

Upper GI Surgery Department

Introduction

The Covid pandemic has had a significant impact on the NHS ability to provide routine elective services. We recognise that patients are waiting longer than we would all like and it is not always possible to identify when treatment will take place. This document provides you with information on how you can support yourself while waiting to attend the hospital. The guidance has been written by clinicians who are responsible for your care.

The Upper GI Service offers a number of including the following surgical interventions:

1. Laparoscopic Cholecystectomy
2. Anti-Reflux Surgery
3. Large Hiatus Hernia

Guidance for Patients

What should I do about my medication?

Make sure your upper GI team knows about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medical you can buy over the counter.

What can I do to help make the operation a success?

If you smoke, stopping smoking now may reduce your risk of developing complications and will improve your long-term health.

Try to maintain a healthy weight. You have a higher risk of developing complications if you are overweight.

Regular exercise should help to prepare you for the operation, help you to recover and improve your long-term health. Before you start exercising, ask the breast cancer team of your GP for advice.

You can reduce your risk of infection in a surgical wound.

- In the week before the operation, do not shave or wax the areas where a cut is likely to be made.
- Try to have a bath or shower either the day before or on the day of the operation.
- Keep warm around the time of the operation. Let the breast cancer team know if you feel cold.
- If you are diabetic, keep your blood sugar levels under control around the time of your procedure.

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If you have had the coronavirus (Covid-19) vaccine, you may be at an increased risk of serious illness related to Covid-19 while you recover. Speak to your doctor or healthcare team if you would like to have the vaccine.

Covid-19

A recent Covid-19 infection increases your risk of lung complications or death if you have an operation under general anaesthetic. This risk reduces the longer it is since the infection. After 7 weeks the risk is no higher than someone who has not had Covid-19. However, if you still have the symptoms the risk remains high. The risk also depends on your age, overall health and the type of surgery you are having.

You must follow instructions to self-isolate and take a Covid-19 test before your operation. If you have had Covid-19 up to 7 weeks before the operation you should discuss the risks and benefits of delaying it with your surgeon.

What should I do if my health is deteriorating?

Urgent Health Advice

For urgent health advice about physical or mental health, when it's not an emergency, please call 111 from any landline or mobile phone. You can also visit www.nhs.uk. The NHS 111 service is available 24 hours a day, seven days a week.

Life Threatening Emergencies

For something life threatening – severe bleeding, breathing difficulties or chest pains – please dial 999.

GP surgeries are still open

GP surgeries are still open and are working differently to how they did before the COVID-19 pandemic. GP practices continue to make best use of telephone, online and video consultations. Face-to-face appointments are still being given to those who need it.

When you phone or use an online form to contact your GP surgery to make an appointment, you will be asked some questions which are designed to help staff guide you to the most appropriate clinical person to help you with your condition. This could be a nurse, clinical pharmacist, physician's associate, GP or paramedic.

A list of GP practices with relevant contact details are available on the following website:

[Find a GP - NHS \(www.nhs.uk\)](http://www.nhs.uk)

My Planned Care Patient Information Platform

Contact Details

Mr Tandon/Mr Al-Rashedy – 01925 662451

Please note we will not give explicit clinical advice via telephone/email until you have been reviewed within clinic by a consultant first.