

GENERAL PRE-OPERATIVE CARE PLAN

SMOKING:

Please do not smoke at least 4 weeks prior to surgery. Smoking increases risks of a general anaesthetic. It also affects wound healing and can predispose to bleeding, scar formation and infection. These risks are significantly higher with any airway surgery (surgery on the nose, oral cavity, pharynx, or larynx).

If you need help to stop smoking, you can talk to your pharmacist or general practitioner. Information is available at www.quitnow.gov.au, www.quitsa.org.au, or you can contact the Quitline on 13 7848.

CLOTTING DISORDERS:

Please inform your surgeon if you have a known bleeding or clotting disorder.

MEDICATIONS:

The following medications increase the risk of bleeding and should be avoided prior to surgery. Please note that this is not an exhaustive list of medications. Some cold remedies may also contain aspirin, so please consult your pharmacist if you are unsure.

Nasal Decongestants Decongestants such as Drixine, Sinex or Otrivin nasal sprays, or oral Sudafed should not be used for prolonged periods of time. Such use can lead to rebound congestion and increased bleeding risk during and after nasal surgery. Ideally you should discontinue use five days prior to nasal surgery.

Aspirin Aspirin irreversibly inhibits platelet function and should NOT be taken at least 10 days prior to surgery (Alka-Seltzer, Aspalgin, Aspro Clear, Codis, Disprin).

Non-Steroidal Anti-Inflammatory Drugs Non-Steroidal Anti-Inflammatory Drugs (other than aspirin) should not be taken for 5 days prior to surgery. These include, but are not limited to:

Celecoxib (Celebrex)	Ketorolac (Toradol)
Diclofenac (Chemmart Diclofenac, Clonac, Dinac, Voltaren)	Meloxicam (Mobic)
Etoricoxib (Arcoxia)	Naproxen (Naprosyn, Anaprox, Chemists Own Period Pain Tablets, Crysanal)
Ibuprofen (Nurofen, Advil, ACT-3, Brufen, Bugesic, Chemists Own Ibuprofen)	Piroxicam (Chemmart Piroxicam, Feldene)
Indomethacin (Arthrexin)	Sulindac
Ketoprofen (Orudis, Oruvail)	

Anti-Depressants These medications have a mild inhibiting effect on platelet function. In many cases it can be detrimental to stop these medications abruptly, and you can safely continue their use leading up to surgery. However, please advise your surgeon if you are taking these:

Citalopram	Paroxetine
Fluoxetine	Sertraline
Fluvoxamine	

Other Anti-Platelet Medications It may be unsafe to stop these medications without some other form of controlled anticoagulation around the time of surgery. In other cases stopping these for 2 weeks around surgery is of low risk.

Clopidogrel	Ticlopidine
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Anti-Clotting Medications The indications for using these are important to know, and safety of stopping the medication may need to be discussed with your cardiologist or other specialist.

Warfarin (Coumadin, Marevan)

Herbal Remedies The following herbal medications can increase bleeding risk and should be avoided at least 7 days before surgery:

Garlic (in large amounts)	Ginger (not dried)
Ginkgo Biloba	Saw Palmetto
Ginseng (Asian)	Willow bark
Feverfew	

Other Supplements The following supplements can also impact on blood clotting, and should be avoided for 7 days prior to surgery:

Fish oil, in high doses
Vitamin E

(continued overleaf...)

FASTING BEFORE SURGERY

It is important to fast before surgery, as during an anaesthetic, as muscles relax, stomach contents can reflux into the throat and be aspirated into the airway, causing serious complications.

FASTING FOR ADULTS:

No food or fluid (apart from water) for 6 hours before the operation – including chewing gum, lollies, sweets, and lozenges.

Water, up to 200 ml per hour, is allowable up to 2 hours before the operation.

FASTING FOR CHILDREN:

No food for 6 hours before the operation – this includes milk, formula, thickened fluids, chewing gum, and lozenges.

Water is allowed up to 2 hours before the operation.

Breast milk is allowable up to 4 hours before the operation, as it is broken down faster than substitutes.

Some children may be prescribed thickener for fluids due to swallowing problems, to reduce the risk of aspiration of fluid into the windpipe. Any thickened fluid (including water) is considered “food”, as stomach emptying is delayed and the thickener has to be digested. Anything containing thickener needs to be withheld for 6 hours before the operation.