

Pre-Admission/Operative Assessment

I went down to London today for what I thought was a pre-admission assessment (don't ask which actually turned out to basically be a pre-operative assessment (I think they have just renamed it). The confusion stemmed from me being booked in for two separate procedures. The first being a facet joint injection, the second being the actual surgery. You can imagine how perplexed I was when I was told I needed pre-admission for an injection! Was so certain it was being done under local (and don't worry, it is). The anaesthetic consultation is for the surgery.

So anyway, I get there and the lovely nurse came to get me. First she asked for a MSSU (urine sample), BMI (checked height and weight) and an MRSA swab (standard procedure in the UK for hospital admissions - nose and groin). Having gotten these out of the way we proceeded to Blood Pressure, Heart Rate and Oxygen Levels. This is all standard for any surgery.

Then came the additional stuff, for special people having spinal surgery... first up was a Lung Function Test. For anyone who doesn't know what that involves - it is basically when you breathe out in to a box with a mouthpiece attached to it. Then I had an ECG, that one was not expected - in short, 6 wires are attached to your chest, and an additional one to each ankle. All my readings were normal just in case you were wondering.

Next up came the anaesthetist who took my anaesthetic history per usual, luckily I have never had any complications. The rest of the medical questions were on my heart, thyroid, kidneys, blood abnormalities, and medicinal allergies. He asked for my consent for blood transfusion should it be necessary, and told me my own would be pumped back in to me first should it be needed (cell salvage). He got my consent. He checked my lungs and heart (with a stethoscope), and then checked inside my mouth, with extension and flexion (looking up and down).

Once he was happy he proceeded to ask me about contraception, told me not to get pregnant before surgery, ensured I didn't smoke or drink and asked about any regular medication. Then he proceeded to tell me what his extent would be. One cannula will go in to small vein in my hand, through which I will be given sedation. After I am unconscious I will be intubated with a reinforced tube, and an additional two cannulas will be inserted at least. The first in to a bigger vein, should additional fluids and a transfusion be need and the second in to an artery so that my beat to beat blood pressure can be monitored throughout surgery. Additionally a catheter will be inserted.

He explained that whilst the full anaesthetic affects will be eased in the recovery room I will still be kept heavily sedated. Depending on the amount of swelling in the neck to the trachea etc. it is very possible I will be kept intubated overnight too. He anticipates I will be kept on ventilation, so I will be going directly to Intensive Care from recovery. Which will not matter I suppose because I am going to be drugged out of it anyway. He has already told me I will be given opiates (morphine) throughout surgery, and patient controlled analgesia (PCA) of morphine will be attached to one of the cannulas for when I am off of ventilation.

When I am off ventilation, the catheter and two of the cannulas should be removed, at least the arterial one anyway (he expects this to be the next day). At this point I will only be allowed to try out fluids and I have been told to expect that to even be painful, with

swallowing temporarily (hopefully) problematic. Totally love when consultants are straight with you.

After I can breathe, drink, and pass urine by myself I should be able to go to a normal ward. This is if of course all other normal functioning (movement) has been maintained. The only difference between Intensive Care and High Dependency is basically ICU patients are on ventilators. Should anyone not know, the entire time a patient is on ventilation, they will also have their heart rate monitored. And with all those great details, that was him pretty much done.

I had a whole load of blood samples taken to check my full blood count, kidney function (U&E), clotting and blood group (Group and Save). The sister taking my blood explained the reason she was taking four separate clotting samples was so that a whole load of extensive tests could be run on them, which would check for spinal related stuff. I didn't ask for any more details.

Once that was done, I was plastered up and ready to go home. Just before I left she told me I would probably be admitted the day before the actual surgery, so it seems that my stay in hospital just gets longer and longer. A lot of anxieties were resolved during that appointment, I was glad I got a lot of questions cleared up. I still don't have the surgery date though, so it seems odd that they have already done the pre-op. I have no plans to have surgery before the third week of May at least anyway if it can be avoided.