking your hospital ID bracelet or asking you your date of birth. The nurses will also ask if you are allergic to any medicines.

Your medicines will be handed to you in a small cup. If these medicines look different to your usual medicines, please ask the nurse to explain what the medicines are and why you are being given them.

Most of the time medicines dispensed in hospital look different because we use a different or generic brand of the same medicine that you were previously taking. However it is best to check and confirm this.

Information about your medicines

Your doctor, nurse or pharmacist can explain to you what has been written on your prescription chart.

Remind your doctor to tell you the names of any new medicines that they prescribe and the reason why you are taking them. That way, if anyone tells you anything different, you will know to ask questions which may prevent errors from occurring.

The more you know about your medicines the better, as you can then be sure that you are taking it correctly and for the right reasons.

Medicines on discharge

We will provide you with a minimum of seven days' supply of medication on discharge.

You may also be given a patient medication record sheet 'YOUR MEDICINES' which can be shown to your general practitioner (GP), dentist or community pharmacist to inform them of your current medicines.

Please show your patient medication record sheet when buying any medicines, herbal remedies or vitamin preparations from your local community pharmacy or health food shop.

The nurses will tell you how important it is to take your painkillers and not to wean yourself off them too quickly. Once at home, depending on how many painkillers you are taking each day, you may find these run out before all your other medication. Please ask your doctor (GP) for a further supply if you need them.

You can buy paracetamol or senna tablets (for constipation) from your local pharmacy if

you wish but the stronger painkillers and anti-sickness tablets are only available on prescription.

If senna tablets do not relieve your constipation see your local Community pharmacist or doctor (GP) for an additional preparation (eg docusate capsules).

Remember

- Never offer your medicines to someone else
- Do not take expired medicines
- Keep medicines in its original labelled container
- Keep all medicines out of reach of children

The pharmacy medicines helpline 01480 364739

Although we discuss your medicines with you on discharge, we realise queries about your medicines may arise once you have returned home.

Please leave a message on our answerphone. We check for messages regularly throughout the day (9.00am-4:30pm Monday to Friday) and aim to reply to you within one working day. We will ask you to leave your name, hospital number, ward or clinic where you have been treated, the details of your enquiry, and a contact phone number.

The telephone number can be found on the back of the patient medication record sheet.

Please note that this service is specifically for questions regarding medication.

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