



Dear patient,

You are about to undergo an operation in our hospital. Please read this booklet carefully and answer the questions correctly, perhaps with the help of your family or general practitioner. **Bring this patient booklet with you on admission and hand it to the department.**

This booklet contains important information for our healthcare providers to enable them to treat you correctly. If the booklet has not been filled in or has not been completed in full, we may decide to postpone the procedure. **We wish you a speedy recovery!**

Procedure/examination:

campus: Rumst Bornem Willebroek

date of admission: / / at o'clock

date of surgery: / / hospitalisation
 day hospital

estimated date of discharge: / /

fasting at time of admission: yes no

antithrombosis stockings: yes no

procedure/examination:

left right not applicable

letter of admission drawn up via ORline

patient sticker

Remarks:

.....
.....
.....

Examinations to be carried out by the general practitioner or on admission:

lab (haemoglobin, electrolytes, renal function)

ECG

lab + liver function

cardio consultation

lab + HbA1c

pneumo consultation

lab + coagulation INR/thrombocytes/APTT

RX thorax

cross-check

urine test

order blood: E

other:

On admission:

IV prehydration for contrast nephropathy

bowel preparation

ASA score and overview major operations: see page 2

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part 1 Information for the doctor

1.1. Guidelines when applying for preoperative examinations

ASA-score

	ASA 1 + 2*	ASA 3 + 4**
Local anaesthesia by the surgeon	not necessary, in consultation with the surgeon	not necessary, in consultation with the surgeon
Non-major surgery	ECG if > 65 years old	lab, ECG, CP***
Major surgery	lab, CP*** ECG if > 65 years old	lab, ECG, CP***

*ASA 1 / 2: the healthy patient or the patient with a mild systemic disorder, for which he may or may not be taking medication and whose condition has been properly controlled in this way.

**ASA 3: the disorder limits daily activity.

***CP: cardiopulmonary evaluation (clinical examination) with report by the general practitioner or internist (cardiologist or pneumologist).

**Full ASA score
and recent KCE
guidelines: see
www.azrivierenland.be
→ I am professional**

All examinations must be less than six months old, except for recent acute pathology. If you have any questions, please contact the anaesthesia department.

List of major surgery:

general surgery	procedures on stomach, small intestine, colon, rectum, sigmoid, spleen, pancreas, liver, thyroid gland (partial or total), bariatric surgery
gynaecology	mastectomy, hysterectomy, debulking
neurosurgery / back surgery	craniotomy, laminectomy, ALIF/PLIF, laminectomy, ACDF, spinal fusion
ENT surgery	parotidectomy, radical cervical lymph node dissection
orthopaedics	(revision) THP/TKP, ACDF, arthrodesis, laminectomy, spinal osteosynthesis
plastic surgery	abdominoplasty, breast reconstruction (DIEP flap)
stomatology	osteotomy jaw, major stomatological procedures (oncology)
urology	nephrectomy, prostatectomy, cystoprostatectomy
vascular surgery	all arterial vascular surgery, videomediastinoscopy
thoracic surgery	all intrathoracic surgery

1.2. What if?

In the event of complications, the patient has agreed to the following:

<input type="checkbox"/> code 0	There is no therapy restriction, the patient is treated to the maximum.
<input type="checkbox"/> code 1	In this situation, the patient receives all the necessary life-prolonging medical care, but, in the event of a cardiac arrest, no cardiac massage or electrical defibrillation is used.
<input type="checkbox"/> code 2	Resuscitation is no longer used and existing medical care is no longer extended. The specifically designated life-prolonging treatments are no longer started.
<input type="checkbox"/> code 3	Resuscitation is no longer used, no life-prolonging treatment is started and the ongoing life-prolonging treatments are (gradually) stopped, usually in the light of an approaching and unavoidable end of life.

OR completed in the electronic medical record

1.3. Current medication To be completed by the patient

**You may take necessary medication with a little water.
Note: some medications MUST be stopped before surgery!**

the patient is not taking any medication

medication + strength	form: tablet, ef-fervescent tablet, capsule, aerosol, syrup, SC, IM, subling, IV, inhalation, dermal, etc.	fasting	at breakfast	at lunch-time	at the evening meal	before bedtime	comments (e.g. in case of pain, stopped preoperatively)
example: Pantomed 20 mg	tablet	1					daily
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

Mark whether or not the patient is taking one of the following medications (occasionally) and complete the table:

- | | | | |
|-----------------|--|------------------------------|--|
| blood thinners: | <input type="checkbox"/> yes <input type="checkbox"/> no | medication for diabetes: | <input type="checkbox"/> yes <input type="checkbox"/> no |
| sleeping pills: | <input type="checkbox"/> yes <input type="checkbox"/> no | hormonal preparations: | <input type="checkbox"/> yes <input type="checkbox"/> no |
| painkillers: | <input type="checkbox"/> yes <input type="checkbox"/> no | medicinal herbs: | <input type="checkbox"/> yes <input type="checkbox"/> no |
| inhalers: | <input type="checkbox"/> yes <input type="checkbox"/> no | medication plasters: | <input type="checkbox"/> yes <input type="checkbox"/> no |
| eye drops: | <input type="checkbox"/> yes <input type="checkbox"/> no | medication for stomach pain: | <input type="checkbox"/> yes <input type="checkbox"/> no |
| injections: | <input type="checkbox"/> yes <input type="checkbox"/> no | food supplements: | <input type="checkbox"/> yes <input type="checkbox"/> no |
| vitamins: | <input type="checkbox"/> yes <input type="checkbox"/> no | homeopathic medicines: | <input type="checkbox"/> yes <input type="checkbox"/> no |
| ointments: | <input type="checkbox"/> yes <input type="checkbox"/> no | | |

- Is there any other medication that the patient only takes once a week, a month or a year? no yes:
- Has the patient been taking antibiotics during the last two weeks? no yes:
- I don't know

1.4. Agreements on medication

To be completed by the doctor

Attention: bring your insulin medications to the hospital!

Subcutaneous insulin pump: the pump is not allowed to go into the operating theatre. The diabetologist should calculate an infusion.

**Contact the diabetologist:
Rumst: 03 880 96 91
Bornem: 03 890 18 69.**

<input type="checkbox"/>	Irreversible MAO inhibitors: Nardelzine	stop three weeks before the procedure
<input type="checkbox"/>	MAO inhibitors: Fenelzine, Moclobemide	stop one week before the procedure
<input type="checkbox"/>	St. John's wort	stop 24 hours before the procedure
<input type="checkbox"/>	ACE inhibitors and angiotensin receptor antagonists/sartans: Enalapril®, Renitec®, Tritace®, Captopril®, Lisinopril®, Coversyl®, Accupril®	stop 24 uur vóór de ingreep
<input type="checkbox"/>	Diuretics	do not take on the day of the procedure
<input type="checkbox"/>	Colloidal antacids (Maalox, Gaviscon)	do not take on the day of the procedure
<input type="checkbox"/>	NSAIDs: Diclofenac®, Voltaren®, Brufen®, Apranax®, Indocid®, Brexine®, Feldene®, Ibuprofen®, etc.	do not take on the day of the procedure, unless prescribed by the surgeon in the case of patients from day hospital (e.g. wisdom teeth, etc.)
<input type="checkbox"/>	Anticoagulants and antiaggregants	see agreements page 7
<input type="checkbox"/>	Medication that acts on the central nervous system	continue with normal dose
<input type="checkbox"/>	Beta blockers	continue with normal dose
<input type="checkbox"/>	Calcium antagonists (unless the patient also takes a beta blocker)	continue with normal dose
<input type="checkbox"/>	Anti-Parkinson medication	continue with normal dose → NEVER stop!

Diabetes medication:

Subcutaneous insulin pump: policy to be discussed with the diabetologist, preferably before the operation.

The insulin pump must never be used in the operating theatre!

pills	<input type="checkbox"/>	Biguanides: Glucophage®, Metformine®, Metformax®, Janumet®, Eucreas®, Jentadueto®, Komboglyze®, Vipidomet®, Synjardy®, Vokanamet®, Xigduo®	stop 48 hours before the procedure!
	<input type="checkbox"/>	Sulphonylurea + glinides: Diamicon®, Gliclazide®, Daonil®, Euglucon®, Amaryl(le)®, Glurenorm®, Novonorm®, Uni diamicron®, Repaglinide®, Glimepiride®, Minidiab®, Glibenese®, Unigliclazide® DPP4 inhibitors: Vipidia®, Trajenta®, Onglyza®, Januvia®, Galvus® SGLT2 inhibitors: Invokana®, Forxiga®, Jardiance® Glitazone: Actos®	do not take on the day of the procedure
injections	<input type="checkbox"/>	Incretins: Byetta®, Victoza®, Lyxumia®, Trulicity®, Bydureon®, Ozempic®	do not administer on the day of the procedure
	<input type="checkbox"/>	Ultrafast-acting insulin: Apidra®, Humalog® 100, Humalog® 200, Novorapid®, Fiasp®	only an adjusted dose in the morning if you are allowed to have a light breakfast; if you are not allowed to eat, ultrafast-acting insulin should not be administered.
	<input type="checkbox"/>	Fast-acting insulin: Actrapid®, Insuman rapid®, Humuline regular®	do not administer on the day of the procedure
	<input type="checkbox"/>	Mixed insulin: Novomix®, Humalog mix®, Humuline® (30/70)	do not administer on the day of the procedure
	<input type="checkbox"/>	Long-acting insulin: Humuline NPH®, Insulatard®, Insuman basal®	do not administer on the day of the procedure
	<input type="checkbox"/>	Ultralong-acting insulin: Lantus®, Levemir®, Abasaglar®, Toujeo® Tresiba®	continue with normal dose
	<input type="checkbox"/>	Combination preparations ultralong-acting insulin + incretin: Suliqua®, Xultophy®	do not administer on the day of the procedure

In the hospital, the hospital's diabetes protocol comes into effect. Based on your sugar level, an appropriate dose of insulin will be administered by the nursing staff.

1.5. Medication anamnesis

To be completed by the nurse or doctor

(only for the campuses Bornem and Willebroek; for the campus Rumst we refer to the nursing file)

Sources:

- | | |
|--|---|
| <input type="checkbox"/> patient | <input type="checkbox"/> rest and care home (RVT) |
| <input type="checkbox"/> family | <input type="checkbox"/> referral letter hospital |
| <input type="checkbox"/> (list of) medication brought along | <input type="checkbox"/> info previous hospitalisation/consultation / / |
| <input type="checkbox"/> general practitioner (letter/telephone contact) | <input type="checkbox"/> pharmacy (letter/telephone contact) |

The medication anamnesis of this patient:

- has been completed in full and the medication list is complete
 has been completed in the electronic medical record
 is not complete and needs to be repeated has not been completed

Has a comparison been made between this anamnesis and the prescribed treatment in the hospital?

- yes no to be completed on admission by the doctor or nurse

If so, have any differences been noted?

- yes no

Name of the healthcare provider:

date: / /

1.6. Agreements on anticoagulants

To be completed by the doctor

Is the patient taking anticoagulants?

yes

no

Since a number of procedures may involve a risk of bleeding, the following is recommended:

- Marcoumar®: stop this medication ten days before the procedure
- Marevan®: stop this medication seven days
- Sintrom®: stop this medication five days before the procedure
- stop the following medication from / /

Start bridging schedule:

intermediate schedule (e.g. bileaflet aortic valve prosthesis, thromboembolism finished over the last three to twelve months, active cancer, etc.):

- Clexane mg 1 x/d from / /
- Fraxiparine ml 1 x/d from / /
- other: from / /

therapeutic schedule Last dose \geq 24 hours before the procedure

(metal artificial valve, thromboembolism finished less than three months ago, known thrombotic coagulopathy, etc.):

- Clexane mg 2 x/d from / /
- Fraxiparine ml 2 x/d from / /
- Fraxodi ml 1 x/d from / /
- other: from / /

Last dose

- Clexane
- Fraxiparine
- Fraxodi
- other: on / / at hour:

INR control on admission

Pradaxa®: stop this medication 48 hours before the procedure, in case of poor kidney function 96 hours (<50 ml/min).

Lixiana®, Xarelto®, Eliquis®: stop this medication 48 hours before the procedure.

With this medication NO bridging with LMWH should be started.

Plavix®, Effient®, Brilique®: stop this medication seven days before the procedure.

However, do not stop if bare-metal stent < one month ago or drug-eluting stent < six months ago.

Aspirine® / Asaflow®: stop this medication ONLY at the request of the surgeon seven days before the procedure. However, in principle, never stop in case of secondary prevention (e.g. coronary stent or in case of vascular surgery in the previous history). Yet, stop with TURB, surgery of the spinal cord or under the dura mater or surgery of the rear eye segment, because these procedures involve a high risk of bleeding with the risk of serious complications.

With this medication NO bridging with LMWH should be started.

Other medication to stop:

Medication to take on the day of surgery:

part 2 Informed consent surgery information and consent form

Must be completed by the attending doctor To be signed by the attending doctor and the patient

OR completed in the electronic medical record (cf. informed consent procedure)

The undersigned doctor declares to have communicated precise information on the state of health to the patient listed below. The diagnosis is:

.....

for which he will undergo the following operation(s)/procedure:

.....

and it/they will be carried out by Dr:

..... (or by a colleague of the association)

under local general locoregional anaesthesia.

In simple and understandable terms, the possible progress of the patient's state of health was described if the planned operation(s)/procedure is/are not carried out. As a doctor, I also informed the patient about possible alternative treatments, each with its own advantages and disadvantages. The usefulness and effectiveness of the treatment were also explained.

As a doctor, I clearly described the nature, scope and purpose of the operation(s)/procedure to be performed, as well as the inconveniences resulting from it/them, risks, side effects and possible complications of this/these operation(s)/procedure, both in the short and long term.

I also handed the patient an information brochure on this subject with the necessary explanations: yes no

I informed the patient that, during the execution of the operation(s)/procedure, the medical team may be obliged to extend the planned operation(s)/procedure with additional operations that cannot be foreseen in advance, but are medically absolutely necessary. The patient hereby grants the abovementioned doctor permission to carry out any additional medical operation during the execution of the planned operation(s)/procedure in case of absolute medical necessity. As a doctor, I have taken out civil liability insurance.

I informed the patient that an estimate of the cost price of the operation, both in terms of personal contribution and the amount paid by the health insurance, can be requested via the billing department of AZ Rivierenland (campus Rumst: 03 880 94 55 or facturatie.rumst@azr.be or campus Bornem: 03 890 16 14 or facturatie.bornem@azr.be). This information is also available on www.azrivierenland.be → I am being hospitalised → how much does my hospitalisation cost? → rates of common procedures and treatments.

I gave the patient the opportunity to ask questions and answered them sufficiently and fully. The patient also understood my answers well. Therefore, the patient consents to the execution of the operation(s)/procedure described above.

I declare to have correctly and fully informed the patient of his pre-existing state of health and to have honestly answered his questions. The patient is willing, both in the interest of the good outcome of the operation and his recovery, to strictly follow the indications of the abovementioned doctor.

It was also pointed out that the patient must strictly adhere to the following guidelines:

- not to smoke and not to eat anything anymore from midnight or at least six hours before the examination/procedure and anaesthesia and not to drink anything anymore for at least four hours before these
- not to drive a vehicle (car, bicycle, motorbike) and not to operate machines until 24 hours after the treatment
- not to consume alcoholic beverages and sleeping pills without a prescription until 24 hours after the treatment
- not to go home on his own until 24 hours after the treatment, but to be escorted home by a responsible person
- to be under the supervision of an adult person, to refrain from taking any important decisions and to refrain from signing any documents for the first 24 hours after the treatment.

The patient also understands that medical clinical practice is not an exact science, that a list of possible complications can never be complete and that no commitment/agreement can be made about the final result of the operation(s)/procedure (no commitment to results).

The patient consents to have blood products administered during or after the procedure, if necessary.

The patient does not object to storing personal data in a computer for administrative reasons. The patient consents to have visual material or photographs taken anonymously before/during/after the abovementioned operation(s)/procedure, which can later be used for medical education or scientific publication.

The patient consents to the doctor mentioned above to execute the operation(s)/procedure in collaboration with a doctor or assistant of his choice.

This consent was granted in accordance with the Patients' Rights Act of 22.08.2002 – B.S. (Belgian Official Gazette) 26.09.2002 at

..... on / /

Name and signature

- patient
- minor child (with name)
- other:

preceded by the handwritten words 'read and approved'

Name and signature of the doctor who provided the information:

This document, once signed, must be submitted to a member of the medical team on admission, who will add it to the patient file.

In accordance with the Patients' Rights Act of 22.08.2002 - B.S. 26.09.2002.

part 3 Your personal file

To be completed by the patient, possibly together with the general practitioner

The treatment plan is determined on the basis of this information.

Therefore, it is important that this questionnaire is filled in completely and correctly!

Current weight:		Current length:		Blood type:	
-----------------	--	-----------------	--	-------------	--

Tel./mobile number: E-mail address:

Contact person 1: Name: Tel./mobile number:

Contact person 2: Name: Tel./mobile number:

General practitioner: Name: Tel./mobile number:

3.1. Previous history

Were you admitted to a hospital during the past six months?

no yes, why:

Have you ever had surgery or lived through a disease? If so, please record which operation/disease and the year:

.....
.....
.....
.....

Are you seeing a specialist as follow-up (for your heart, lungs, etc.)?

If so, why, in which hospital, with which doctor?

Reason: hospital: doctor:

Reason: hospital: doctor:

Reason: hospital: doctor:

Do you have a contagious disease?

no

yes, namely:

MRSA

CPE

HIV

hepatitis A

hepatitis B

hepatitis C

other:

.....

3.2. Allergies (bring documents with you if you have a proven allergy!)

Are you allergic? yes no

If so, what reaction did you show (swelling, shortness of breath, itching, red spots, nausea, diarrhoea, low blood pressure, etc.)?

- latex (balloon, gloves, condom) if so, reaction:
- contrast agents if so, reaction:
- disinfectants/iodine if so, reaction:
- adhesive plasters if so, reaction:
- medication: if so, reaction:
- antibiotics: if so, reaction:
- anaesthetics (dentist) if so, reaction:
- other: if so, reaction:

(e.g. dyes, kiwi, bananas, hay fever, food)

3.3. Questionnaire specifically on anaesthetics

The medical risk for anaesthesia and the procedure is estimated on the basis of the following questionnaire. Therefore, it is important that this questionnaire and the preoperative file are filled in correctly before you come to the hospital.

	Yes	No
Do you have trouble opening your mouth? (place at least two fingers on top of each other in the mouth opening)	<input type="checkbox"/>	<input type="checkbox"/>
Do you have problems moving your head?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from rheumatism or arthritis?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from Bechterew's disease?	<input type="checkbox"/>	<input type="checkbox"/>
Are you (possibly) pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
Are you breastfeeding?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a blood transfusion?	<input type="checkbox"/>	<input type="checkbox"/>
If so, reason:		
If so, have you reacted in an unusual way to this?	<input type="checkbox"/>	<input type="checkbox"/>
Have you reacted in an unusual way to a previous anaesthesia?	<input type="checkbox"/>	<input type="checkbox"/>
If so, please describe this reaction as accurately as possible:		
Has a family member ever had any problems with anaesthesia?	<input type="checkbox"/>	<input type="checkbox"/>
If so, please describe this problem as accurately as possible:		
Did you suffer from nausea or vomiting after a previous operation?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from motion sickness?	<input type="checkbox"/>	<input type="checkbox"/>
Do you consent to the anonymous use of your data for research purposes?	<input type="checkbox"/>	<input type="checkbox"/>

3.4. General state of health

	Yes	No	
I smoke	<input type="checkbox"/>	<input type="checkbox"/>	quantity: a day
I used to smoke	<input type="checkbox"/>	<input type="checkbox"/>	period: years, until / /
I drink alcohol	<input type="checkbox"/>	<input type="checkbox"/>	quantity: glasses a day/week
I use drugs	<input type="checkbox"/>	<input type="checkbox"/>	which:

I have:	Yes	No	
· dentures	<input type="checkbox"/>	<input type="checkbox"/>	
· artificial teeth	<input type="checkbox"/>	<input type="checkbox"/>	
· loose teeth	<input type="checkbox"/>	<input type="checkbox"/>	which:
· contact lenses	<input type="checkbox"/>	<input type="checkbox"/>	
· a hearing aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> left <input type="checkbox"/> right
· piercings	<input type="checkbox"/>	<input type="checkbox"/>	if so, remove them at home
· artificial nails	<input type="checkbox"/>	<input type="checkbox"/>	if so, remove them at home
· a shoulder prosthesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> left <input type="checkbox"/> right
· a knee prosthesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> left <input type="checkbox"/> right
· a hip prosthesis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> left <input type="checkbox"/> right
· a pacemaker, an ICD, a stimulator, an implanted pump	<input type="checkbox"/>	<input type="checkbox"/>	

Heart diseases:

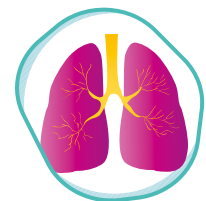
	Yes	No
Do you suffer from high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>
Are you short of breath quickly?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have problems carrying out housework?	<input type="checkbox"/>	<input type="checkbox"/>
Can you climb two floors (or 20 steps) of stairs without stopping?	<input type="checkbox"/>	<input type="checkbox"/>
Do you sometimes suffer from swollen feet?	<input type="checkbox"/>	<input type="checkbox"/>
Do you sleep half-sitting up or with two pillows under your head?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from heart palpitations?	<input type="checkbox"/>	<input type="checkbox"/>
Do you sometimes have a constricting feeling in the arm/thorax on exertion?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever fainted repeatedly?	<input type="checkbox"/>	<input type="checkbox"/>
Are you undergoing treatment for a heart disease?	<input type="checkbox"/>	<input type="checkbox"/>



Lung diseases:

	Yes	No
Do you have any wheezing?	<input type="checkbox"/>	<input type="checkbox"/>
Are you or were you undergoing treatment for a lung disease (asthma, chronic bronchitis, emphysema)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you snore loudly and are you tired during the day?	<input type="checkbox"/>	<input type="checkbox"/>
If so, are you using a CPAP device?	<input type="checkbox"/>	<input type="checkbox"/>

(take your CPAP device with you on the day of admission so that you can use it after the operation)



Clotting:

	Yes	No
Have you had phlebitis, thrombosis or an embolism?	<input type="checkbox"/>	<input type="checkbox"/>
Do you easily bruise or have nosebleeds?	<input type="checkbox"/>	<input type="checkbox"/>
Do you bleed for a long time when injured or with tooth extraction?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have family members with clotting problems or blood diseases (haemophilia, sickle cell anaemia, thalassaemia, porphyria, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
Are you taking any anticoagulants?	<input type="checkbox"/>	<input type="checkbox"/>

If your general practitioner or attending doctor has not given you guidelines on the use of your **anticoagulant medication** in connection with the procedure, please contact the anaesthesia department:

- campus Rumst (03 880 90 11)
- campus Bornem (03 890 16 94)
- campus Willebroek (03 860 37 25).

Gastrointestinal diseases:

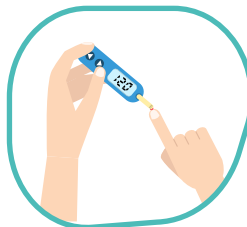
	Yes	No
Have you ever suffered from a stomach ulcer or gastric bleeding?	<input type="checkbox"/>	<input type="checkbox"/>
Do you suffer from heartburn?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever suffered from jaundice or hepatitis?	<input type="checkbox"/>	<input type="checkbox"/>
If so, what type:		
Do you suffer from Crohn's disease or ulcerative colitis? (you should not take NSAIDs after surgery in case of Crohn's disease, ulcerative colitis, stomach ulcers, kidney failure or heart failure)	<input type="checkbox"/>	<input type="checkbox"/>

Kidney diseases:

	Yes	No
Are you a kidney dialysis patient?	<input type="checkbox"/>	<input type="checkbox"/>
Are you or were you undergoing treatment for kidney disease?	<input type="checkbox"/>	<input type="checkbox"/>
If so, what disease:		

Endocrine diseases:

	Yes	No
Do you suffer from diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
If so, are you using:		
<input type="checkbox"/> injections		
<input type="checkbox"/> oral medication		
Do you suffer from a thyroid disease?	<input type="checkbox"/>	<input type="checkbox"/>
If so, what form:		
Have you had any slimming surgery?	<input type="checkbox"/>	<input type="checkbox"/>



Nerve diseases:

	Yes	No
Do you suffer from epilepsy or falling sickness?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been treated by a neurologist or psychiatrist?	<input type="checkbox"/>	<input type="checkbox"/>
If so, for what:.....		
Do you suffer from tingling, numbness or neurological deficit?	<input type="checkbox"/>	<input type="checkbox"/>
If so, where:		
Do you suffer from confusion or memory problems?	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any additional questions/remarks?

.....

.....

.....

3.5. Social questionnaire: situation before hospitalisation

After discharge, I am going

- home home with support to a rest home to a rehabilitation or recovery home

Do you foresee any problems? no yes If so, it is advisable to contact the social service on the campus Rumst (03 880 90 84) or campus Bornem (03 890 17 30) as soon as possible.

Marital status

- married single widow/widower
 cohabiting divorced
Children: no yes, number:

Living situation

- home living alone cohabiting with
 stairs: yes no
 appartement: floor: lift available? yes no
 service flat: name:
 rest and care home name:
 entered into the rest home waiting list: name:

Religion

- I am religious and I follow a specific philosophy of life:
 I am not religious or do not wish to report this

Language

- Dutch French English other:

Current help

Are you in need of help? no: proceed to the section 'psychic functioning'
 yes: indicate below which home care has already been provided:

- home nursing which service?
 washing x / day x / week
 injecting x / day x / week
 wound caring x / day x / week

- hot meals which service?
 cleaning service which service?
 assistance for the elderly which service?

- family what duties? cleaning washing/ironing meals
 shopping other:

- aids bed commode personal alarm other:
 walker crutches wheelchair

Other information that may be of use to the doctor and/or nursing staff and/or social service:

.....
.....

Evaluation (home situation before hospitalisation)

Washing independently with help completely dependently

Dressing & undressing independently with help completely dependently

Moving inside independently with help completely dependently

Going to the toilet independently moving help cleaning help dressing help
 WC commode urinal
 bladder catheter suprapubic catheter colostoma urostoma

Urinary incontinence never sometimes: day night always
 Faecal incontinence never sometimes: day night always
 Incontinence material: day night

Eating independently with help completely dependently
 problems with swallowing no appetite refusal to eat
 ordinary food diet:
 has lost much weight in the last six months has received supplementary feeding in the last month

Taking medication intake alone supervised intake
 hides medication refuses medication

Wound caring Do you have a wound somewhere at the moment? no yes:
 Nature of the wound:
 Place:

Psychic functioning (home situation before hospitalisation)

The situation of the patient at home:

Being confused yes no sometimes

Being approachable contact possible no contact possible

Finding the way finds the way without any problems finds the way only in his own home
 can find his bed/toilet without help is completely lost

Recognising people recognises everyone recognises family only recognises no-one

Having a sense of time has a normal sense of time has a disrupted sense of time sometimes
 has a totally disrupted sense of time switches day and night

Behaving non-disruptive way slightly disruptive way severely disruptive way
 verbal aggression physical aggression
 may run away other:

Sleeping good, doesn't need sleeping pills
 needs sleeping pills

Communicating

hearing: normal hard of hearing hearing aid
 eyesight: normal partially sighted spectacles blind
 speech: normal disrupted aphasia (language disorder)

This form is completed / / by:

- the patient
 a family member, namely (kinship):
 other:

3.6. Preoperative screening tools

To be completed by the patient, possibly together with the general practitioner

To be gone over by the nurse with the patient upon admission

Risk of developing postoperative pain

Circle the answer that applies to you.

	No	Yes
You suffer from fibromyalgia, headache, lower back pain, spastic bowels, age < 25 years old	0	1
You are a chronic pain patient or you already have a neurostimulator for back pain	0	2
You have pain in the operation area before the scheduled procedure	0	2
You use preoperative chronic pain medication (antiepileptics (Gabapentin, Neurontin, Lyrica), TCAs (Amitriptyline, Redomex, Tryptizol or Nortriptyline, Nostrilen))	0	1
You have a preoperative need for potent opiates (morphine products such as Transtec, Oxycodone, Fentanyl patches)	0	1
The scheduled surgical procedure is:		
· an inguinal hernia, an amputation, a thoracotomy, a breast surgery with reconstruction, a back surgery	0	3
· a mastectomy without reconstruction	0	2
· an orthopaedic procedure	0	1
· other procedures	0	0
Do you sometimes have feelings of anxiety/panic or depression/despondency or the feeling that you cannot influence the pain?	0	1
TOTAL RISK SCORE	/ 11	

≥ 4/11: the anaesthetist is notified and adjusts the perioperative pain management where possible (Ketamine, Mg, Linisol, Dexdor / Catapressan, Neurontin, NSAIDs, PCTM, infiltration wound)

≥ 7/11: the algological team is notified: Rumst (5147) or Bornem (5923) or activation list (tab C2M)

Nutrition screening (to be completed only by patients with a multi-day hospitalisation)

Do you have specific dietary needs? no yes, namely:

Current length:

Current weight:

Have you lost weight in the past three months? no yes I don't know

Has your food intake decreased during the past week? no yes I don't know

BMI < 20,5 or if 'yes' OR 'I don't know': the nutrition team is notified for further evaluation:

Rumst: voedingsteam@azr.be - Bornem: activation list (tab C2M)

Fall prevention

	Yes	No
Are you being hospitalised because of a fall incident?	<input type="checkbox"/>	<input type="checkbox"/>
Have you fallen in the past six months (with or without injury)?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have walking or balance problems?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered 'Yes' to any of these questions, a nurse will start the fall prevention procedure upon admission and inform the occupational therapist of your increased risk of falling.

Tips to avoid falling:

- Do not get out of bed unaccompanied the first time after your procedure.
- Never lock the room door.
- Put your bed in the lowest position.
- Make sure the patient alarm button is within reach.
- Wear safe footwear (with anti-slip).
- Do not leave anything lying around on the ground.



part 4 The anaesthesia

Watch the preoperative information videos carefully. These can be found on the homepage of AZ Rivierenland www.azrivierenland.be → **informatiefilmpjes**.



anaesthesia: introduction



anaesthesia: preparation



general anaesthesia



regional anaesthesia:
epidural



regional anaesthesia:
nerve block



after the operation

Informed consent anaesthesia (information and consent form) Must be signed by the patient before the anaesthesia can take place

The undersigned (patient or legal representative)

- has watched the six preoperative information videos above OR received sufficient information about the anaesthesia
- understands all information and agrees to respect all pre- and postoperative guidelines
- understands that sometimes rare complications can occur with any anaesthesia and/or analgesic method and has reviewed the information on the website
- has completed the questionnaire and had all necessary additional examinations carried out
- understands that the anaesthetist may postpone the procedure for imperative medical reasons (this is rarely the case)
- hereby declares that his data may be processed anonymously for scientific research purposes (in case of disagreement, cross out this sentence and place your signature next to it)
- hereby declares that blood products may be administered if necessary (in case of disagreement, cross out this sentence and place your signature next to it)
- consents to the necessary anaesthesia.

Date: / /

Signature:

part 5 Information for the patient

Dear patient,

First of all, we would like to thank you for completing the questionnaires. Don't forget that you yourself are also responsible for the safe course of your hospitalisation. **Therefore, it is important that you provide all the information we ask for and that you read the following information in this patient booklet thoroughly.** During the hospitalisation, you also have a say yourself in the treatment plan and your medication. Please discuss this with your doctor if you have any further questions.

Watch the anaesthesia videos in advance!

www.azrivierenland.be
→ informatiefilmpjes

5.1. Before hospitalisation

- Check that you have completed all the questionnaires correctly and in full. If necessary, get help from your family or general practitioner.
- If, before the admission, examinations are necessary at the request of the specialist and if you wish to have them carried out by the general practitioner, you have to bring the results of the examinations to the hospital at the time of admission.
- Follow your preoperative medication regimen (see pages 4 to 7) and ask the general practitioner for advice if necessary.
- Follow the hygiene guidelines (see page 21).
- It is best to see what help you need before admission. You can contact the social service of AZ Rivierenland in advance to plan the care when you return home:
 - campus Rumst: 03 880 90 84
 - campus Bornem: 03 890 17 30Your general practitioner and the health insurance fund can also give you more information about this.

5.2. The day of admission

Please remain **fasting** on the day of your procedure. This means that you can't eat and/or drink anymore after a certain period of time before the procedure.

What can you eat/drink?	
up to six hours before the procedure	<ul style="list-style-type: none">• light meal: two rusks with jam or lean sandwich filling• non-clear liquids: milk, coffee/tea with milk, fruit juices, etc. and sparkling water• babies older than three months: formula
up to four hours before the procedure	<ul style="list-style-type: none">• babies younger than three months: bottle feeding• babies: breastfeeding
up to two hours before the procedure maximum 1 glas or cup per hour	<ul style="list-style-type: none">• clear liquids: coffee and tea (WITHOUT milk!), still water, still water with grenadine, clear apple juice without pulp, sports drinks (Aquarius, AA drink, Isostar, Extran)• babies: sugar water

Stop **smoking** at least four weeks before the operation. Definitely do not smoke the last few hours before the operation. The respiratory tract of smokers is often irritated and therefore more susceptible to infections. As a result, smokers have a much higher risk of complications (such as slower wound healing, infections of the wound, pain when coughing).

These arrangements apply to a total anaesthesia, an epidural or a local anaesthesia. If you have nevertheless eaten or drunk after the abovementioned times, you should definitely report this to the nurse on the ward. It is possible that the operation will then be postponed for a while.

If you still need to take medication before the operation, discuss it with the attending specialist or anaesthetist. Usually you can take these with a few sips of water until shortly before the operation.

What should you bring along to the hospital?

Use this list as a checklist:

- identity card
- blood group and allergy card
- any referral letter from the surgeon/general practitioner/dentist
- hospitalisation insurance data
- this patient booklet (fully completed)
- your home medication in its original packaging and a list thereof (if necessary, an advisory doctor's certificate) (page 4)
- results of the lab, ECG, RX if done at the general practitioner's consulting rooms
- if you have already had surgery, you may always bring your own antiphlebitis stockings/compression stockings
- underwear, dressing gown, warm socks, daywear, combination
- flat, closed, slip-resistant shoes/slippers
- toiletries: washcloths, towels, soap, shampoo, shower gel, hairbrush, toothbrush, toothpaste and electric shaver
- aids that you use at home: glasses, lenses, hearing aid, crutches, walking stick, walker, etc.

Tip:

it is best not to bring valuable items with you!

5.3. Preoperative hygiene guidelines

- Wash thoroughly (preferably in the shower) the day before the procedure and on the morning of the day of the procedure. Unless the attending doctor gives instructions to the contrary, ordinary shower gel is sufficient. Also wash your hair with a normal shampoo.
- Brush your teeth.
- Make sure your fingernails and toenails are short and clean. Nail polish and artificial nails must be removed, because the oxygen level in the blood is measured through the nails of the hand or foot during the operation.
- Do not apply make-up or body lotion on the morning of the procedure.

Good overall body hygiene reduces the risk of wound infections after surgery!

- Attention: jewellery such as piercings, rings, necklaces, watches, bracelets, earrings, etc. may not be worn during the operation. Like other valuables, it's best to leave them at home. Contact lenses must also be removed.
- Depilation is best carried out in the hospital with a medical clipper, as shortly as possible before the procedure to prevent infections. It is therefore not advisable to depilate yourself at home.



1. Remove your make-up, jewellery and piercings. Cut your nails short.



2. Wash your hair. Wash your face with a clean washcloth. Pay extra attention to nose and ears.



3. Wash your upper body. Pay extra attention to the armpits, navel and the underside of the breasts.



4. Then wash your legs and feet. Pay extra attention to the space between the toes.



5. Wash your genitals and gluteal cleft.



6. Rinse well and dry yourself with a clean towel. Put on a surgical gown or clean clothes.

**Rule of thumb:
every healthcare
provider applies correct
hand hygiene at least
before and after every
patient contact.**

5.4. Hand and cough hygiene

Our healthcare providers use hand alcohol to disinfect the hands, and this at least before and after each patient contact. Furthermore, they do not wear nail polish, artificial nails, rings, bracelets, watches or long sleeves and they have short and well-groomed nails.

These are the basic conditions for good hand hygiene. Please inform our healthcare providers if you should notice that they forgot to apply hand hygiene or if they do not adhere to the basic conditions.

You can also combat the spread of bacteria and prevent infections



by regularly washing or disinfecting your hands. Wash your hands especially before dinner and after every visit to the toilet.

If a visitor has a cold or is ill, it is best to ask him to postpone his visit. Also ensure good cough hygiene yourself: when sneezing or coughing, cover your mouth with a paper handkerchief, which you can then immediately throw in the trash can. Don't forget to wash your hands after this.



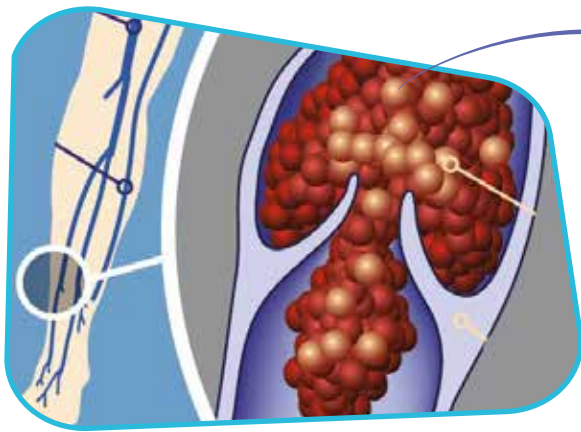
5.5. Removal of medical implants and anatomical materials

Medical implants (pacemaker, port catheter, plates and screws in the context of orthopaedic surgery, etc.) and anatomical materials (teeth, kidney stones, gallstones, etc.) are covered by the legislation on hazardous medical waste (HMW). They can cause microbiological contamination, poisoning or injury. For these reasons, they must be collected, transported and incinerated in a specific way.

They can under no circumstances be allowed to end up in the regular waste circuit. Therefore, these materials cannot be given to the patient after removal. For more information: www.ovam.be.

5.6. Prevent venous thromboembolism (VTE)

A venous thromboembolism is caused by damage to the wall of a vein, thereby forming a blood clot. A blood clot is usually the result of abnormalities in the blood flow after surgery or prolonged immobilisation due to an acute disorder or trauma. We make a distinction between **deep vein thrombosis** and **pulmonary embolism**.






Formation of a clot in a vein in the leg

A deep vein thrombosis develops in the deep veins of the legs. When a fragment of the clot detaches, it can be dragged along by the blood stream and cause a pulmonary embolism.



Deep vein thrombosis and pulmonary embolism

What are the risk factors?

 HIGH RISK	 MEDIUM HIGH RISK	 OTHER FACTORS
<ul style="list-style-type: none"> • long hospital stay • an operation (especially hip, knee and cancer surgery) • not moving for a long time (e.g. because of bed rest or a long journey) 	<ul style="list-style-type: none"> • age > 60 years • personal or family history of blood clots • cancer/chemotherapy • medication based on oestrogens (e.g. oral contraceptives) 	<ul style="list-style-type: none"> • obesity • pregnancy or recent childbirth • tobacco • alcohol

During the period that you are at risk of developing a venous thrombosis (such as after an operation), the attending doctor decides which medicinal or non-medicinal preventive measures are applied or prescribed.

What can you do yourself?

Keep moving

Immobility increases the risk of forming a blood clot in a leg. If you stay in the chair for a long time, you will need to get up once in a while, stretch your legs and walk around a bit. This is important for a healthy blood flow.

Exercises for healthy veins



Lift one leg slightly and make circular movements with the foot in the air.
30 seconds with each leg!



Tap alternately with the tip of the foot and with the heel on the ground.
20 times a leg!



Lift your legs and pedal alternately with your feet, as if you were keeping a foot pedal in motion.
Repeat 20 times!



Step on the spot, pull your knees up high and let your arms swing along with you in a relaxed way.
For one minute!



Raise one leg, stretch the toes and pull them back towards you. Alternate this.
20 times with each foot!



Stand on your toes with your legs against each other and then lower your heels again.
Repeat 15 times!

5.7. Pain measurement

Pain can occur after surgery or treatment. Our hospital uses an **NRS score** to be able to measure the intensity of the pain and to adjust the pain medication effectively.

You will be asked to express your pain as a number from 0 to 10 at regular intervals. 0 means 'no pain' and 10 means 'the worst pain you can imagine'. You can never give a wrong number. After all, it is about the pain you feel and pain is a personal experience. If you have a little pain, you can rate the pain between 1 and 4. If you have a lot of pain, you can rate the pain between 7 and 10. On the basis of this figure, the nurses and doctors will further adjust your pain medication and management.

Some patients receive a PCIA pump with morphine or a PCEA with local anaesthetics after surgery. You will receive the necessary information in the recovery room. Brochures with more information are available in the departments and can be obtained from the nursing staff.

5.8. Decubitus prevention

What is a pressure ulcer (decubitus wound)?

If you sit on a couch or stay in bed for a long time and do not move much, you may sometimes feel that your skin feels uncomfortable or painful after a while. In some situations, adjusting your posture is sufficient to remedy or prevent this discomfort. However, there are times when it is more difficult: times of prolonged illness, after an operation or during another disorder.

In such a situation, there is high pressure on the skin and the underlying tissue. Because of this pressure, the blood supply to the skin and the underlying tissues is insufficient. If this happens at the bottom or the heels for example, the skin can become damaged and wounds can occur. These wounds are called **pressure ulcers (decubitus wounds)**.

A number of additional factors play a role in the development of pressure ulcers, such as:

- your general physical condition
- the effect of certain medications
- insufficient or poorly formulated nutrition
- advanced age
- the hydration state of the skin
- body temperature.

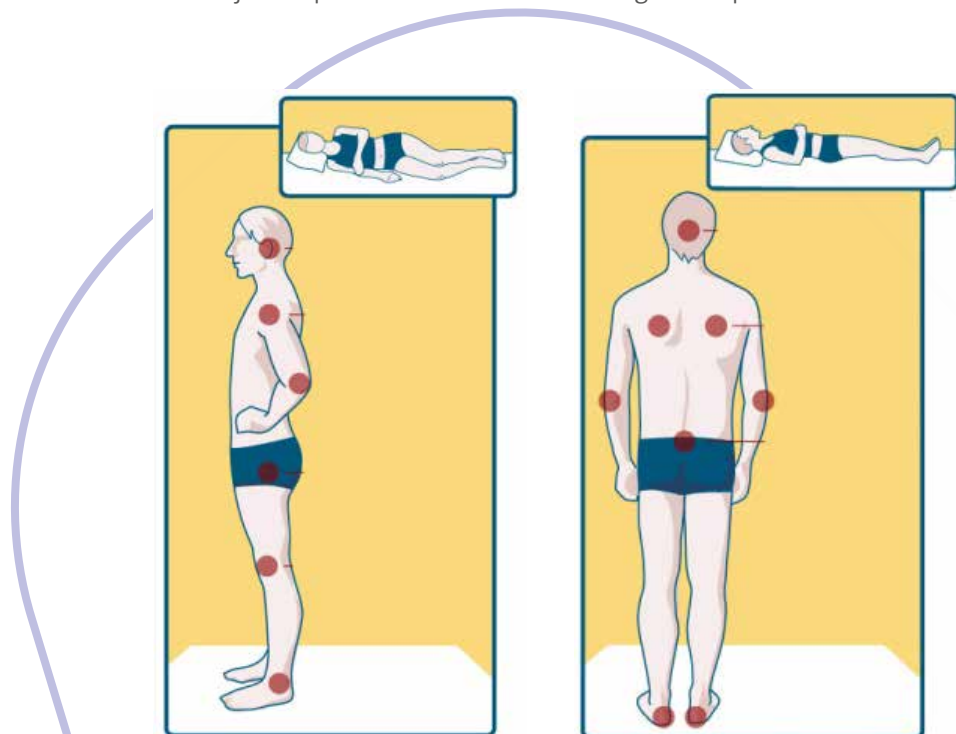
Are some people more vulnerable than others?

Yes, vulnerable people, regardless of age, include:

- persons who no longer move
- persons who do not eat or drink enough
- incontinent persons (loss of urine or stools)
- persons suffering from certain diseases affecting the general condition.

What signs should attract attention?

A first sign is often when the site subject to pressure turns red. Blistering is also possible.



How can you avoid pressure ulcers?

Prevention is very important, since a pressure ulcer is painful, causes a lot of discomfort and prolongs hospital stay. **Prevention is always better than cure.** Moreover, prevention takes less time than treatment.

Movement and posture:

- exercise regularly, even if you have to stay in bed or are in a wheelchair
- change your posture frequently (preferably every two hours) by raising (and not by moving) yourself
- tell the nursing staff immediately if you feel any pain or notice redness on the skin; it is important that they take appropriate measures quickly
- keep the bed and chair dry and clean: after all, creases and crumbs break the skin more quickly
- keep the skin healthy: use a moisturising cream regularly
- if you are incontinent to urine and bowel movements, clean the skin regularly and apply a protective cream; if necessary, ask the nursing staff for more information
- eat and drink enough to keep your skin healthy; you need to drink 1.5 litre of water every day to drink enough
- ask for help if you are unable to move well by yourself; there are special cushions and/or mattresses that provide pressure relief.

What to do if pressure ulcers do occur?

If you develop a pressure ulcer, you will receive appropriate treatment.

5.9. Patient rights and obligations

Your rights

Since 2002, patients' rights have been clearly defined by legislation. These regulations promote trust in the relationship between the patient and the healthcare provider and enhances the quality of this relationship. An overview:

- quality service
- free choice of professional
- information needed to understand your state of health
- information about and free consent to any intervention
- a carefully maintained and securely kept patient file
- protection of privacy
- appropriate care to prevent, treat and alleviate pain.

What does the hospital expect from you?

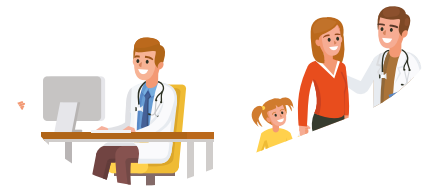
Patients' rights are about trust, transparency, cooperation and good communication. These elements also contribute to a better quality of care. The hospital expects the following from you as a patient:

- you will provide accurate information about your identity
- you should always provide full cooperation
- you should inform yourself about the financial consequences of the procedure and/or the stay prior to treatment; this can be done both with the own health insurance fund and with the private insurer; we expect a patient to be familiar with the terms of his own insurance policy
- you will pay the costs for your treatment
- you should treat materials with care, respect the privacy of others and comply with the house rules
- you should only smoke in the smoking zone provided for this purpose
- you should show respect for the healthcare providers
- you should show respect for the hospital's rules on filming and photography
- as a patient, you are yourself responsible for personal items; so it is best not to bring valuables with you.

You can find more information in our brochure
'Your rights and obligations as a patient' on
www.azrivierenland.be and on www.patientrights.be.

If you, as a patient, do not fulfil your obligations, it could be a reason to discontinue treatment. If, for any valid reason, you are unable to comply with your obligations, please report this to our staff immediately.

They will do everything in their power to find a solution. You may always contact the ombudsman service with your questions, problems or complaints.



5.10. Ombudsman service

A stay in the hospital can have drastic effects on your situation. This experience can trigger positive and/or less positive reactions. The hospital's employees try to offer humane, committed and expert counselling and guidance.

However, it is possible that certain things go differently from what you or the healthcare providers expected. Talk to the relevant healthcare provider about this and, if necessary, try to find a solution together with the head nurse or doctor. In each department there is a picture with the name of the manager at the desk, so that you know who best to address.

However, if you are still dissatisfied with the course of events, you can contact our ombudsman service. The employees will deal with your complaint according to a set procedure, so that a solution can be found together with you. In addition to dealing with complaints, you can also contact them for general questions or advice.

The ombudsman service can be reached by telephone at:

- campus Rumst: 03 880 92 09 of ombudsdienst.rumst@azr.be
- campus Bornem: 03 890 17 92 of ombudsdienst.bornem@azr.be.

More information can be found in our brochure 'Did your hospital experience run differently than expected?'

You can also send a letter to the ombudsman service, complete a complaint form at the reception desk in the central entrance hall or fill in a document online via our website.

We wish you a speedy recovery!

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owner: dr. Hervé Vanden Eede, dr. T. Boogmans, anaesthesia

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v.u.: Sofie Vermeulen, communication assistant

Maatschappelijke zetel: vzw AZ Rivierenland | 's Herenbaan 172 | 2840 Rumst

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www.azrivierenland.be | info@azr.be

