

Information Sheet



Association
Française
d'Urologie
www.urofrance.org

Last updated: February 2013

OUTPATIENT SURGERY

This information sheet, written by the AFU (Association Française d'Urologie -- French Association of Urology), is aimed at patients and health system users.

This sheet was given to you during your urologic consultation before any diagnostic or therapeutic procedure. It is aimed at helping you understand better what your urologist told you orally. He explained your disease to you, together with his diagnosis. He informed you about the different treatment possibilities and alternatives, along with the consequences you may be confronted with in case you should refuse the procedure.

In this information sheet, you will find out about the reasons of the procedure, how it is going to be performed and what consequences and risks you should expect, whether common or/and serious. Monitoring conditions following the examination or intervention are also detailed.

This document, added to the oral information from your practitioner, will thus give you time to think about the procedure and take the right decision with your urologist.

Your urologist has suggested you undergo surgery in outpatient services.

What is outpatient surgery?

It is a type of surgery allowing you to be hospitalised for a short time, i.e. in a single day.

You are admitted in the morning, the intervention is performed on the same day, and you can go out in the evening. Your overall stay lasts from a few hours to 12 hours.

What conditions are required for outpatient surgery?

In principle, every patient above 3 months old can apply. Outpatient surgery is preferred in the elderly as there are fewer risks of confusion as compared to longer hospitalisation (inpatient surgery).

However, it is important that you meet the following conditions to apply for outpatient surgery:

- ✚ You must have a telephone and be able to understand health care instructions (easy access to hygiene resources at home and no language problems are required).
- ✚ You must be accompanied on your way home when going out of the hospital in the evening. Two people must be present for children under 10.
- ✚ You should not stay alone during the first night following general anaesthesia (except for some cases). It is quite possible and even recommended to spend this night with one of your relatives, neighbours or friends, whether in your home or in theirs.

How to get prepared for the intervention?

Before your stay:

- ✚ You must fulfil the pre-admission formalities, which can be done on the day of your consultation with the anaesthetist.

Warning:

Smoking enhances the risk of surgical complications. Stopping smoking 6 to 8 weeks before the intervention eliminates the risk.

If you smoke, please inform your doctor, surgeon and anaesthetist, or call at 3989 (Tabac-Info-Service -- Information Service about Smoking) to help you reduce the risks and take no chances.

- ✚ Please go to the pharmacy beforehand to fetch the medication you might have been prescribed so you do not have to do it on the day of the intervention. You will thus go back home in good conditions and won't have to wait in queues or be faced with a pharmacy that is closed or doesn't have the medication you need.
- ✚ Think about having ice ready in your freezer in case you might need it to cool down the part of your body that was operated on.
- ✚ Prepare some light food and provisions beforehand to be able to rest for a few days after the intervention.
- ✚ Take some sleepwear and toiletries (pyjamas, soap, toothpaste, razor, etc.) in case you need to stay overnight.
- ✚ Do not forget to follow the instructions given by your anaesthetist concerning the possible discontinuation of some treatments or the necessity of doing some analyses such as blood tests or urinalyses.
- ✚ Please make sure you bring the results with you on the day of the intervention. Many outpatient services contact patients on the day before the intervention to adjust the time of their admission and control the results of their tests and analyses (blood tests or urinalyses). Please note that the intervention might be postponed because of the test results (CBEU in particular) to give you time for a few days treatment if need be (antibiotic medication for example).
- ✚ Please make sure we can contact you on one of your phone numbers on the days before the intervention for all the previous reasons.
- ✚ Take a shower with foam antiseptic solution on the day before the intervention for good preparation of your skin. Another shower might be prescribed in some cases on the morning of the intervention.

On the day of your intervention:

- ✚ Go to the outpatient service reception desk on the time you have been given.
- ✚ Please do not forget to take your medical record with you plus the documents you may have been asked to bring during your previous consultations (blood tests, urinalyses or radiographies for instance).
- ✚ Also, do not forget to follow the instructions given by your anaesthetist or urologist about treatment administration or discontinuation, fasting, or hydration (drinking).

What happens next?

You will go out of the hospital once your surgeon and anaesthetist have confirmed you can. Information sheets might be provided to supplement oral information and give you details about use precautions for the days following the intervention.

After the intervention, drug prescriptions, post-surgical instructions, and a medical certificate in some cases will be given to you.

Prescriptions concerning supplementary examinations to be performed before the follow-up consultation might also be given to you, together with treatment prescriptions for dressings, catheters or drains.

In some cases, you might have to go out of the hospital with a urinary catheter or a drain. Your doctor will give you the appropriate recommendations. The catheter or drain may be removed on prescription in the days following the intervention.

98% of patients go back home on the same day. However, staying overnight for various reasons may sometimes happen if difficulties or unexpected complications arise during the intervention or if recovery after anaesthesia is insufficient.

Do not forget that:

- ✚ You must not take any important decision within the 24 hours following general anaesthesia.
- ✚ You must not drive or even ride a bike within the first 48 hours.
- ✚ You should resume your daily activities progressively, following a two-week progression.

What about post-surgical follow-up?

If need be, a visiting nurse will take care of you at home after the intervention. You might be contacted by the outpatient service or your urologist on the evening of your intervention or in the days following your discharge if necessary.

Contacting your referring doctor is usually not necessary in the first days. Indeed, he will have received all the required information concerning your hospitalisation including a post-operative report and a copy of your prescriptions. You may contact him if necessary, especially if you are to resume treatments such as anticoagulants, or in case of biological monitoring with blood-tests or urinalyses. Your doctor will have received the results so he can adapt your treatment.

You are usually given an appointment to see your surgeon 4 to 6 weeks after the intervention.

What are the risks and complications?

The intervention is usually performed without any complications. However, each surgical intervention presents risks.

You have received explanations about these risks from your urologist, along with an information sheet before the intervention.

In case difficulties or complications should arise, you can contact:

- ✚ Your outpatient service (their phone number is available on the documents given before you go out of the hospital. Please note this number is available 24/7).
- ✚ Your surgeon or his/her secretary.
- ✚ Your referring doctor.

We would like to remind you that each surgical intervention presents risks that may be vital and vary from one patient to another. Besides, they cannot always be anticipated. Some of these complications are more than exceptional (such as injuries to nerves, vessels or the digestive system) and may sometimes be incurable.

During the intervention, the surgeon might be faced with unintended events and discoveries requiring supplementary or alternative interventions, or even discontinuation of the procedure.

* The French Association of Urology does not assume responsibility for possible harmful consequences due to the exploitation of data extracted from these documents, or resulting from mistakes or inaccuracies.

Your urologist is at your disposal for any information.