

The day of your surgery

The day of an operation is a lot less mysterious once you know how it unfolds. Almost all upper-limb surgery is **day-case** surgery, which means you arrive, have your operation, recover for a while, and go home the same day. This page walks you through that day from start to finish so that nothing comes as a surprise. Getting *ready* for surgery – stopping or continuing medications, sorting out time off, the fasting rules themselves – is covered on the **preoperative preparation** and **anaesthesia and fasting** pages; this one is about the day itself.

Arriving and checking in

We will give you an arrival time, and it is usually a couple of hours before your operation is actually due to start. That gap is deliberate and not wasted time – it lets the nursing team, your surgeon and your anaesthetist each see you, get everything checked and prepared, and make sure the list runs smoothly. Please come at the time you are given, even if your operation is later in the day.

When you arrive, you will check in at the desk, confirm your details, and then be shown through to the day-surgery area. A nurse will settle you in, and you will change out of your own clothes into a hospital gown and pop on an identification wristband that stays on until you go home.

Before you come in, double-check the **fasting** instructions you were given – usually no food for six hours beforehand, but clear fluids allowed up to a couple of hours before. Fasting keeps you safe under anaesthetic, and getting it right means your operation is far less likely to be delayed or postponed. The **anaesthesia and fasting** page explains the exact timings.

Meeting your team

Several people will come and see you before your operation. This is one of the safest parts of the whole day – everyone is checking the same things from slightly different angles so that nothing is missed.

- **The nursing team** settles you in, runs through a checklist, takes a few routine observations, and answers the everyday questions.
- **Your surgeon** will see you, confirm exactly what operation is planned and which side it is on, answer any last questions, and **mark the arm** with a pen so there is no doubt at all about the correct site. Seeing that mark go on is reassuring – it is a deliberate safety step, done with you, every time.

- **The anaesthetist** will discuss how you will be kept comfortable and asleep or numb. Depending on your operation, that may be a **general anaesthetic** (you are fully asleep), a **regional nerve block** (the whole arm is numbed – see the **shoulder nerve block** page), a **local anaesthetic** for smaller procedures, or a combination. This is the moment to raise anything that is on your mind.

You will also be asked to confirm your name, date of birth and operation several times by different people. It can feel repetitive – it is meant to. Checking and re-checking is how operating lists stay safe.

The wait

There may be a wait between checking in and going to theatre. Lists are planned carefully and the team works hard to keep them running to time, but operations occasionally run a little long or the order changes for good clinical reasons, and that can push things back. It is rarely a sign that anything is wrong. Bring something to pass the time – a book, a magazine, music or a podcast and headphones – and try to settle in rather than clock-watch.

Going to theatre and waking up

When it is your turn, you will walk or be wheeled round to the theatre area. Your anaesthetic is started, and the next thing you will be aware of is waking up in the **recovery area** with a nurse close by looking after you. Your operation is already done. You may feel drowsy, a little cold, or have a dry mouth – all completely normal and short-lived. If you had a nerve block, the arm will feel heavy and numb, which is exactly as intended.

The recovery nurses keep a close eye on you, check your comfort and your dressing, and give pain relief and anti-sickness medication as needed. Once you are properly awake and settled, you will be taken back through to the day- surgery area.

Going home

Because your surgery is day-case, you will head home once a few simple boxes are ticked: you are awake and steady, your pain is controlled with tablets, any sickness has settled, you have had something to eat and drink, and the team is happy with you. For most people this is a few hours after the operation.

Before you leave, the nurses will go through your dressing, your pain-relief plan, any sling or splint, what you can and cannot do, and when to return for review. Do not worry about remembering it all – it will be written down for you to take home, and you will have a number to call if you are unsure about anything later.

Arranging your trip home and the first night

This is the one piece of organising you must sort out in advance: you **cannot drive yourself home**, and you should **not be alone** for the first night.

- Arrange a **responsible adult to drive you home** and to **stay with you overnight**. An anaesthetic stays in your system for the rest of the day – your judgement, reactions and coordination are not back to normal even when you feel fine, so driving (and being on your own) is not safe.
- For the same reason, do not plan to make important decisions, sign anything legally binding, drink alcohol, or operate machinery for the rest of the day.

What to bring and what to wear

A little preparation makes the day smoother:

- **Wear loose, comfortable, front-opening clothes** – a button-up or zip top rather than something tight that has to go over your head, so it slips easily over a dressing, sling or bandaged arm afterwards.
- **Bring a list of your medications**, with doses, and bring any inhalers or essential medicines you might need during the day.
- **Bring any walking aids** you normally use.
- **Leave jewellery, watches and valuables at home**. Rings in particular need to come off the operated arm, and the less you bring, the less there is to look after.
- Bring your appointment details and a small amount of money or a card if you need to collect a prescription on the way out.

Before you come in – call us if

Most of the time the day runs exactly as planned. But in the days leading up to your operation, get in touch with us rather than simply turning up unsure, if:

- you **become unwell** – a cold, a cough, a fever, a tummy upset, or any sign of infection (including a skin infection, scratch or wound on the arm we are operating on)
- you are **unsure about your medications** – whether to take or stop something, especially blood thinners, diabetes medicines or anything you take in the morning
- you are **unsure about the fasting instructions** or accidentally eat or drink when you should not have
- anything about your health has **changed** since you were last seen

It is always better to ring ahead. We would much rather hear from you and sort it out in advance than have you arrive unwell or unprepared and risk the operation having to be postponed. When in doubt, call the rooms.