

PATIENT/FAMILY GUIDE

Heart and Cancer Centre Operating Theatres



This patient guide is designed to answer questions most frequently asked by our patients and their families. The general guidelines may be changed to meet your needs. If you have any further questions, please ask. We are here to help you.



The Aga Khan University Hospital

Heart and Cancer Centre Operating Theatres

Our motto is: Patients' safety first

Aga Khan University Hospital Nairobi has eight fully equipped operating rooms (OR).

The operating suites feature many of the latest technologies including image guided laser lithotripsy, rapid anastomosis technologies, as well as high-definition digital laparoscopic equipment. The theatres are designed according to the American Institute of Architect where the ventilation control is specifically built and monitored for infection control.

The medical centre performs nearly 9500 procedures a year in every surgical specialty. The operating room is able to accommodate elective and emergency surgery. The facility is fully equipped and perform all minor and major surgical procedures in obstetric & gynaecology, general surgery, urology (including minimal invasive surgery), ENT, eye, plastic, vascular, orthopedic, neuro, cardiothoracic including open heart surgery and kidney transplant. Our surgeons and anaesthesiologists are board-certified in their specialties.

Our nurses and technicians are highly experienced, with the majority of them being nationally certified in Perioperative Nursing (operating room, post anaesthesia care, critical Care, emergency, medical-surgical or gastroenterology nursing certifications).

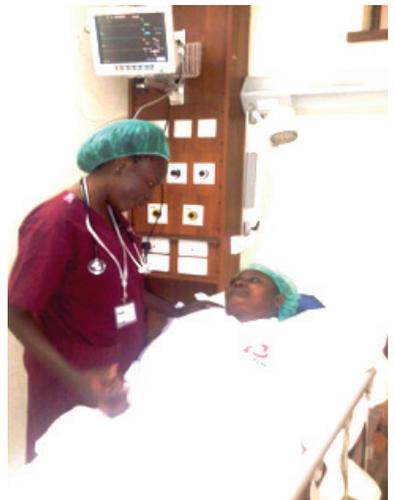
We are focused on patient safety and creating a positive healing environment for our patients 24 hours a day, 7 days a week.

Pre-operative Area

While in the pre-procedure area you may be asked to empty your bladder before you go into surgery. Your surgery start time is an estimate; it may start earlier or later than scheduled.

We will do our best to keep you informed of any changes. Before going into the operating room for surgery, your pre-operative nurse, surgeon, anaesthesiologist (if you are getting anaesthesia) will talk to you about your procedure, answer your questions and alleviate any concerns.

You will sign in for safety check. They will then confirm the procedure and verify your consent.



Your surgeon will mark the site of your surgery. The entire process is important and ensures the right procedure is performed on the right person.

Anaesthesia

You will have one of the following types of anaesthesia during the surgery day:

- **General anaesthesia:** You will be completely asleep during your procedure.
- **Spinal/Epidural anaesthesia:** The lower part of your body will be numbed
- **Regional anaesthesia:** A specific region of your body will be numbed.
- **Local anaesthesia:** The area directly around the site will be numbed.

If you are having general anaesthesia, the anaesthesiologist may have you breathe oxygen by placing a mask over your nose and mouth. You may notice a strange odor during this procedure, which is caused by anaesthetic agent via the mask and tubing.

Medication will be administered either through your intravenous line or through your mask, which will help you sleep almost immediately.

If you are having spinal/epidural, regional or local anaesthesia, the anaesthesiologist will describe what you will be feeling, as he or she numbs a specific part of your body.

With these choices you can also receive:

- **Sedation:** You will be given relaxing drugs that make you comfortable and drowsy, but you will NOT be completely asleep.

Intra-operative

You will be transferred from a stretcher to an operating table. Your anaesthesiologist will then administer intravenous medication to you. This medication may make you feel sleepy and you may not remember or be aware of being taken to the operating room. After you are anaesthetised, the whole team including your surgeon anaesthesiologist and nurse take a pause (time out) for final safety checks to verify the correct site/side, correct procedure and equipment preparedness.

Your family and friends

Your family and friends will return to the waiting area. They will be updated periodically by our pre-operative nurse about your surgery and be told when you are taken to the post anaesthesia Care Unit (PACU). If your child is having surgery, one parent may go into the operating room until the child is asleep.



We will provide the parent with an “apparel”, head covering, and shoe covers to maintain a sterile environment while in the operating room.

Occasionally, a parent will not be permitted to go to the OR, but our Pre Operative Nurse will help alleviate concerns by keeping the parents updated frequently during the procedure.

Note: Visitors are not allowed in the Operating Theatres

Post-surgery and discharge

When surgery is completed, you will be taken to the Post Anaesthesia Care Unit (PACU). There are two phases of the recovery process. In Phase One, you are connected to a heart monitor, your vital signs are taken, and your pain level assessed. Medication will be given to control your pain. If you have been given general anaesthesia, you will be in Phase One for a minimum of 30 minutes.

Once your vital signs are stable and your pain is manageable, you’ll be then taken to our Phase Two area which is you admitting unit preoperatively. This can be; daycare surgery, surgical ward, maternity ward, children ward and Princess Zahra Pavillion (PZP).



In Phase Two of your recovery period, your family may now join you. In case you are transferred to daycare ward, discharge instructions will be given to your family member or designated individual, who must sign the form to show it was received.

After you receive your discharge instructions, your intravenous cannula will be removed, and your nurse will let you know that you are now ready to be discharged by one of our staff members.

Your family or designated individual will be asked to pick you up at the front entrance of the hospital.

Frequently Asked Questions

How long will I be here?

On average, most patients are here for four to six hours. However, each situation is different, and you may be here longer or for a shorter period.

When can my family join me in the recovery area?

Your family may come into the post-recovery area Phase two after your vital signs are stable and you have been dressed.

When can I join my child after surgery?

It depends on the age of the child. When infants enter the recovery phase one of their stay, a staff member will accompany one parent to be with the child.

When will my doctor talk to my family?

Your doctor will talk to your family while you are recovering. If your family leaves the area, they will be asked to leave a cell phone number which the physician can call them. Surgeons could have back-to-back surgeries and may not be able to talk to your family members immediately, in such cases, the surgeons will attempt to talk with your family later.

Why can't I have anything to eat or drink after midnight?

Your stomach must be empty prior to surgery so that your anaesthesiologist can maintain your airway. This also decreases the chance of being nauseated after your surgery and reduces the chances of vomiting which could obstruct your airway.

Please do not chew gum or suck on mints or lifesavers. These cause the stomach to increase its production of gastric juices.

What about my privacy?

When you are here for surgery, we will only give information about you to family members or significant others you have designated.

If you are admitted, your privacy is our top priority

Statement of Patient Rights and Responsibilities

Each patient shall have a RIGHT to:

- Respect, consideration and dignity.
- Freedom from discrimination on the basis of race, religion, handicap, medical condition, sex, age or ethnicity and the right to impartial access to treatment(s) and/or accommodations that are available within the facilities capacity, its stated mission and applicable law and regulation.
- Personal and informational privacy.
- Be treated with confidentiality and, except when authorised by law, patients shall be given the opportunity to approve or refuse the release of disclosures and records.
- Safe, efficient, cost-effective treatment.
- Appropriate information concerning their diagnosis, treatment and prognosis within a reasonable timeframe. When it is medically inadvisable to give such information to a patient, the information shall be provided to a person designated by the patient or to a legally authorised person.
- Be given the opportunity to participate in decisions involving their healthcare, except when such participation is contraindicated for medical reasons.
- Include his/her family in care decisions and/or to delegate decision-making to specific persons and/or appoint a surrogate to make healthcare decisions on his/her behalf
- Give informed consent prior to the start of a procedure and/or treatment.
- Appropriate assessment and management of pain.
- Change primary or specialty physicians if other qualified physicians are available.
- Have an advanced directive (such as a living will, healthcare proxy, or durable power of attorney for healthcare) concerning treatment or designating a surrogate decision maker with the expectation that the facility will honor the intent of directive as allowed by facility policy and to the extent permitted by law.

Information shall be available to patients and staff concerning:

Patient rights:

- Patient conduct and responsibilities;
- Services available and professional status of care givers;
- Provisions for after-hours and emergency care;
- Fees for services and explanation of benefits;
- Payment policies;
- Patients' rights to refuse to participate in experimental research; complaints, suggestions or concerns may be directed to the Client Relation Department on extension 2804 .

Each patient shall have the RESPONSIBILITY to:

- Conduct themselves in a quiet and orderly manner.
- Follow and participate in the treatment plan he/she develops with his/her health care provider and in cooperation with the healthcare team.
- Communicate honestly and directly and provide, to the best of your knowledge, accurate and complete information about present complaints, past illness, hospitalisations, prescriptions, over-the-counter medications, herbal remedies, dietary supplements and other matters relating to your health.
- Consequences resulting from non-compliance and his/her actions if he/she refuses treatment.
- Follow the organisation's rules and regulations affecting patient care and conduct.
- Be considerate to the rights of other patients and facility personnel.
- Assisting in the control of noise, unauthorised smoking and the number of visitors.
- Respect the property of other patients and the healthcare organisation.
- Make it known whether he/she clearly comprehends the course of his/her medical treatment and what is expected of him/her.
- Assure that the financial obligation of his/her care is fulfilled as promptly as possible.
- Tell their doctors about any living will, power of attorney, or other advanced directive.
- Inform the facility officials of any patient rights violation.
- Communicate any safety concerns including perceived risks in his/her care, and unexpected change(s) in their condition.





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The Aga Khan University Hospital

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