CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

PATIENT INFORMATION — IN DEPTH

Preparing for Surgery

Preparing for your operation.

Kieran Hirpara

Most of what makes an operation go smoothly is decided before you arrive at the hospital. This page covers the weeks and days leading up to your surgery: what we send you, what we need from you, what you can do for yourself, and what to have in place at home. The day itself, from checking in to going home, is covered on the day of your surgery page.

Your pre-operative appointment

Before your operation you will see us in the rooms to go through the plan. It is the best time to ask questions, so write them down beforehand. Useful ones are: what exactly will be done, what the alternatives are, what recovery looks like week by week, when you can drive and work, and what could go wrong.

Bring with you:

- **An exact list of everything you take**, with doses: prescription medicines, over-the-counter tablets, inhalers, creams, vitamins, fish oil, turmeric and any other supplements. Write it down or bring the boxes.
- Any recent scans, X-rays or blood test results you have been given.
- Details of other doctors involved in your care, especially a cardiologist or a diabetes specialist.
- Your health fund details, and a support person if you would like one.

You will also be asked to sign a consent form. Consent is a conversation, not just a signature. If anything is unclear, say so; we would rather explain it twice than have you sign something you are unsure about.

The email we send you

Once your operation is booked, the rooms will email you your **surgery details**. This is the single most important document you will receive, so read it carefully and keep it. It tells you:

- **which hospital, which day, and your admission time**, and where in the hospital to go when you arrive

- **your fasting time**: the time after which you have nothing to eat or drink. If your procedure is under local anaesthetic only, the email will say that you do not need to fast
- **your anaesthetist's name** and how to contact them if you have a question about your anaesthetic or about medicines you take; for private patients it also covers how to enquire about their fee
- **whether you are staying overnight**, or going home the same day, in which case you will need someone to bring you and drive you home
- any **fees** payable to the rooms, and how to pay them
- **medicine instructions that apply to you**, if you have told us you take a blood thinner, diabetes tablets, insulin, or an injectable diabetes or weight-loss medicine

The email also carries **instructions for the hospital's online admission**. The hospital will not contact you to ask for your details; you complete their admission form yourself, online, and the instructions we attach walk you through it, including the item numbers for your procedure that the form asks for. **Please do this as soon as you receive the email**, not the night before. The form asks about your general health, and it matters that you answer fully. In particular, tell them about:

- sleep apnoea, or loud snoring with daytime tiredness (see sleep, pain and recovery)
- a pacemaker, heart stents, or any heart or lung condition
- allergies, including to medicines, dressings, tape and latex, and whether you carry an EpiPen
- any problem you or a blood relative has had with an anaesthetic
- loose teeth, crowns or dentures
- any chance that you could be pregnant

If a week has passed since your booking and you have not received your surgery details, or you cannot get the online admission to work, ring the rooms.

Medicines: what to stop and what to keep taking

Most medicines are taken as normal right up to the morning of surgery, with a small sip of water. A few need a decision, and the decision depends on your operation and on you, so **never stop or change a medicine on your own**. The instructions that apply to you are in your surgery details email; if they are not there and you think they should be, tell us.

- **Blood thinners.** Aspirin and clopidogrel (Plavix, and the combination tablets such as DuoCover) are **kept going**; tell us you take them so the team knows. Anticoagulants such as warfarin, Xarelto, Eliquis and Pradaxa are **stopped 48 hours before**, and your email tells you the day and time of your last dose. Follow it to the letter; the timing is there for a reason on both sides, bleeding during surgery and clotting if you stop too early. The blood thinners around surgery page explains how these medicines work and why the timing matters. Ask before restarting, too.

- **Diabetes tablets** are not taken on the morning of surgery. The newer tablets known as SGLT2 inhibitors (Forxiga, Jardiance, Steglatro) are stopped **three days** before, because they can cause a dangerous build-up of acid in the blood during fasting.
- **Insulin.** Take your usual long-acting insulin the night before as normal. On the morning of surgery take **half** your usual morning dose, or adjust it to your reading. **Never stop insulin completely**, and bring your insulin and your glucose meter with you to hospital.
- **Injectable diabetes and weight-loss medicines** such as Ozempic, Wegovy, Mounjaro, Trulicity and Byetta are **kept going as normal**; do not stop them. What changes is your fasting. These medicines slow the emptying of your stomach, so the usual fasting time is not long enough to make the anaesthetic safe, and we ask you to fast for **24 hours** before your surgery time instead. Your email will give you the time. See GLP-1 medicines and orthopaedic surgery.
- **Anti-inflammatory tablets and some supplements.** Ibuprofen, naproxen, fish oil, turmeric, ginkgo and high-dose vitamin E can all make you bleed a little more during surgery. We will tell you whether to stop them, and when.
- **Regular blood pressure, heart, thyroid, epilepsy and reflux tablets** are taken as usual on the morning of surgery unless you are told otherwise.
- **Antidepressants and anxiety medicines** should be continued. Stopping them suddenly makes the days around surgery harder, not easier.

If you are unsure about anything on your list, ring the rooms, or contact your anaesthetist using the details in your email. That question is far easier to answer on the phone the week before than at the admissions desk on the morning.

Getting your body ready

A few weeks is enough to make a real difference to how you heal.

- **Stop smoking and vaping.** Nicotine narrows the small blood vessels that skin, tendon and bone rely on to heal, and it raises the risk of wound problems and slow healing. The earlier you stop the better, but stopping even in the last few weeks helps. See smoking and musculoskeletal healing.
- **Get your blood sugar under control** if you have diabetes. High sugar levels in the weeks around surgery raise the risk of wound infection. If your readings have drifted, see your GP now rather than after.
- **Eat well.** Healing is built from protein, and a lot of people arrive at surgery eating less of it than they need. The eating well for healing page has practical targets.
- **Cut back on alcohol** in the week before, and have none the night before. Alcohol interferes with the anaesthetic, with your pain relief, and with sleep.
- **Keep moving.** Walk, and keep the joints that are not being operated on active. Being generally fit makes the anaesthetic safer and the first weeks easier.

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Look after the skin on the arm being operated on:

- **Do not shave the arm in the week before surgery.** Razors leave tiny nicks that bacteria get into. If hair needs to go, it is clipped in theatre.
- **Tell us about any cut, scratch, rash, pimple or infection** on that arm, even a small one. Operating through infected or broken skin is not safe, and this is one of the commonest reasons an operation has to be delayed.
- **Take off nail polish and artificial nails** on the hand being operated on. They hide the nail bed, which the team uses to check your circulation.
- Keep the skin clean and moisturised, and avoid new tattoos or piercings on that arm in the month before.

Getting your home ready

After upper-limb surgery you will be doing everything one-handed for a while, often with the arm in a sling, cast or splint. Setting the house up before you go in saves a lot of frustration afterwards.

- **Arrange someone to bring you to hospital, drive you home and stay with you the first night.** This is not optional. You cannot drive yourself after an anaesthetic, and you should not be alone overnight.
- **Plan your driving.** You cannot drive on the day of surgery, and you cannot drive while your arm is in a sling, cast or splint. After shoulder surgery that means at least six weeks, whichever arm it is. The driving after shoulder and arm surgery page has the timelines by operation. Sort out lifts, or a period without a car, before the day.
- **Sort out work.** How long you need off depends on your job as much as your operation. Talk to your employer early; the returning to work page will help you plan the conversation.
- **Stock up and prepare.** Cook and freeze a few meals. Move the things you use every day, in the kitchen and the bathroom, to waist height so you are not reaching up or bending down with one arm. Buy shampoo and soap in pump bottles, and a long-handled sponge if you are having shoulder surgery.
- **Clothes.** Loose, front-opening tops and slip-on shoes. Practise getting a shirt on and off one-handed before you need to do it in a sling.
- **Sleeping.** After shoulder surgery most people sleep propped up for the first weeks. A recliner, or a wedge of pillows, is worth arranging in advance. See wearing and sleeping in an arm sling.
- **Children, pets and lifting.** Organise help for anything that needs two hands or a strong grip in the first couple of weeks: small children, big dogs, shopping, bins and the like.
- **Pain relief.** Fill your scripts before the day so the tablets are in the house when you get home. The managing pain after surgery page explains how to use them well.

The practical pages on daily life after hand, wrist or elbow surgery and daily life after shoulder surgery are worth reading before your operation rather than after it.

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Fasting

Your surgery details email gives you a time to stop eating and drinking. Follow the time in your email; it has been worked out from your admission time and from the medicines you take. Fasting is a safety requirement for the anaesthetic, not a formality, and getting it wrong is the other common reason an operation is postponed on the day. The fasting before surgery page explains why an empty stomach matters so much under an anaesthetic.

The week before: a checklist

- Surgery details email received, read, and kept somewhere you can find it.
- Hospital online admission completed, item numbers entered.
- Medicine list is written, and you know which ones to stop and when.
- If you take warfarin, Xarelto, Eliquis or Pradaxa: the last-dose date from the email is in the diary.
- Someone is booked to bring you, drive you home and stay the first night.
- Work knows your dates; lifts are arranged for the time you cannot drive.
- Scripts filled, meals in the freezer, the house rearranged for one hand.
- Skin on the arm is intact; no shaving; nail polish off.
- Fasting time from the email written down where you will see it the night before.
- If you have diabetes: insulin and glucose meter packed. If you carry an EpiPen: packed, to hand to the nursing staff.

Call us before the day if

- you have not received your surgery details email, or you cannot complete the online admission
- you become unwell in the days before surgery: a cold, cough, fever, or a tummy upset
- there is a cut, rash, spot or any sign of infection on the arm we are operating on
- you are unsure whether to take or stop any medicine
- you have accidentally eaten or drunk inside your fasting time
- anything about your health has changed since we last saw you
- you have simply changed your mind, or want to talk the decision through again

None of these is a bother. We would much rather hear from you the day before than have to send you home unoperated on the morning.

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In more depth

This section is for the reader who wants to know which parts of preparing for surgery actually make a measurable difference. Most of the research here comes from hip and knee replacement, where large numbers of patients make the question easier to study; the lessons transfer to upper-limb surgery, but the numbers should not be assumed to.

THE CONVERSATION MATTERS MORE THAN THE FORMAT

The strongest finding is a simple one: what you expect from an operation can be changed by talking about it beforehand, and expectations shape how satisfied people are afterwards. Randomised trials of pre-operative classes before hip and knee replacement showed that a structured session changed patients' expectations of their recovery [1]. Separately, a formal education program before joint replacement was associated with a shorter hospital stay [2].

It matters what the conversation is about. A randomised trial of a short pre-operative video specifically about opioid painkillers found that patients who watched it used significantly less opioid medication in the first week after knee replacement [3]. That is a large effect from a small intervention, and it is why we spend time before your operation on how to use your pain relief, not only on the operation itself. For hand surgery specifically, a systematic review found some indication that pre-operative opioid education helps, while noting that the studies were few and of limited quality [4].

MORE TECHNOLOGY IS NOT MORE UNDERSTANDING

Two studies temper the enthusiasm. In hip arthroscopy patients, counselling with a patient-specific 3D-printed model of the hip did not improve understanding or satisfaction compared with the standard scan images alone [5]. And a pre-operative class delivered on a surgical mission trip increased patients' knowledge about joint replacement only modestly [6]. The practical reading is that a plain, unhurried explanation with a chance to ask questions is the intervention; the props are optional.

BE CAREFUL WHERE YOU READ

Many people prepare by searching online, and the quality of what they find is uneven. A review of YouTube videos about orthopaedic injection treatments found the content inconsistent, with most of it produced by independent users rather than health organisations [7]. This wiki exists partly for that reason. If something you read elsewhere contradicts what you have been told in the rooms, bring it to your appointment and we will go through it.

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