

- ▶ Affix the identification sticker az groeninge here



# PATIENT BOOKLET




- ▶ for surgery
- ▶ for internal procedure
- ▶ for interventional examinations




Read "What do you need to do before you're admitted?" on page 3 as soon as you get this booklet.

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### Information for the general practitioner

	All useful information for preoperative management can also be found at <a href="http://azg.site/preop">azg.site/preop</a> .	
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## CONTACT

After reading the 'patient booklet', if you have any questions about ...

### ▶ ... your surgery or examination?

Call the secretary's office of the doctor performing your surgery or examination.

### ▶ ... your anaesthesia and pain management?

Call the anaesthetist on 056 63 30 30 or 056 63 30 35.

### ▶ ... your medication?

Call your GP or family pharmacist.

### ▶ ... anything else?

Ask at the reception desk or call 056 63 63 63.

## 1. What do you need to do before you're admitted?

You will shortly be coming to az groeninge for surgery or an examination.

### 1. Read this "patient booklet" and the "information guide for admission".

### 2. Answer the questions in the patient booklet.

Not able to do so?

Get help from your family, GP or home nurse.

### 3. Contact your GP.

The GP will fill in your patient booklet and see what other examinations you need.

You may need further examination by a specialist.

### 4. For a surgical intervention with at least one overnight stay\*: go to the preoperative nurse of az groeninge for a consultation.

- The consultation is **free**.
- The consultation can **take place by phone or in the hospital**.

**What** does the preoperative nurse do?

The preoperative nurse:

- gives you more information about your admission;
- reviews your patient booklet with you;
- takes care of your patient record;
- asks you questions about your home medication;  
TIP: Bring your current medication schedule and/or your medication in the original packaging with you.
- advises you on your medication for the surgery.

**When** can you drop by?

You can drop by for an interview every working day between 8am and 6pm:

- By appointment: make an appointment by asking your doctor's secretary to schedule one or call 056 63 21 03.
- Without appointment: you can also drop by without an appointment. Sign in no later than 5.30pm. Without an appointment you will sometimes have to wait a long time.

**Where** can you find the preoperative nurse?

Campus kennedylaan: follow **route B251**. Report to the Front Desk.

\* A consultation with the preoperative nurse is only necessary for a surgical intervention with at least one overnight stay. You do not have to attend a preoperative consultation for a day procedure, internal procedure or interventional examination, unless your doctor refers you.

## 2. Can you eat and drink before your surgery or examination?

Your stomach needs to be empty before the anaesthetic. This means that you must **fast** (not consume food or drink for a certain time before your surgery).

When under anaesthetic, the contents of your stomach can flow into your lungs. This can cause inflammation of the lungs.

### What do you have to do?

Follow the schedule below:

### You know the time of your surgery or examination.

Until midnight	Normal meal
Up to 6 hours before your surgery or examination	Light meal For example: <ul style="list-style-type: none"> <li>• a sandwich</li> <li>• toast with jam</li> <li>• yoghurt,...</li> </ul>
Up to 2 hours before your surgery or examination	water, sports drink, clear apple juice, clear tea, black coffee, all sodas (both fizzy and flat, no pulp)

### You don't know the time of your surgery or examination.

Your surgery or examination is before 1 pm.	Don't eat or drink anything after midnight.
Your surgery or examination is after 1 pm.	A light breakfast is permitted no later than 7am.

### 3. Agreements

To ensure a smooth process, it is important to follow these instructions:

1. Shower thoroughly the day before and the day of your admission.  
Good hygiene reduces the risk of infections.
  - Use soap, unless the doctor says otherwise.
  - Wash your armpits, skin folds under the breasts, groin area, belly button, buttocks and between the toes very well.
  - Wash your hair with regular shampoo.
  - Rinse off all soap well.
  - Dry yourself off with a clean towel.
  - Put on clean clothes. You wear a surgical gown during the operation.
2. Brush your teeth well. Always remove your dentures before an operation.
3. Cut your finger and toe nails short.  
Remove nail polish or artificial nails from at least 1 nail of each hand.
4. Do not use make-up or body lotion in the morning.
5. During your surgery or examination, do not wear piercings, rings, necklace, watch, bracelet, earrings, etc.
6. Do not wear contact lenses. Is your vision poor and do you wear glasses?  
You can keep them on until reaching the OR.
7. You can keep wearing a hearing aid until reaching the OR as well.
8. It is best to remove hair in the hospital using a medical shaver.

## 4. Anaesthesia and pain management

### 4.1. Information on anaesthesia and pain management

#### What does an anaesthetist do?

During surgery, the anaesthetist will attend to you.

He or she will sedate you and stay with you until you wake up.

#### How does the anaesthetist choose your anaesthetic?

- You authorise the anaesthetist to sedate you.  
To do so, please fill in and sign the form on page 9.
- There are different types of anaesthesia and pain relief for during and after the surgery.  
The anaesthetist will decide which is best for you. He or she will consider your health, your medical history, your medication and your personal wishes. This information is found in the questionnaire in this patient booklet on page 11. Be sure to fill out the questionnaire.

#### The anaesthetist will discuss the anaesthetic with you.

The anaesthetist will suggest an anaesthetic. He or she will discuss it with you. You are required to give your consent.

Feel free to ask him or her any questions.

- Were you admitted the day before your surgery?  
Then the anaesthetist will discuss the anaesthetic with you in the evening.
- Is it a one-day admission? Then you'll see the anaesthetist just before your surgery.

### 4.2. Information on the side effects of anaesthesia

Anaesthesia or sedation is very safe. However, you may experience side effects or discomfort.

These are determined by:

- yourself: your general health, certain risk factors such as obesity, smoking, etc.
- your surgery: how urgent is it, what kind of surgery is it, etc.

Below we provide an overview of all possible side effects.

Do you have any questions? Talk to your anaesthetist.

#### 4.2.1 Common side effects? (1 in 100 people)

##### > Feeling nauseous or having to vomit

Were you nauseous after a previous anaesthetic? Did you vomit after a previous anaesthetic?

- Note this down on the 'Patient Questionnaire' on page 11.
- Tell the anaesthetist on the day of your operation.

The anaesthetist will give you medication during your surgery. This medication will make you feel less nauseous or make you vomit less after your surgery.

##### > Sore throat or hoarseness

During surgery, we place a tube in your airway or stomach. As a result, you may have a sore throat or be hoarse after surgery. The sore throat or hoarseness will go away on its own after a few hours or days.

Are you suffering a lot from the sore throat or hoarseness? Suck a lozenge.

##### > Feeling dizzy

During your surgery, you will receive anaesthetic medication and lose fluids.

As a result, you may have low blood pressure during and after surgery. You may feel dizzy.

Are you feeling dizzy due to low blood pressure? Then you will be given medication and extra fluids via an IV.

**> Unable to see very well**

If you have a general anaesthetic, we apply ointment to your eyes to protect them. As a result, you may not see well after your surgery. This will go away on its own.

**> Shivering**

Sometimes you shiver after your surgery:

- because you get cold during surgery,
- as a result of certain medications,
- because of stress.

Are you shivering after your surgery? Then you'll be given a heating blanket.

**> Headache**

Sometimes you may get a headache after your surgery:

- as a result of the anaesthesia,
- as a result of your surgery,
- because you couldn't eat for a long time,
- because of stress.

The headache will go away on its own.

Are you suffering a lot from the headache? Talk to your anaesthetist.

**> Feeling itchy**

Sometimes you may feel itchy after your surgery as a result of:

- the painkillers,
- an allergic reaction.

Do you feel itchy? Talk to your nurse.

**> Backache, muscle pain or joint pain**

During your surgery, you will lie still for a long time on a hard operating table.

This means that after your surgery, you may suffer from backache, muscle pain or joint pain.

Are you prone to back or neck pain? Talk to your anaesthetist.

**> Pain when medication is injected**

Some medications are given to you by injection. Sometimes this hurts or you get a burning sensation.

**> Confusion or amnesia**

You usually feel sleepy after a general anaesthetic. You find it hard to concentrate and have problems moving with ease. Sometimes you may be confused or agitated by the medication.

This usually goes away by itself when the medication wears off.

The side effects are related to:

- the medication you're taking,
- the type of surgery,
- your age:

The older you are, the more likely you are to suffer from memory loss, confusion and difficulty concentrating.

- your mental health history:

Did or do you have any mental health problems? If so, you are more likely to be confused and feel restless after the anaesthetic.

- your alcohol or drug use:

Do you use alcohol or drugs? If so, you are more likely to be confused and feel restless after the anaesthetic.

#### 4.2.2 Occasional side effects (1 in 1,000 people)

##### > Lung infection

Sometimes you get a lung infection after a general anaesthetic. Do you smoke? Then you're more likely to get a lung infection.

##### > Problems urinating

After your surgery, you may have problems urinating. Men sometimes have difficulty urinating. Women sometimes lose urine. This will go away on its own. Do you have urinary problems? You may be given a temporary catheter.

##### > Damaged teeth, lips or tongue

During surgery, we place a tube in your mouth so that you can breathe. Your teeth, lips or tongue may be damaged when we insert the tube. When you wake up after surgery you sometimes clench your teeth very hard. This can sometimes damage your teeth, lips or tongue.

You're more likely to do so if you:

- have bad teeth,
- have a small mouth,
- have a small lower jaw.

##### > Waking up during the surgery

The anaesthetist will stay with you during your surgery and make sure you remain sedated. During a previous surgery, did you feel as if you were waking up? Talk to your anaesthetist.

#### 4.2.3 Rare side effects (fewer than 1 in 1,000 people)

##### > Damaged eyes

If you have a general anaesthetic, we put artificial tear drops in your eyes to protect them. To give your eyes extra protection, we glue them shut. But sometimes your eyes do get damaged. This will go away on its own. Do your eyes hurt? Then you'll be given special eye ointment.

##### > Allergic to medication

Sometimes we see a mild allergic reaction, for example: skin rash, trouble breathing, drop in blood pressure, etc. Occasionally we see a life-threatening allergic reaction. We can tell very quickly if you are having an allergic reaction during your surgery. In order to help you properly, it is very important that you fill in the 'Patient Questionnaire' on page 11 correctly.

##### > Less strength or feeling in part of your body

During your surgery, you will lie still for a long time on a hard operating table. Sometimes you're in an abnormal position.

Occasionally your nerves get damaged as a result.

The injection of a local anaesthetic or medication sometimes causes damage to nerves. This usually goes away on its own after a few weeks or months.

##### > Death

The chances of you dying from anaesthesia are very slim. The risk is related to:

- your general health,
- the underlying disease for which you're having surgery,
- any complications during your surgery.

#### 4.3. Information on anaesthesia techniques

You can find more information on anaesthesia techniques and side effects on our website: [azg.site/anesthesietechnieken](http://azg.site/anesthesietechnieken)





#### 4.4. Consent form for anaesthesia and pain management

 Fill in this form and give it to the nurse.

I freely request a licensed anaesthetist:

- to sedate me (= anaesthesia).
- to manage my pain (= analgesia) during and after the surgery or examination.

##### Anaesthesia and pain management

- I understand that there are risks associated with anaesthesia and pain management. Nevertheless, I request anaesthesia and pain management during and after the surgery or examination.
- I understand that the type of anaesthesia and pain management may change if needed. This may happen without me knowing about this in advance.
- I understand that the risks of anaesthesia and pain management may be greater due to my (medical) condition.
- I understand that the risks of anaesthesia and pain management may be greater if I don't follow the guidelines.
- I understand that the anaesthetist cannot guarantee the outcome of the anaesthesia and pain management.
- I was provided with information about the techniques of anaesthesia and pain management. The anaesthetist provided me with additional information when I needed it.

##### Before the surgery or examination

- I have **fasted**, according to the anaesthetist's guidelines (see page 4). I know that it is forbidden to eat, snack and smoke from 6 hours before the operation or examination.
- The day of the surgery or examination, I will take my **medication** at the normal time with a small sip of water. I will refrain from taking my medication only if my attending physician prescribes this.

##### After the surgery or examination

- I agree to stay in the hospital for a longer period if necessary.
- I know that I'm not supposed to leave the hospital without a chaperone.

##### During the first 24 hours following the surgery or examination:

- I will not drive a car, moped or bicycle.
- I will not operate machinery.
- I will not drink alcohol.
- I will not be alone.
- I will not sign any documents.
- I will not take important decisions.

▶ *Continues on the next page*

► Continuation of informed consent form

By signing the informed consent form, you agree to the following  
(delete if you do not agree):

- I have read the anaesthesia and pain management consent form on page 9, and the anaesthetist has given me additional information when I needed it (this happens in the OR before the surgical intervention).
- I consent to anaesthesia and/or pain management.
- az groeninge may give me blood products, if necessary.

 Fill in your details and sign it:

Patient (first name and last name): <hr/> <hr/> Legal representative of the patient (first name and last name): <hr/> <hr/> Anaesthetist (first name and last name): <hr/> <hr/>	Patient signature:         Date:
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## 5. Patient questionnaire

 **Fill in the questionnaire and give it to the nurse.**

- Please circle 'no' or 'yes'
- Write down any extra information on the lines.

Last name: _____  First name: _____  Date of birth: _____	Medical intervention scheduled: _____ Side: <input type="checkbox"/> LEFT / <input type="checkbox"/> RIGHT / <input type="checkbox"/> NOT APPLICABLE Date: ____ / ____ / 20 ____ Surgeon: _____
Height: _____ cm Weight: _____ kg	
General Practitioner: _____  _____  _____	Identification sticker az groeninge This is affixed here by the nurse on the day of admission.

Information relating to anaesthesia		
Have you ever had surgery?	no	yes
Is your answer 'yes'? Then please fill in the type of surgery and the year below: Surgery: _____, year: _____ Surgery: _____, year: _____ Surgery: _____, year: _____ Surgery: _____, year: _____ Surgery: _____, year: _____		
Have you ever had a <b>general anaesthetic</b> ?	no	yes
Have you ever had a <b>local anaesthetic</b> ?	no	yes
Did you react normally to the anaesthesia?	no	yes
Is your answer 'no'? Please describe your reaction below: _____ _____		
Has any member of your family ever had problems with anaesthesia?	no	yes
Is your answer 'yes'? Please describe the problem that person had below: _____ _____		

<b>Information relating to allergies</b>		
Are you allergic to <b>latex</b> ?	<i>no</i>	<i>yes</i>
Are you allergic to <b>fruit or vegetables</b> ?	<i>no</i>	<i>yes</i>
Is your answer 'yes'? Please provide additional information below: _____		
Are you allergic to <b>plasters or disinfectants</b> ?	<i>no</i>	<i>yes</i>
Is your answer 'yes'? Please provide additional information below: _____		
Are you allergic to certain <b>medicines</b> ?	<i>no</i>	<i>yes</i>
Is your answer 'yes'? Please provide additional information below: _____		

<b>Information about your body</b>		
Do you have <b>heart</b> problems?	<i>no</i>	<i>yes</i>
Is your answer 'yes'? Please provide additional information below: _____		
Do you have <b>heart rhythm</b> problems?	<i>no</i>	<i>yes</i>
Do you get <b>chest pain</b> as a result of exertion or stress?	<i>no</i>	<i>yes</i>
Do you easily get <b>short of breath</b> during exertion?	<i>no</i>	<i>yes</i>
Do you get <b>short of breath</b> when at rest?	<i>no</i>	<i>yes</i>
Do you sometimes have trouble breathing, asthma or chronic bronchitis?	<i>no</i>	<i>yes</i>
Is your answer 'yes'? Please provide additional information below: _____		
Do you suffer from low or high <b>blood pressure</b> ?	<i>no</i>	<i>yes</i>
What's your average blood pressure? _____ / _____		
Do you suffer from <b>swollen feet and/or legs</b> in the evening?	<i>no</i>	<i>yes</i>
Do you have <b>varicose veins</b> ?	<i>no</i>	<i>yes</i>
Have you had <b>phlebitis</b> before?	<i>no</i>	<i>yes</i>
Do you have problems with <b>blood clotting</b> ?	<i>no</i>	<i>yes</i>
For example: a wound continues to bleed for a long time.		

<b>Information about your body</b>		
Have you ever received blood or other blood products? Is your answer 'yes'? Please state when and why below: _____ _____	no	yes
Did you experience any problems? _____ _____		
Did or do you have <b>kidney problems</b> ? Is your answer 'yes'? Please provide additional information below: _____ _____	no	yes
Did or do you have <b>liver problems</b> ? Is your answer 'yes'? Please provide additional information below: _____ _____	no	yes
Have you had a <b>stomach</b> ulcer before?	no	yes
Do you have problems moving your <b>neck</b> ?	no	yes
Do you have problems opening your <b>mouth</b> ?	no	yes
Do you have false teeth or loose teeth?	no	yes

<b>Information about diseases</b>		
Do you have an <b>eye disease</b> ? Is your answer 'yes'? Please provide additional information below: _____ _____	no	yes
Do you have a <b>muscle disease</b> ? Is your answer 'yes'? Please provide additional information below: _____ _____	no	yes
Do you have a neurological disease: <b>paralysis, Parkinson's disease</b> , etc.? Is your answer 'yes'? Please provide additional information below: _____ _____	no	yes
Are you <b>diabetic</b> ? Is your answer 'yes'? Please provide additional information below: _____ _____	no	yes

Information about diseases		
Are you <b>HIV-positive</b> ?	no	yes
Do you have <b>another disease</b> ?	no	yes
Is your answer 'yes'? Please provide additional information below: <hr/> <hr/>		

Recent information		
Do you smoke?	no	yes
How many cigarettes a day do you smoke? _____		
How many years have you been smoking? _____		
Do you drink <b>alcohol</b> ?	no	yes
How many times do you drink 6 glasses of alcohol in one day?		
Mark with an X:		
<input type="checkbox"/> Never		
<input type="checkbox"/> Less than 1x a month		
<input type="checkbox"/> 1x per month		
<input type="checkbox"/> 1x per week		
<input type="checkbox"/> 1x a day		
Do you use <b>drugs</b> , narcotics or stimulants?	no	yes
If you answered 'yes', which? _____		
Do you take <b>medication</b> ?	no	yes
Is your answer 'yes'? Please complete the <b>medication schedule</b> on page 17.		
Have you been given <b>cortisone</b> in the past 6 months?	no	yes
Do you wear <b>contact lenses</b> ?	no	yes
Do you wear a <b>hearing aid</b> ?	no	yes
Do you have a <b>pacemaker, implanted defibrillator, neurostimulator or pump</b> ?	no	yes
Have you had the <b>flu</b> during the past month?	no	yes
Do you have problems performing certain <b>movements</b> ? This does not refer to the movements for which you're undergoing surgery.		
Is your answer 'yes'? Please provide additional information below: <hr/> <hr/>		
For women: could you be <b>pregnant</b> ?	no	yes

Extra info		
Do you have any extra comments? Write them out below: <hr/> <hr/>		

## 6. Medication

### 6.1. What do you need to do with your medication?

#### General rule

For many medications, it is important that you also take them on the day of surgery or examination. Suddenly stopping certain medications can be dangerous.

So, the general rule is: **take your medication the day of surgery or examination at the normal time.** You may do this with a sip of water. Do you have difficulty swallowing? Use Gloup® swallowing gel.

#### Stopping medication

It is sometimes better to stop taking certain medication before your surgery or examination.

For example:

- Blood thinners
- Medication for diabetes
- Diuretic medication
- Medication for high blood pressure

**This should always be done in consultation with your attending physician.**



It is very important that we in the hospital know exactly what medication you are taking. Be sure to discuss these medications with the preoperative nurse, your general practitioner or attending physician. They can tell you which medications to stop beforehand and when to do so.

## 6.2. Medication schedule

We need a list of all the medications you're currently taking. That's why you need to fill in a medication schedule and hand it to the nurse.



### Fill in the medication schedule on the next page

You can fill in the medication schedule yourself.

Or you can request your medication schedule from your GP, family pharmacist, or the facility where you reside.

### Hand the medication schedule to the nurse.

**Give the nurse your medication as well.** This medication must be in its original packaging.

## 6.3. Guidelines for the use of pain medication

We strive to prevent and/or relieve your pain as far as possible. Pain can influence your healing process.

Important note:

- Take the pain medication only as prescribed.
- Never exceed the prescribed duration and dose.
- Always respect the minimal interval between two doses of pain medication.
- Any left-over medication may not be used at another time or be taken by other people.

More information about what pain is, how we as a hospital deal with your pain symptoms, and what you need to know about pain medication can be found in our **pain policy**: [azg.site/pijn](https://azg.site/pijn).





Last name and first name <i>patient</i>		affix patient sticker upon admission			
Date of birth <i>patient</i>					
Date validation by (general) practitioner					
What is the name of the medication?	How do you take the medication?	How often do you take the medication?	How much medication do you take and in what dosage?		comment
full name medication with dosage	by mouth, eyes, inhalation, etc.	daily, 1x per week/month/year, as needed for pain, etc.	Morning 1 tablet, half tablet, 1 inhalation, etc.	Noon 1 tablet, half tablet, 1 inhalation, etc.	Evening 1 tablet, half tablet, 1 inhalation, etc.

**!** Also write down the medications you take occasionally.  
For example, medication that has recently been changed, started or stopped.

<p>Have you thought about</p> <input type="checkbox"/> blood thinners <input type="checkbox"/> medication for sleep <input type="checkbox"/> medication for pain <input type="checkbox"/> medication for diabetes <input type="checkbox"/> hormonal preparations (e.g. contraceptive pill) <input type="checkbox"/> medication for stomach pain <input type="checkbox"/> eye and nose drops <input type="checkbox"/> medication for cholesterol	<input type="checkbox"/> inhalers <input type="checkbox"/> ointments, creams, gels <input type="checkbox"/> sprays <input type="checkbox"/> medicated patches <input type="checkbox"/> nutritional supplements, vitamins <input type="checkbox"/> medicinal herbs and plants <input type="checkbox"/> homeopathic remedies <input type="checkbox"/> preparations	<p>Are you allergic to any medications or do they cause you any other serious side effects? What reactions and when?</p>
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## 1. Information for the general practitioner

### Guidelines from the specialist

Dear Colleague,

I have informed the patient about the treatment, the expected consequences, aftercare and possible alternatives. The patient has consented to the treatment.

Please perform the preoperative examinations and provide the results with the patient on the day of admission or forward them electronically. Without the results of the preoperative examinations, surgery may have to be postponed in order to protect the patient. Examinations older than 6 months should be repeated on admission if there is a significant clinical change.

The patient must fast prior to admission:  YES  NO

<b>Type of medical intervention:</b> (See KCE guidelines on p. 20) or <a href="http://preop.kce.be/">http://preop.kce.be/</a>	<input type="checkbox"/> minor surgery <input type="checkbox"/> intermediate surgery <input type="checkbox"/> major or complex surgery
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**Type of medical intervention/examination:** \_\_\_\_\_

Side:  LEFT  RIGHT  NOT APPLICABLE

**Date of medical intervention/examination:** \_\_ / \_\_ / \_\_\_\_

If the patient has a latex allergy, then the attending physician should be informed about this as soon as possible.

Please refer your patient to the preoperative nurse in our hospital (see p. 3) to have an MRSA screening performed, if the patient has any of the following risk factors:

- history of MRSA positivity,
- chronic wound,
- trachea cannula patient,
- admission from residential and care home (RO/RVT, MPI ...),
- readmission within 14 days,
- dialysis patient,
- healthcare professional with direct patient contact or patient has contact with pigs/cattle in a professional capacity.

Screening for MRSA, CPE and VRE is also recommended if the patient was admitted for at least 48 hours in the past year to a hospital other than az groeninge (home or abroad).

If preoperative consultation is not possible, MRSA screening will be performed on admission to the hospital.

Preoperative information for the GP

\_\_\_\_\_  
\_\_\_\_\_

*stamp*

With thanks for your trust and kind regards

## 2. Guidelines on preoperative examinations

Use the KCE app to find out what tests need to be performed before the planned surgery.  
Download the free app from the App Store (iOS), Google Play (Android), via <http://preop.kce.be/> or scan the QR code.

Concrete examples of ASA classifications can be found on our website: [azg.site/preop](http://azg.site/preop)

# WELKE TESTEN ROUTINEMATIG UITVOEREN

## bij volwassenen vóór geplande, niet-cardiothoracale chirurgie

**WORDEN NIET AANBEVOLEN:** • RUST-ECG VAN HET HART • POLYSOMNOGRAFIE • LEVERFUNCTIETESTEN  
• CARDIOPULMONALE INSPANNINGSTEST • LONGFUNCTIETESTEN (INCL BLOEDGASANALYSE) • CORONAIRE CT ANGIOGRAFIE  
• RÖNTGENOPNAME VAN DE THORAX • GEGLYCEERD HEMOGLOBINE



\* bij risicofactoren volgens de hart-risico index  
\*\* bij cardiovasculaire of nier-aandoeningen, als symptomen niet recent  
worden onderzocht  
\*\*\* als een nierfunctiestoornis kan vermoed worden  
\*\*\*\* als > 65

0 bij een chronische leveraandoening of bij een geschiedenis van abnormale bloedingen, spontaan, of na trauma of chirurgie  
00 bij risicofactoren volgens de hart-risico index en bij een slechte functionele capaciteit  
000 bij urologische of proctologische chirurgie  
0000 bij een geschiedenis van abnormale bloeddringen, spontaan, of na trauma of chirurgie  
1 Rode bloedcellen (hemoglobine, hematocriet en telling), witte bloedcellen (telling en formule) en bloedplaatjes.  
2 Creatinine, eGFR, natrium en kalium.



Download de gratis app via de App store (iOS), Google play (Android) of <http://preop.kce.be>

## Type of medical intervention

### MINOR SURGERY (non-exhaustive list)

- Skin lesion removal
- Bartholin cyst removal
- Breast abscess drainage
- Cataract surgery
- Circumcision
- Carpal tunnel
- Electroconvulsive therapy

### INTERMEDIATE SURGERY (non-exhaustive list)

- Inguinal hernia repair
- Varicose vein surgery
- Tonsillectomy
- Removal of sub-mandibular salivary gland
- Eardrum repair
- Knee arthroscopy
- Conisation
- Caesarean section

### MAJOR SURGERY

#### Hand group

- Plexus reconstruction
- Major soft tissue reconstructions in the form of flap surgery
- Osteosynthesis of the elbow
- Re-implantation surgery

#### Ear, nose and throat diseases

- Thyroid resections
- Parathyroid procedures
- Oncology care procedures
- Total laryngectomy
- Removal of the lymph nodes in the neck
- Parotidectomy

#### Neurosurgery

- Cranial and spinal tumour surgery
- Aneurysm - AVM - Cavernoma (cranial and spinal)
- Arthrodesis / laminectomy / osteosynthesis of the spinal column
- Trepanation
- Reconstruction of the skull

#### Abdominal surgery

- Procedures involving the stomach
- Procedures involving the small intestines
- Procedures involving the colon-sigmoid-rectum
- Procedures involving the liver
- Procedures involving the pancreas

#### Plastic surgery

- Mastectomy
- Skin flap reconstruction
- Breast reduction
- Abdominoplasty
- Breast reconstruction (DIEP FLAP)
- Major liposuction

#### Maxillofacial surgery

- Total laryngectomy
- Radical removal of the lymph nodes in the neck
- Osteotomy of the jaw
- Extensive stomatology (oncology care) procedures

#### Orthopaedic surgery

- Joint prosthesis
- Arthrodesis / laminectomy / osteosynthesis of the spinal column

#### Urology

- Prostatectomy (open or robot-assisted)
- Nephrectomy
- Cystoprostatectomy

#### Gynaecology



- Hysterectomy
- Lymphadenectomy
- Debulking
- Mastectomy

#### Thoracic and vascular surgery

- All intra-thoracic procedures including mediastinoscopy
- All arterial surgeries

## 3. Guidelines on preoperative medication policy

All medications should continue to be taken up to and including the morning of surgery (with a small sip of water), except medications that may increase or facilitate perioperative risks (e.g. hypotension, renal insufficiency, bleeding, thrombosis, hypo and hyperglycaemia, interactions), namely:

Drug class	Last intake
<b>CARDIOVASCULAR SYSTEM</b>	
ACE Inhibitors and Angiotensin Receptor Blockers	24 hours before surgery
Diuretics	Day before surgery
Anticoagulants and antiaggregants	Consult bridging link at <a href="http://www.e17bridginglinkbloedverdunners.be">www.e17bridginglinkbloedverdunners.be</a> or scan the QR code.  The bridging link incorporates the latest guidelines in a handy advisory tool.
	Exception for cataract surgery: continue all anticoagulants and antiaggregants.
<b>HORMONAL SYSTEM</b>	
Antidiabetics	Consult the policy for each medicine at <a href="http://azg.site/preop-medicatieadvies">azg.site/preop-medicatieadvies</a> or scan the QR code. 
<b>NERVOUS SYSTEM</b>	
MAO inhibitors	1) Antidepressants: Phenelzine (Nardelzine®): > 14 days before surgery Moclobemide: evening before surgery
	2) Exception for antiparkinson drugs: continue
<b>OTHER</b>	
Nutritional supplements	1) St. John's wort: > 7 days before surgery
	2) Ginkgo Biloba: > 7 days before surgery

### Practical working document

All medicines available on the Belgian market for which specific preoperative recommendations apply as listed in the table above have been summarised for you in a document that can be found on [azg.site/preop-medicatieadvies](http://azg.site/preop-medicatieadvies) or by scanning the QR code:



## 4. Preoperative preparation checklist

Have you checked the patient questionnaire?  YES  NO

The form below is also available via the patient's electronic medical file at eForm/letter templates under the name 'Preoperative policy - general questionnaire for admission'

Sent electronically to ehealthbox az groeninge / anaesthesia?  YES  NO  
 Anamnesis (important data not yet mentioned in the questionnaire):  YES  NO

\_\_\_\_\_

\_\_\_\_\_

Laboratory: blood group \_\_\_\_\_ Antibodies known?  YES  NO  
 Relevant clinical trial data:  YES  NO  
 Cardiac / haemodynamic \_\_\_\_\_  
 Respiratory \_\_\_\_\_  
 Abdomen / gastrointestinal \_\_\_\_\_  
 Urogenital \_\_\_\_\_  
 Neuro \_\_\_\_\_  
 Orthopaedic / musculoskeletal \_\_\_\_\_  
 Other \_\_\_\_\_

Indicate **ASA classification**:        I        II        III        IV        (see p. 20 or [azg.site/preop](http://azg.site/preop))

### Preoperative examinations carried out (anamnesis/clinical examination): see page 20

ECG \_\_\_\_\_  YES  NO  
 Chest X-ray \_\_\_\_\_  YES  NO  
 Laboratory \_\_\_\_\_  YES  NO

Specific tests \_\_\_\_\_  
 (Please give the results to the patient on the day of admission)

### Draw up and provide an up-to-date medication schedule and preoperative medication advice

See page 22

### Fasting

See page 4

### Informal care

After the surgery, the patient can  
 go home (private address)  YES  NO  
 rely on the help of family and/or caregiver  YES  NO  
 name: \_\_\_\_\_ telephone: \_\_\_\_\_  
 go to a rehabilitation centre (contact the hospital social service)  YES  NO

Identification of general practitioner (stamp and signature)

**Groeninge General Hospital**

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