

Norwood

Day Surgery

Centre of Excellence for Cosmetic Medicine and Surgery

Accredited Day Surgery Facility

YOUR SURGERY AT NDS

PATIENT INFORMATION PACK

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WELCOME TO NORWOOD DAY SURGERY

Thank you for choosing to have your surgery with us at Norwood Day Surgery. A request for admission to Norwood Day Surgery has been received from your doctor.

First accredited in 2005, Norwood Day Surgery's premises have met the International Standards Certification under ISO 9001:2008 and we are a registered, fully licensed & accredited private family-owned hospital in South Australia through QIP.

This patient information pack contains all the details you require to make your day stay with us as comfortable as possible.

Prior to Admission: Please read through all the information included to make sure you fully understand what is required by you. If you are uncertain about any aspect of your admission, please do not hesitate to call & speak with our Practice Manager, Helen Marzola, on our office number (08)70796796, ahead of your surgery time.

The following documents will need to be completed & returned prior to your admission:

- **Day Pre-Admission Form**
- **Anaesthetic Consent Form**
- **Disclaimer Consent Form**

We will also obtain a copy of your signed procedure consent from your surgeon to be kept in our records – necessary for Department of Health Coding & Reporting.

We welcome your comments and feedback about all aspects of the service that we provide. Please don't hesitate to offer your thoughts to enable us to improve our services for future patients.

You are our priority every step of the way.

Norwood Day Surgery is proudly affiliated with the following organisations:



ADMISSION

Your hospital admission Will be arranged by your doctor who will inform you of the day & in some cases the time you need to come to hospital. We will also contact you to confirm your admission time the day prior.

To minimise the risk of infection please wash or shower prior to your admission. Please do not apply talcum powder or makeup following the shower.

Dress comfortably. Makeup, nail polish & acrylic nails are to be removed.

On your admission day, please enter via the main door to reception.

Upon arrival, you will be escorted to the Day Procedure area where your admission will take place. A nurse will admit you & provide you with information about your stay in hospital.

PLEASE NOTE THAT IT IS NOW A MANDATORY REQUIREMENT FOR ALL PATIENTS HAVING ELECTIVE SURGERY TO HAVE A RAPID ANTIGEN TEST (RAT) ON THE DAY OF ADMISSION. THIS WILL BE SUPPLIED BY NORWOOD DAY SURGERY.

ANAESTHETIC ASSESSMENT

If you are having a Sedation or General Anaesthetic, you will meet your anaesthetist prior to your procedure.

INTERPRETER SERVICES

An accredited interpreter service can be arranged where deemed necessary. Notice of same will be required and charges may apply.

WHAT TO BRING TO HOSPITAL?

Please only bring essential items required for your day stay including any medications that you may require or your doctor/s may need to sight. Please avoid where possible bringing any valuable items, jewellery or excessive amounts of money. Mobile phones must be switched to silent during your stay.

ACCOUNT INFORMATION

INFORMED FINANCIAL CONSENT:

As part of your admission process, NDS is obliged to ensure that you are made aware of the estimated hospital charges you & your insurer will incur.

Therefore, you will be asked to sign an Informed Financial Consent form on or before admission. If your admission is unplanned, you will be asked to give informed financial consent as soon as possible.

In the event that additional services, gap prosthetics or consumables are required, an account will be raised & sent to you for payment.

NDS is a Second Tier Facility & as such has an agreement with the majority of private health funds to cover the hospital charges for your admission, depending on the level of your cover. Some levels of cover require you to pay an excess or co-payment & you will be asked to pay this prior to, or on admission. In addition,

health fund policies require members to serve waiting periods before they will provide cover, & some levels of cover have excluded services. Pre-existing ailment rules also apply & your cover may be subject to these rules. We therefore strongly recommend that you contact your health fund to confirm your cover prior to your admission.

PLEASE NOTE: Private Health Funds will NOT pay in full for your entire procedure at Norwood Day Surgery. As such, there will always be an out-of-pocket cost for your theatre time.

INSURED PATIENTS:

Your account for hospitalisation will include your accommodation & theatre fees & other chargeable items in accordance with NDS's current fee agreement with your health fund.

You will be asked to complete & sign a health insurance claim form on admission. We will submit your claim to your health fund on your behalf.

In the event that your health fund rejects your claim for reimbursement for any reason, the hospital will seek to recover any amounts outstanding from you.

If you do not sign a health insurance claim form before discharge, a form will be sent to you for completion. We request that you return the completed & signed claim form to the hospital as soon possible.

SELF INSURED PATIENTS:

If you are a self-insured patient (ie you do not have private health cover), you will be required to pay an estimate of the total amount of the hospital account prior to admission to confirm your booking

We accept cash, bank cheques, money orders, EFTPOS & Visa & Mastercard for any amounts payable. Please note a surcharge applies for payments made by credit card. Personal cheques & business cheques will not be accepted. All self-insured patients must pay in full prior to admission

WORCKCOVER/THIRD PARTY INSURANCE:

If your admission is as a result of a Workcover, Third Party or Public Liability Claim, NDS will require prior written approval for your admission from the relevant insurance company. Your admission cannot be confirmed until this approval is received.

CONSENT

PROCEDURE/CLINICAL CONSENT:

Should you have any questions regarding your proposed treatment or procedure during your hospitalisation, we advise that you discuss these with your doctor.

You have the right to have all the risks explained in full or withdraw your consent, either in full or part, at any time prior to the procedure being performed.

DAY SURGERY PATIENTS

Patients must have a responsible adult accompany them home & stay with them overnight after discharge. Our staff will telephone your relative or friend shortly before you are ready to be picked up. The hospital will advise you of this process.

For the first 24 hours after leaving hospital DO NOT

- Use any dangerous machinery & tools.
- Sign any legal documents.
- Drink alcohol
- Activities which require coordination &/or a high level of alertness.
- Drive a motor vehicle. Motor vehicle insurance policies may be void in the event of an accident.
- Must be in the care of a responsible adult for the first 24 hours.
- Your doctor will advise if the time frame varies on any of the above activities

FALLS PREVENTION

If you have had a recent fall or are at risk of falling, bring to the hospital any equipment you normally use such as spectacles & walking aids. Whilst in hospital always use your nurse call bell if you require assistance, take your time getting up & ensure you wear well-fitting shoes whilst walking.

FASTING AND SMOKING

Prior to your procedure do not eat, drink, chew gum or smoke or take recreational drugs as per your doctors or the hospital instructions. If you do not follow these instructions, your surgery may be cancelled. Smoking is not permitted at this facility.

MEDICATIONS

Please bring to the hospital all medications you are currently taking in the original dispensed packaging to show nursing staff on admission.

DIETARY REQUIREMENTS

Please advise our nursing staff at the time of your pre op call, if you have any food allergies or dietary requirement so we can accommodate your needs accordingly.

PREVENTION OF INFECTION

You will be asked by your preadmission or admitting nurse if you have returned from overseas travel or been in contact with anyone who has been unwell in the last 7 days, if you are experiencing flu like symptoms, or symptoms of gastroenteritis.

This is to prevent/minimise the risk of transmission of any community acquired infection in our hospitals.

HAND WASHING PROTOCOL:

Please note in particular hand washing protocols which apply to you, your friends & carers. Safe hand washing practice minimises the risk of infection which is extremely important for your health & a good health outcome post-surgery or illness.

When coughing or sneezing, use a tissue to cover your nose & mouth, dispose of the tissue afterwards into a rubbish bin. After coughing, sneezing or blowing your nose, wash your hands with soap & water. Alcohol based hand rubs are also available throughout the hospital for use.

CAR PARKING

We recommend that you travel to and from hospital with a carer, friend or relative & allow time to find suitable parking.

PATIENT FEEDBACK

Patient feedback is important to us & we encourage all patients to tell us how they feel about our level of customer service, our facilities & our staff. To know where we do well is appreciated, but to learn we improve is far more important if we are to enhance the service, we offer to our future patients.

PATIENT RIGHTS AND RESPONSIBILITIES

Norwood Day Surgery acknowledges it is important to understand your right & responsibilities as a patient. A copy of 'My Health Care Rights' is included with this information.

Patients must respect the privacy & confidentiality of other patients. It is illegal to disclose any information about another patient's presence in the hospital or their treatment. This includes verbal & digital communication as well as the use of photographs, videos etc. Or information published online and /or via any social media platform.

PRIVACY POLICY

Norwood Day Surgery is bound by the National Privacy Principles in the Commonwealth Privacy Act & by State Privacy Laws. We are committed to the right to privacy & the protection of personal & health information in accordance with privacy laws.

WORK HEALTH & SAFETY POLICY & FACILITY DISCLAIMER

Norwood Day Surgery recognises its moral & legal responsibility to provide & maintain a safe & healthy environment for employees, patients, contractors & others. This commitment extends to ensuring that the operation of our hospital does not place the community or the environment at risk of injury, illness or damage. We ask that you comply with any such regulations that you are made aware of, including following any emergency procedures if required.

Norwood Day Surgery endeavours at all time to provide a safe, clean, regulated, comfortable & welcoming environment in accordance with national guidelines, however is not responsible or liable for any surgical outcomes performed by your doctor. Should you have any questions or concerns relating to same, please direct them to your doctor & not this facility.

ABOUT YOUR ANAESTHETIC

WHAT IS ANAESTHETIC?

Anaesthesia is an altered mental state where pain is not experienced during surgery or a medical procedure. To attain this, your anaesthetist may put you into a carefully controlled unconsciousness as in General Anaesthesia or only part of the body may be numbed as in Local or Regional Anaesthesia.

LOCAL ANAESTHETIC

Local anaesthetic refers to the administration of local anaesthetic drugs under the skin subcutaneously. In this technique, the local anaesthetic numbs the area around the operation site. This means there is little or no discomfort during treatment. Local anaesthetic can take varying amounts of time to wear off. During this time, be careful not to expose the treated area to anything too hot or cold until the full sensation returns. Local Anaesthetic is frequently combined with Twilight Sedation.

TWILIGHT SEDATION

Twilight sedation is a form of anaesthetic in which medications are used to make you feel very relaxed, comfortable and drowsy. It is not a general anaesthetic that is used for major operations. The level of sedation in twilight sedation can be varied according to the needs of the procedure and the wishes of the patient. Patients find twilight sedation much more enjoyable than general anaesthetic. Most people find that they fall asleep while having this form of sedation and have little or no recollection of their procedure.

GENERAL ANAESTHETIC

A general anaesthetic is a much heavier sedation where an anaesthetist is allocated to solely look after your breathing and sedation levels. This may include the use of a ventilator. A large range of modern drugs and techniques are available and are used by the anaesthetist to suit each individual patient and the type of operation involved.

ANAESTHESIA AT NORWOOD DAY SURGERY

YOUR ANAESTHETIST

If a general anaesthetic is required for your procedure, your surgeon usually chooses your anaesthetist and they work together as a team to look after you

BEFORE YOUR PROCEDURE

Your anaesthetist will see you pre-operatively usually on the day of your procedure. They will ask you questions including

- Previous anaesthetics and operations
- Any medications you are taking (if you don't know them all, bring them with you)
- Any known allergies
- Your general health, past and present medical problems
- Anaesthetic problems experienced by any family member

Your anaesthetist will then decide with method of anaesthesia is best for you.

AFTER YOUR PROCEDURE

After your procedure you will be moved back to our recovery area where your recovery nurse is trained to look after patients who are waking up after anaesthesia. Your anaesthetist will supervise this recovery period until you are safely awake. He or she will also arrange for any post-operative medication if you experience any pain or nausea.

FASTING

Your surgeon will give you clear instructions for fasting in your operation booking letter. Fasting means no eating, drinking (including water) or chewing gum or lollies during this period of time. This is very important to minimize the risk of regurgitation and then inhalation of the stomach contents during anaesthesia. This is a potentially life-threatening complication of anaesthesia so please follow your instructions carefully.

MEDICATIONS

Regular medications will be discussed at your initial consultation. If there are any changes to your medication between your initial consultation and your procedure, please advise staff at Norwood Day Surgery immediately. You should take any regular medications as normal unless advised by your surgeon, anaesthetist or GP. If you have any query regarding medication and your anaesthetic, do not hesitate to make a review time with your doctor prior to your surgery date

YOUR ANAESTHETIC FEE

All local anaesthetic fees and charges are included in your initial quote. If you are having sedation or a general anaesthetic, you will be billed separately by your anaesthetist

WHAT ARE THE RISKS OF GENERAL ANAESTHESIA?

When you first wake from the general anaesthetic you will feel drowsy. You may also have some pain, feel sick or have a sore throat. If you have pain or feel sick at any time after your operation it is important to tell the nurse who is looking after you.

After your anaesthetic you may also notice some dizziness, blurred vision or have problems remembering things. These usually pass quite quickly.

Every anaesthetic carries a risk of other possible complications- some of these are minor and some are serious.

Complications that are infrequent but can occur include:

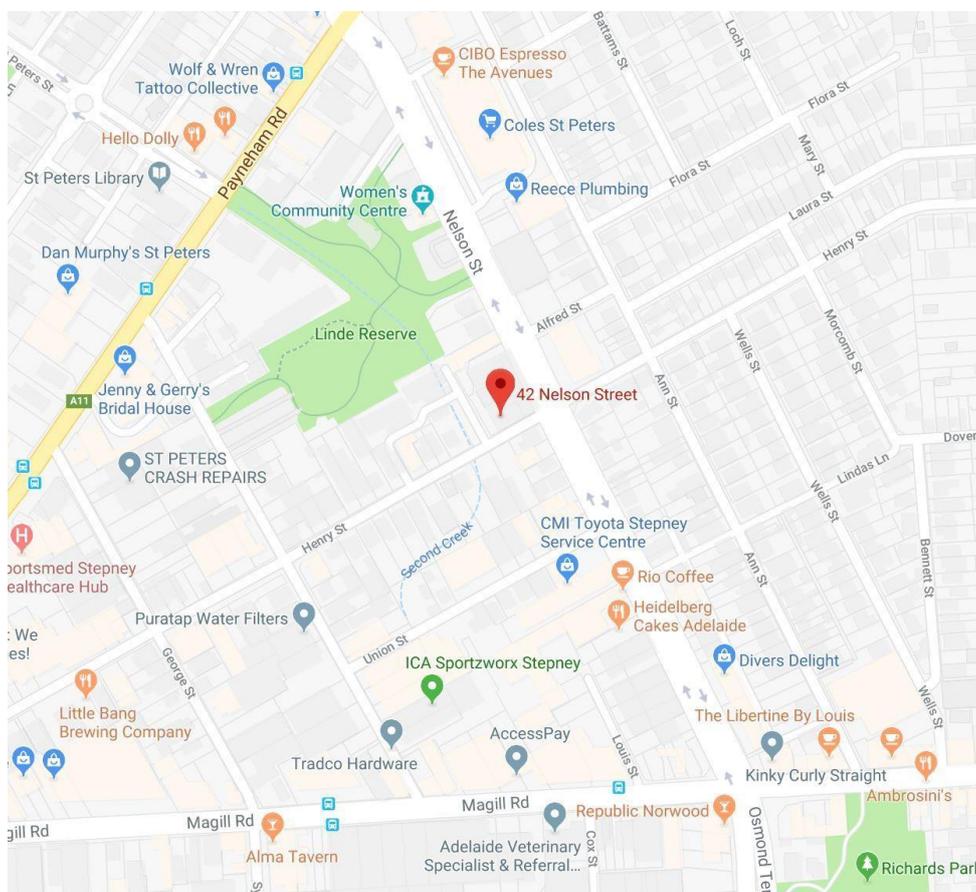
- Bruising
- Muscle pain
- Pain or other injury at injection sites
- Temporary difficulty with breathing
- Temporary nerve damage
- Wheezing or asthma
- Headaches
- Being awake during the surgery
- Damage to teeth, caps, crowns or false teeth
- Injury to lips or tongue

Serious complications from anaesthesia can also occur but it is important to stress that these are very rare. The risk may vary according to your health before your surgery and the seriousness of your operation. These more serious complications can be discussed with your surgeon or anaesthetist.

If you have any concerns or questions about any of these risks or complications your anaesthetist will be happy to talk about them with you. Do not hesitate to discuss any queries or concerns with your doctor, anaesthetist or nurse.

GETTING HERE

Our Location



The clinic is open between 9 am and 5 pm Monday to Friday and is conveniently located at 42 Nelson Street, Stepney. There is parking at the side of the clinic or on Henry Street.

If you have any further questions, please do not hesitate to contact us on **(08) 7079 6796** or send us an email at admin@norwooddaysurgery.com.

DISCLAIMER CONSENT

YOUR SURGERY AT NORWOOD DAY SURGERY

Please print your name and date of birth below, sign, have witnessed and return to Norwood Day Surgery.

I _____, _____
Insert full name Insert date of Birth

acknowledge that my private treating doctor is not an employee at the hospital facility, Norwood Day Surgery, and I will not hold my hospital responsible or liable for; the outcome of my surgery, any injury caused by negligence or breach of duty by my private treating doctor or any other medical practitioners engaged by or referred from my private treating doctor. Any questions or concerns leading up to, during or after my surgery must first be directed to my private treating doctor and not the hospital, Norwood Day Surgery.

I acknowledge that the hospital, Norwood Day Surgery, is to provide the hospital facility, nursing services and paramedical services to aid and assist in my surgery, which is to be performed by my private operating doctor. The hospital, Norwood Day Surgery, is responsible for any injury caused by any negligence or breach of duty by it in respect to these specific services provided to me.

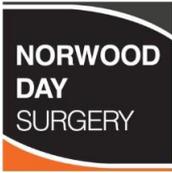
I acknowledge that I have read and understand/accept all of the information provided in this document, Your Surgery at Norwood Day Surgery, pertaining to my upcoming surgical procedure.

SIGNATURE OF PATIENT: _____

SIGNATURE OF WITNESS: _____

SIGNATURE OF NDS STAFF MEMBER: _____

DATE: _____



Norwood Day Surgery

Anaesthetic Consent Form

Please carefully read each of the following and **INITIAL NEXT TO EACH** to indicate your understanding and acknowledgment:

INITIAL	
	I request and consent to the administration of anaesthetics, medicines and other forms of treatment which are foreseeable and associated with this procedure.
	I request and consent to the administration of such anaesthetics as may be deemed by the doctor supervising the anaesthesia to be necessary. I understand that all forms of anaesthesia involve risk and the possibility of complications, injury and sometimes death.
	I have received and read the "Anaesthesia Patient Information Sheet" and understand my options for Anaesthesia.
	If receiving Local Anaesthetic and/or sedation – In the failure of Local Anaesthesia and/or Sedation, sometimes additional anaesthetics or alternative methods of Anaesthesia to be used may be required (e.g. Local Anaesthesia, Regional Anaesthesia, or a combination of these, or General Anaesthesia). I agree to additional anaesthetics, medicines, procedures or treatments to be carried out, as necessary.
	I have been informed of the nature, effects and relevant foreseeable risks of this procedure and anaesthetics to be used and I accept those risks.
	I authorize that during the course of any procedure, unforeseen circumstances may arise (e.g. Allergic reaction) which necessitate further medical or surgical intervention for my safety.

I authorize for the below anaesthetist and his assistants to carry out this extra work if considered necessary with the **exception** of _____ (state name of anaesthetic, drug or procedure, if any).

CONFIRMATION BY ANAESTHETIST:

I have properly informed this patient and obtained consent as indicated above.

SIGNATURE OF ANAESTHETIST: _____

PATIENT FULL NAME: _____

SIGNATURE OF PATIENT: _____

SIGNATURE OF WITNESS: _____

DATE: _____

Norwood Day Surgery

Day Pre-Admission Form

AFFIX PATIENT LABEL HERE

Personal Details

Title:	Surname:	Given Names:
DOB:	Marital Status:	Country of Birth:
Sex	Religion	Occupation:
Are you of Aboriginal or T.S.I descent?		
Street Address:		Suburb:
Post Code:	State:	Mobile Number:

Health Information

Medicare Card No:	Your ref:	Valid To:
Health Fund:	Membership No:	
Position on card:	Date Joined:	Level of Cover:

DVA/Pension/Pharmaceutical Benefits/Safety Net Nos (IF APPLICABLE)

Department of Veteran Affairs No:	Pension No:
Pharmaceutical Entitlement Card No:	Safety Net No:

TAC Claim (IF APPLICABLE)

Claim No:	Date of Accident:
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WorkCover Claim (IF APPLICABLE)

Claim No:	Date of Accident:
Employer:	Employer's Insurance company:
Contact Person:	Contact No:

Next of Kin – Contact 1

Name:	Relationship:
Contact Number:	Address:

Next of Kin – Contact 2 (OPTIONAL)

Name:	Relationship:
Contact Number:	Address:

Informed Financial Consent

The balance of the account is payable one week prior to admission. I understand and agree to pay all hospital accounts notwithstanding any denial by - Health Insurance Funds, WorkCover, Transport Accident Commission or any other relevant body.

Signed:	Name:	Date:
Address:		

PRE ADMISSION MR/001

Norwood Day Surgery Day Pre-Admission Form

AFFIX PATIENT LABEL HERE

Medical History		
Have you ever had any of the following?	Yes	No
Anaemia		
Arthritis		
Asthma/Bronchitis		
Bleeding Disorder		
Blood Clots		
Blood Transfusion		
Bowel Bleeding		
Chest Pain/ Angina		
Diabetes		
Epilepsy or Fits		
Heart Attack		
High Blood Pressure		
Indigestion or Reflux		
Jaundice/Hepatitis		
Kidney Disease		
Pneumonia		
Psychiatric Treatment		
Rheumatic Fever		
Stomach Ulcer		
Stroke		
Tuberculosis		
Other		
Did you receive a dura mater graft between 1972 and 1989?		
Have you or any member of your family had a history of Creutzfeldt Jakob Disease (CLD)?		
Have you received human pituitary hormones (growth hormones, gonadotrophins) prior to 1985?		
Have you suffered from recent rapid progressive dementia?		
Please provide relevant details of any "yes" answers: Have you experienced any mental health episodes?		
Do you have a 'Do Not Resuscitate' Plan?		

Surgical History		
Please give details of previous surgery:		
Anaesthetic History		
Have you had an anaesthetic previously:		
Have you or any relatives had any problems with anaesthetics:		
If yes, please provide details:		
Tobacco/Alcohol Use		
Smoking Status:	Cigarettes per day:	
Alcohol Consumption:	Drinks per day:	
Allergies:		
Do you have any allergies or sensitivities:		
Please provide details:		
Medication:		
Please give details of all medications you are currently taking:		
Name	Dose	Frequency

***I DECLARE THAT ALL INFORMATION PROVIDED ON THIS FORM IS TRUTHFUL AND FACTUAL AS OF TODAY.**

DATE: ___ / ___ / ___ SIGNED: _____

PRE ADMISSION MR/00:

Your ability to follow and participate in the Pre and Post-Operative instructions will greatly impact your healing and final results.

Please contact our office on (08) 7079 6796 if you require any clarification or have any questions relating to the guidelines.

- Do not take aspirin-based products or anti-inflammatory products 14 days before your surgery.
- Avoid Vitamin E and herbal products such as Gingko, Garlic and Ginseng. If these medications are prescribed by your physician, please discuss this with the Norwood Day Surgery staff.
- **Cease all recreational drugs 14 days prior to surgery. Failure to do so will result in the cancelling of your surgery and possibly additional fees.**
- Cease all vitamin supplements 7 days prior to your procedure.
- If having **General Anaesthetic**, fast from food for 6 hours prior to your surgery, no fluids 2 hours prior to your surgery.
- If you are having **Sedation (twilight)**, fast from 4 hours prior to your surgery, only small sips of water are permitted.
- Ensure your doctor and, and the nurses know all of the medications you are taking. Daily medications may be taken with a small sip of water only.
- Do not wear any skin products, moisturizer, make-up, lipstick, hairspray, nail polish, false eyelashes, acrylic nails or fragrance.
- Tie back any long hair.
- Remove all jewellery and leave any valuables at home.
- Wear loose, comfortable clothing and avoid any pullover tops.
- Wear shoes that are easy to remove and put on.
- Remind your doctor and staff of any special concerns or conditions.
- Make sure you have competent post-operative transportation and care organised well before your surgical date.
- Do not drive for 24 hours after any form of sedation or general anaesthetic. Arrange for your lift home, as driving or catching a taxi is not an option after sedation. You must be discharged into the care of a responsible adult.

My healthcare rights

This is the **Australian Charter of Healthcare Rights.**

These rights apply to all people in all places where health care is provided in Australia.

The Charter describes what you, or someone you care for, can expect when receiving health care.

I have a right to:

Access

- Healthcare services and treatment that meets my needs

Safety

- Receive safe and high quality health care that meets national standards
- Be cared for in an environment that is safe and makes me feel safe

Respect

- Be treated as an individual, and with dignity and respect
- Have my culture, identity, beliefs and choices recognised and respected

Partnership

- Ask questions and be involved in open and honest communication
- Make decisions with my healthcare provider, to the extent that I choose and am able to
- Include the people that I want in planning and decision-making

Information

- Clear information about my condition, the possible benefits and risks of different tests and treatments, so I can give my informed consent
- Receive information about services, waiting times and costs
- Be given assistance, when I need it, to help me to understand and use health information
- Request access to my health information
- Be told if something has gone wrong during my health care, how it happened, how it may affect me and what is being done to make care safe

Privacy

- Have my personal privacy respected
- Have information about me and my health kept secure and confidential

Give feedback

- Provide feedback or make a complaint without it affecting the way that I am treated
- Have my concerns addressed in a transparent and timely way
- Share my experience and participate to improve the quality of care and health services



AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

For more information,
ask a member of staff or visit
safetyandquality.gov.au/your-rights

10/2022

Hand hygiene for patients and carers

Good hand hygiene is a simple way to stop the spread of sickness and disease.



What is hand hygiene?

Hand hygiene means washing your hands with soap and water or rubbing them with sanitiser.

When should you perform hand hygiene?

If you can see that your hands are dirty, always wash them with soap and water.

As you may not be able to see the germs on your hands, you can also use a hand sanitiser that contains at least 60% alcohol.

Always perform hand hygiene:

- When you enter or leave a hospital, a clinic or a patient's room.

Perform hand hygiene before:

- You touch a patient or start helping with their care, such as showering or changing a dressing
- Handling medicines
- Preparing or eating food
- Touching your eyes, nose or mouth.

Perform hand hygiene after:

- Blowing your nose, coughing, or sneezing
- Going to the toilet
- Touching animals and pets, including therapy pets.

Why is hand hygiene important?

Good hand hygiene protects patients and carers from germs that cause sickness and disease, such as flu, gastro or COVID-19.

These germs can be on surfaces and equipment that you touch.

As a carer, you could transfer these germs to the person you care for, without knowing.



How to use hand sanitiser

1

apply

a small amount of sanitiser to the palm of your hand.



2

rub

the sanitiser all over your hands, including your fingers, thumbs and wrists.



3

Allow the sanitiser to **dry**





Hand hygiene protects us

Everyone should do hand hygiene often, including at home, in hospital, when attending healthcare appointments, and when out and about in the community.



Your healthcare rights

The Australian Charter of Healthcare Rights describes the rights that consumers, or someone they care for, can expect when receiving health care.

These rights apply to all people in all places that health care is provided in Australia. This includes public and private hospitals, day procedure services, general practice, and other community health services. These rights include the right to receive safe and high-quality health care that meets national standards.



For more information

Visit the **National Hand Hygiene Initiative** at www.safetyandquality.gov.au/nhhi