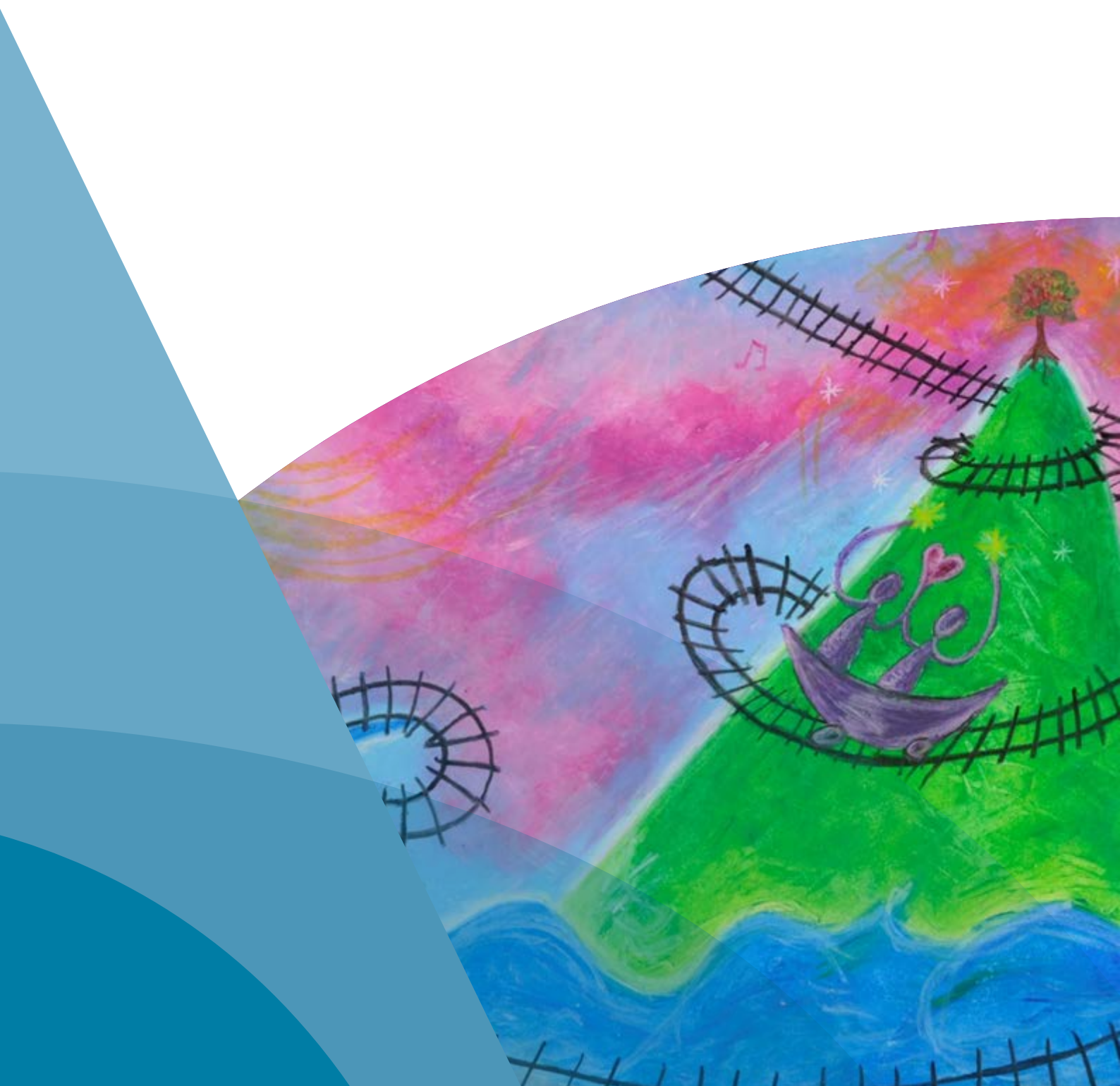




**ACI** NSW Agency  
for Clinical  
Innovation

# Anaesthesia Perioperative Care Patients and Carers Storybook



# ACKNOWLEDGEMENTS

A very special thank you to all the patients, carers and clinicians who shared their story, the members of the Anaesthesia Perioperative Care Network and all those who assisted with organising the interviews.

The methodology used in this resource is based on the Cardiac Storyboard project undertaken by Diversity Health and the Centre for Popular Education, University of Technology, Sydney at Prince of Wales Hospital in 2007.

This resource was prepared by Julieanne Hilbers, Diversity Health Coordinator, Prince of Wales Hospital on behalf of the Anaesthesia Perioperative Care Network, Agency for Clinical Innovation.

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# FOREWORD

The Agency for Clinical Innovation (ACI) is the primary agency in NSW for promoting innovation, engaging clinicians and designing and implementing new models of care.

The ACI's Clinical Networks, Taskforces and Institutes provide a forum that brings together clinicians, managers and consumers across the NSW health system to design, deliver and support implementation of effective and sustainable models of care. By bringing together clinical and health system leaders from primary, community and acute care settings, we create an environment and capability for innovation, redesign and promotion of an integrated health system.

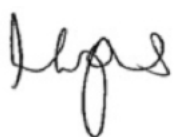
Communicating effectively with patients and their carers prior to and during the course of any treatment is an essential part of providing good care. Good communication results in better health outcomes and more positive health care experiences.

The ACI Anaesthesia Perioperative Care Network has worked with patients, carers and clinicians to find out more about their experiences of surgery requiring general anaesthesia in NSW Health hospitals. By understanding the variety of experiences a patient can have throughout the surgery and perioperative journey, clinicians, carers and the patients themselves can better prepare for surgery and be better placed to ask questions.

By understanding the variety of experiences a patient can have throughout the surgery and perioperative journey, clinicians, carers and the patients themselves can prepare and communicate effectively.

I am pleased to introduce the Anaesthesia Perioperative Care Patients and Carers Storybook.

On behalf of the ACI, I would like to thank the Project Steering Committee and the members of the Anaesthesia Perioperative Care Network for lending their expertise, time and commitment to develop these storybooks.



**Dr Nigel Lyons**

*Chief Executive, Agency for Clinical Innovation*

# INTRODUCTION

## About this storybook

Effective communication is an essential part of providing high quality care. The Anaesthesia Perioperative Care Network (APCN) interviewed people to find out about their experiences with surgery and general anaesthesia. The APCN is sharing these experiences with you in order to foster better conversations between patients, carers and clinicians. The APCN encourages you to ask questions and be actively involved in your care, to learn more about anaesthesia and what to expect when undergoing surgery.

## What are storyboards?

This book includes stories told by people in their own words. People describe their experiences and what is important to them. The APCN hopes these stories will support you to reflect on your own health journey and support you to feel more comfortable when talking with health care staff.

These stories will also be used as part of professional development programs for health care staff – to help foster more effective communication skills.

**Everybody has a story to tell.**

**Everybody has their own way of seeing the world.**

**Everybody holds valuable knowledge about what is important to them.**

**When people tell us what is important to them, we understand them better.**

**When people ask questions they learn more.**

**When patients understand how the health care system works and people's roles we work together better.**

**Worry and confusion can get in the way of treatment and recovery. If you are worried or unclear about anything, please talk to your doctor or nurse.**

(Adapted from, Stories from the Heart, 2007)

## How we created the storyboards

The APCN interviewed patients and carers who volunteered to tell their stories. Questions included:

- 'What was the best/worst part of your surgery experience?'
- 'Did you understand what was going to happen?'
- 'Tell us how you were feeling and what you were thinking on the day of the surgery while you were in the waiting area?'
- 'What do you remember about when you woke up after surgery (e.g. about the environment, people etc)?'
- 'What was most stressful about the whole experience?'
- 'Were you able to get all the information when you needed it?'

The APCN also spoke with health care staff and asked them:

- 'What have you learnt from your patients?'
- 'What difference have you found between your expectations of the job and the job itself - what is it actually like?'
- 'What is the most rewarding or satisfying aspect of your work?'
- 'What things help you at work and make it easier to do your job?'
- 'What aspects of working in perioperative anaesthesia do you find most difficult or challenging?'
- 'What things get in the way of your work and make it harder?'
- 'What advice would you give to someone working in perioperative anaesthesia who are just starting out?'

Each interview was summarised, a copy given to the storyteller and they were invited to make changes to their story to ensure it reflected what they wanted to say. Each storyteller was also asked what colours, pictures or symbols would best reflect their story. Artists then used these suggestions to create a picture for each story.

Permission was obtained from all storytellers to publish their stories. However, all names have been changed to provide anonymity.

## How to use this storybook

Please read each story, look at the picture and reflect on 'what does it say to you?' Take time to reflect on the questions listed. The APCN hopes these storyboards will help you to think about your surgical experience and how to get the most out of it. They may raise some questions or comments you want to share with others. Hopefully by reading these stories you will be encouraged to be more actively involved in your health care.

### Who is on your health care team?

<b>Perioperative</b>	During this phase the healthcare team will inform patients about the risks and processes and will assess the patient needs for surgery. This may involve a meeting with a <b>nurse</b> or an <b>anaesthetist</b> at the perioperative clinic.
<b>Surgery</b>	The <b>anaesthetist</b> will administer the general anaesthesia and will monitor patient functions whilst the <b>surgeon</b> completes the procedure. <b>Nurses</b> and <b>technicians</b> will assist these processes.
<b>Post Operative</b>	The <b>anaesthetist</b> and <b>nurses</b> will manage your recovery so that is as quick and pain free as possible.

# TRACEY'S STORY

My last operation was to repair an incisional hernia; the hernia came about because a previous operation's scar line had weakened my stomach. This was most probably from doing things I shouldn't have done, like lifting heavy objects. My GP said it must be repaired because it was close to my bowel. I took her advice and went with it. She referred me back to the Specialist that did the first operation. I am thankful for the doctors I am under and have full confidence in them. I was given a detailed information sheet on the operation itself and what the risks were. My biggest concern about the recovery was the wound dressings I might need. After the first operation the hospital dressings were not adequate. I "leaked" everywhere and always felt wet. When I went home the Community Nurses called on me and they did a brilliant job in that regard. The Doctor said that they won't be needed this time and he was right.

The lead up to the operation didn't worry me unnecessarily, it was not going to be as big as the one I had five and a half years earlier. I didn't ask a lot of questions beforehand; at the time I really didn't know what to ask I was just prepared to go with the flow. Don't know whether ignorance is bliss but I just accepted what I was told. My main thoughts were about the recovery which isn't pleasant, a bit restrictive in what I would be able to do for a short while. I am fairly independent and not a person that likes to ask family or friends for help.

However, before I was due to have this operation I had to have a colonoscopy which was bought forward a couple of months. The Specialist said that he wanted to check things out in case there was something going on down there and while I was asleep he could deal with it at the time of the operation. There was only a week and a half between the two procedures. Whilst the colonoscopy is a day surgery stay, the hernia repair would involve a stay in hospital of four days at least.

On the day of the operation my husband and daughters came with me; and like most times there is a lot of sitting around wondering when it is going to be your turn – I could have stayed at home for a while longer. It was lovely that they came to support me but I worried about them and they worried about me. My husband is fairly dependent on me and I thought he would find it a little bit difficult to cope.

The time came and off I went; I was greeted by a couple of nurses who would assist the Doctor and Anaesthetist (whom I met when I was originally operated on). Going to sleep was very quick but then when I woke up it seemed like only minutes had passed. I was a little bit disorientated and was hit with pain.

To relieve this pain I had two very small tubes coming from my stomach leading into what I thought looked like little grenades inside two bum bags. These "grenades" contained anaesthetic which in turned anaesthetised the whole wound site. So while I had a fairly long cut the only pain relief I had was panadol and only once or twice had something a little bit stronger. I thought what a brilliant idea; it alleviated having a lot of stronger medicines which in turn have side effects, sometimes not so pleasant. I like to think that maybe because I was not in a lot of pain I was up and getting around quickly.

During my follow up visit I asked the Doctor about the mesh that was used to repair the hernia; what's it like, how big is it. He explained that the mesh used in my case covers a fairly wide area over my stomach. I can only assume that it was done to prevent a hernia recurring.

I have now fully recovered and back to doing what I was doing before.

## What have I learnt?

**That as you get older you should look after yourself more. I thought I could still do the same things I did when I was 40. I have stopped moving the furniture and lifting heavy items. I have had to change ways that I do some of my household jobs.**

**I also believe that you are dealt this hand and you just have to deal with the situation and then move on and hope it all works out in the end – no use blaming anyone or anything.**





## Questions to consider

*Do you understand what operation you are having and why?*

*What are your fears and concerns?*

*List some questions you need to ask your doctor about what to do when you get home?*

# SALLY'S STORY

Sally is a unique patient and has been in and out of hospital her whole life. She has severe cerebral palsy with very limited hand movements and is not able to walk. Recently her care moved from a children's hospital to an adult hospital. On the whole, most people involved in her care have been fine, fantastic, good, very good. Then occasionally there will be an incident where things do not go well.

Her most recent procedure was for an ERCP (Endoscopic Retrograde Cholangiole Pancreatography) to deal with pancreatitis. It took months and months of heart wrenching soul searching by the surgeon to make the decision to operate. It was agonisingly difficult for us to agree to this procedure. She could have died.

One of the biggest problems in the adult hospital world is that there are no general physicians to coordinate everything, so when you have someone so complex under multiple teams, the only person who knows it all is me, her carer. Some staff don't like that....they are not used to dealing with the primary carer to give medical information, so they don't include you, which can lead to lots of mistakes and lots of incorrect assumptions, over and over.

Finally we made the decision to do the procedure. Then this young anaesthetic registrar came along to do the consent. I don't know who she was but she was very confident. She said "We don't even need general anaesthetics for ERCPs. They can be done in the room". I said, "Ok, but Sally needs one".

She responded with "...but it's such a minor procedure, it is nothing".

I'm thinking, 'you have no clue about the months it has taken to make this decision'.

Then I said "Can I come into theatre?"

"Why?"

"I always come in because she gets very anxious".

The registrar replied "She is an adult, I am treating her as an adult, there is no need for you to come in".

"Yes, but I have always done that because she gets very concerned".

Meanwhile Sally is saying in the background "I'll scream, I'll scream...".

This woman wasn't being put off.

I said "I actually have permission".

She said "Who from?" and I told her.

She said "Who's he?"

"He's in charge".

Then one of Sally's nurses said, "These two are joined at the hip and it is really better for Sally's best interest for her to go in".

Often there is no thought as to what is in Sally's best interest. It is all too clinical.

The registrar was adamant. She started to say, "There is a lot of equipment and you could get in the way".

I said "I have been doing this for 21 years and normally I am appreciated. They like me to come in and calm Sally down".

"No, you could be in the way. It is not about you but the safety of Sally".

There was no thought of calming Sally and helping her through....it was not a consideration, never, no matter what I was saying, what the nurse was saying, and she could see Sally was getting distressed and there was no consideration of that whatsoever.

But then to her dues, the registrar rang her boss, who said I could come in with her blessings. The registrar came back to me and said "You can come in".

## My wisdoms for other carers?

**Be strong. Occasionally there can be a lack of respect shown towards carers/parents by people across different specialty areas, who have the mentality that 'we know it all and you don't...we are the experts'. They assume that what they know is the norm, and do not look at the individual needs of the patient, which can lead to catastrophic outcomes.**

**There are always exceptions to the rules and people need to accept that and act on it. There is no point saying any procedure is 'a simple thing' to someone like Sally, or to other people with long term chronic problems, who have often had hideous complex complications their entire life, trauma, trauma, trauma. If you can do something so simple as to be there and hold their hand and be a familiar face as they go to sleep....what is the problem with that... why can't we? Where's the common sense..... where's the heart?**

**And Sally wanted me to tell you...."Allow Mum or Dad to come in because I am always scared and frightened and then I will feel safer for procedures and it will help to keep me calm".**





## Questions to consider

*What is your role as a carer?*

*How do staff communicate with you?*

*How are you included or excluded by health care staff?*

*What have you learnt and would you like to tell other carers?*

*What would you like to tell health care staff?*

*Who you can talk to if you have any concerns or complaints?*

In the first instance speak with the Nurse Manager of the ward or department.

If you are not satisfied with the service provided you can make a complaint to the Complaints Officer. Ask one of the nurses who the local person is and how to contact them.

## Making a complaint

In the first instance speak with the Nurse Manager of the ward or department.

If you are not satisfied with the service provided you can make a complaint to the Complaints Officer. Ask one of the nurses who the local person is and how to contact them.

If you are a carer and would like more support contact Carers NSW [www.carersnsw.asn.au](http://www.carersnsw.asn.au) or 1800 242 636

# AUNTY'S STORY

I was born in Taree. I have seven children, 30 grandchildren and three great grandchildren. My first surgery was in Taree. I had the same surgery here in Sydney. What happened is I had a wound on my sacrum. It was so bad they had to cut the tail bone off. There was a big hole in the sacrum. I was in hospital five weeks and I went to the rehabilitation hospital. I was home only three days then went back to hospital. I was in respite for a couple of months and then back into hospital. I got another two wounds on each hip at respite. I had the vac machine on my chair next to me and I think the friction caused it. The other one was from laying on the bed. When I had an ultrasound they said it was cellulites. But it was an infection that came from inside out. Like two 50 cent pieces. So I had to have another operation. I had had three holes – one in my sacrum and two on my hips. I had to have surgery. They didn't think I would pull through.

But I don't give up. I never give up. I have a lot of faith in God. I pray every day and night. I had vac dressing on each of them – it sucks the bad stuff out of them. One healed this way but the other didn't. That's how I ended up in Sydney. Infection was real deep inside. They cut it open again and put a vac machine on for a few weeks. And then they did flap surgery where they pull the skin from the knee up over and push the muscle up over the hole and pull the skin back down. I also had a collection of blood and they had to flush it out again.

I was happy with the doctors...they were very good. I had a skin specialist and Dr X. I had two teams. It took seven months to get authorisation to bring me down because the extent of the needs and costs. Flap is good now...right. Just strengthening myself so I can transfer myself in and out of my wheelchair.

I only got this injury from getting in and out of the car. I was working. Transferring in and out of car. Not lifting myself. I've been paraplegic since 1972. I hadn't been in hospital for 40 years. I was working as a family health worker.

My family has been good. I ring family. Family came a lot when I was first here. I had a lot of visitors. I made a lot of friends.

I was on my belly from May to September. It was hard but I got use to it. I'm the sort of person who doesn't let anything get me down...go with the flow as they say. I adapt. I am having to learn all over again how to transfer from my wheelchair. My muscles are all weak.

Doctors were really good...the wound care nurse, OT and social worker all good. If they weren't there I probably wouldn't have made it. They always came and checked on me, my wound, did I want anything. The Aboriginal Liaison Officer is a very lovely lady, very caring. You need it. You ask and she knows. Before I had surgery I prayed a lot. That's the only way I got through this...that many operations I lost count. I have photos of all the wounds when they were open. The only time things didn't feel right is when I woke up from the last surgery - I felt groggy. Usually I come through real good and that wasn't the longest one.

They got the family together before they did anything and spoke to us, explaining what could happen, what could happen after. I told them to go ahead and operate.

I was worried up in Taree there. I had to talk to the mental health fellow. All my people were dying. Six of them died - one every week...cousin, niece, then another niece a week after. I was in hospital and I couldn't go to the funerals. It was very hard. I had a talk to him. I got through it. I made myself get through it. It was hard I reckon if I didn't have God on my side I wouldn't have got through it. He meets you half way if the doctors do their job and he does his job to help them. I never give up.

Thank you to all the hospital staff for everything you've done, you have done a wonderful job. They know what they are doing.

## My advice for patients?

**Never give up. Be strong. Believe you will come through it and you will. It is up to you the individual if you are going to get better or worse.**





## Questions to consider

*Where do you get your strength from?*

*Do you have any spiritual or cultural needs you would like met whilst you are in hospital?*

Some hospitals have cultural and bilingual workers who can assist you. Ask a staff member if there are any local services available.

# KERRY'S STORY

I was debilitated by pain, which was getting increasingly worse. I couldn't bend down or get up and I had difficulty getting into bed and it was like a domino effect, until I was limping and couldn't really go out.

My hip replacement went wrong from the moment it was put in, in that I contracted some sort of staph infection. I was incredibly sick for about a year.

The worst part of the whole experience though was my confusion. I believed I received really bad treatment by the carers in the hospital, the nurses. And I couldn't get in contact with my surgeon. I don't believe that I saw him at all after the surgery, although I have expressed that and it's been told to me that in the hospital records it says that he saw me twice. But I have no recollection of that.

There were different doctors coming in because of all the other things that happened to my body. So they had to bring in a specialist for this and this and this. But there was the one doctor who was always there and he answered my questions. Which was basically that they didn't know what was going on and I can't remember whether I asked specifically to see the surgeon: perhaps I said "who actually performed the surgery?"

There were a lot of things that they did to me that they didn't explain to me what was happening. They did some overnight thing where I was isolated and I didn't know what was going on. I needed to go to the toilet and they'd put me in this black, dark room. Then when finally someone did come in the nurse was so annoyed at me for yelling and keeping people awake. And I said "I just want to go to the toilet. And you left me in here with no way of knowing how to go to the toilet." You know, I was deeply upset at the time.

When I was home I asked my GP to act on my behalf. He rang the surgeon who reluctantly made an appointment to see me. He really had nothing to say and told me "that's the way things happen sometimes. Sometimes they don't work out." And that was it. He was really disinterested in talking to me.

Before the operation, I don't remember being aware of the risks, but that could be me not wanting there to be any risks. I didn't realise it could be that tragic. I see it as being tragic.

I'm still realistic enough to know that things can go drastically wrong next time. I'm terrified of it. But now I know the severity of what can happen. And it's hard to

say in retrospect, if I knew what could have happened, would I have opted for the hip replacement. I think I probably would, because it was no life and it was getting worse. And living with pain is really difficult to do.

Recently, I went in for a revision of the previous surgery. I felt like the new surgeon bent over backwards because he was not proud of the profession about what happened beforehand. He did everything he could to make it a successful operation. He gave me lots of opportunities to go away and think and I asked silly things and he gave me all the possible outcomes and didn't beat around the bush. I felt very positive: there was no question in my mind that it wasn't going to be successful. Whether that was foolish on my part or not, it was probably a good way to think. Because being positive is half the battle. But I must say that I was quite nervous – I was more nervous that I had been previously having surgery.

I'd become a real familiar face in the surgical "factory line" – I felt like everyone was rooting for me personally because everything had been unlucky. Anything I'd ask they'd tell me. And the staff in the preadmission clinic were on first name basis and joked with me. Maybe I was in a different mindset. I'd had the other hip done and I probably didn't have as much information then and probably didn't realise how serious the surgery was. On the surgical ward, the nurses couldn't have been better. Which was very different from the last time. I slept for nearly a day afterwards and then I came around I felt good and was much more with it. And the beaming grin on the surgeon's face – I'd never seen that...

It was the best experience I've had. I don't know whether the surgeon instructed people to take particular care of me. I was a bit of a star patient particularly as none of it was new: the physiotherapist came and there was nothing [new] she could tell me. I'm much further along than usual for someone who has had a hip replacement. And I was no longer in agony or pain. I had already been struggling and then after the revision when I was home I was independent. I was just so well. I was really elated because I wasn't in pain anymore. I felt like it was a miracle. I felt a lot of good blessings from the community. When they said I wasn't going to walk again after the first operation I tried to think of alternative things I could do with my life. Now after the second operation I can walk and I've just accepted a job overseas.





## Questions to consider

*Sometimes we can be confused by all that is happening. How can you make sure you are understood by others and you understand them?*

*Sometimes the outcome of an operation or procedure is not as positive as we would like. If this happened for you who would you like to talk to?*

# MARIA'S STORY

I really don't remember much before my surgery but I felt okay. I have a lot of faith and I believe the Lord helped me. I always have my rosary beads with me and during the operation the anaesthetist taped them to my shoulder. God gave good hands to the doctor to make me well, this is what I believe. The anaesthetist told me he was going to put me to sleep. I don't think I said anything but inside I pray. I was a little bit afraid at home but on the day I was calm because when I saw my doctor I felt he was so good, so close, so kind, he can do anything to make people healthy.

I felt very comfortable with my doctor who makes the surgery. I felt really good inside. I was thinking about my children, how much trouble they have with me because I am sick but coming to surgery I was calm. God was with me and he gave my doctor wonderful hands, he could do anything he needed to do with those hands.

When I woke up my rosary was with me and I felt good. I was in pain but I accept this, I have to take it, accept what comes. Through my life I was so many times in pain. They gave me tablets and the pain eased. I helped myself up. I was raised a different way, sore, painful or not, you have to do this and that. Not feel sorry for yourself.

The doctors and nurses were very, very friendly, helpful. I don't understand everything about medical things when they were told to me but I believed everything was good. My daughter, Helena, would explain to me in Polish.

I came to Australia when I was 26, I am 88 now. The Cancer Care Centre was wonderful. The doctor explained I would have radiation, but not chemo. Everyone was nice and helpful. I don't like to go from one doctor to another, then another, going round and round. I stuck with one doctor – one.

I am very lucky I have Helena with me. All three of my children are close. They make me happy because I know there is no jealousy and they live near each other, they love each other.

I believe doctors know what they are doing, nurses know what they are doing – they learn this – spend many years to learn this. They try to help everybody but sometimes people complain for nothing.

My doctor is wonderful, a great doctor and a very, very special human being. When I see him I have to hug him. I feel he is like my son because he is young. How he feels I don't know.

## My advice to others?

**Be good in your mind, think everything will be okay. Pray for the best and believe your doctor will help you. Every doctor wants the best to come from his operation. This is what I believe.**

## Questions to consider

*Is spirituality important for you? Would you like to talk to someone who shares these same views?*

*If English is a second language for you, would you like a professional interpreter to help you with your conversations with health care staff?*

NSW Health recognises that patients, their families and staff in public hospitals and healthcare institutions have a basic right to spiritual care. Ask a staff member to contact your local Chaplaincy and Pastoral Care Service.





# VOLUNTEER

I am a volunteer in the children's operating theatres. I've been working here for twelve years and one of my responsibilities is working in the holding bay for the operating theatres. The holding bay is where parents and children come just prior to their operations. Once a handover is completed by nurses my job starts. For children over six months of age a child can have a parent accompany them into theatre until they are asleep. I check which parent will go in and give them a gown and hat. If the child has an allergy they get a red hat, otherwise a white hat. I get each child a warm blanket which goes into theatre with them, together with their notes.

While waiting to go in, I entertain parents and children. Some parents and children are at ease. Sometimes this is because they are used to having operations. Although this may have the opposite effect because they know what is to come! We have toys and play music. This works particularly well with small children and babies. I blow a lot of bubbles too and found these to be the best distraction. I have often been amazed at how well babies cope with being hungry, and suck their dummies without crying. I think that helps the parents. I sometimes get to hold a baby and when I do I usually sing and dance (gently) which babies seem to love.

Once in theatre I stand in the doorway of the operating room out of the way of medical staff. Occasionally I asked to get a pillow or another blanket or some other little job which makes me feel like part of the team. I watch and wait for a signal that the parent is to be taken to the holding bay and when the time is right I touch the parent on the arm and direct them out of the operating

theatre. Most want to stay longer and may be upset at leaving their child behind and shed tears. I try to focus their attention on other things and we will often arrive back at holding bay smiling or even laughing. I feel good about that. I check with them if they know how long the operation will take. Sometimes they may believe it will only take an hour when in fact it will take three hours. This means they will get very worried. If they are unsure I check for them.

Back in the holding bay I take their gown and hat. In cases of long operations I try and get the parents to go to the local shopping area. Most parents are hungry because they fasted along with the child. For shorter operations I let them know where they can get food and coffee within the hospital campus.

All the volunteers here are happy to help out in any way they can. I do believe we go far and beyond the call of our self imposed duty, and we are truly happy when we know that we have done a good job.





## Questions to consider

*Are there volunteers in the hospital where you are?*

*If so, how can they support you?*

# NURSE STORY

My job is as a registered nurse in the perioperative unit. We look after people before, during and after surgery. So I understand the whole patient experience for surgery. I know their fears right from the start; when it's over, the pain they go through and what actually happens to them during surgery.

There's a lot of fear of the unknown. What patients are doing is leaving their life in other people's hands. Of course they have a degree of choice to say no, but ultimately they're leaving their lives in others hands. You only know so much as a clinician, but to go through it yourself, it's humbling. And this is how they're feeling. You can only empathise - you can't know what it's like until you walk in someone's shoes.

A lot of people don't know about the whole surgery process and that's what frustrates me. The patients for instance are told that surgery will take one hour. But that's not the whole process of anaesthetics and recovery. So their expectations are not being met. That's why I tell my patients: your surgery will take one hour but please be prepared to add two hours.

I get a chance to see people at clinics and when they're being faced with horrendous prognoses. They come back into your care if you are fortunate enough to admit them on the day of surgery. For the patients it's a familiar face. I think that's so rewarding when you get on well with patients and you get a 'thank you'. They feel you've given them good care. Even when there's a poor outcome, or in a state of grief they thank you. You make a difference to people in that whole journey – if they have at least one face that was positive and supportive along the way, people will remember that. And it is less frightening if for some reason they have to be readmitted.

The staff you work with are key and make all the

difference in the world. It's all about communication. If you don't communicate, you cannot perform your best with the patient. And people's attitudes make all the difference, particularly if you're in a sticky situation. If you are faced with confrontational behaviour, even where the person means well, sometimes it will be met with a confrontational response. And that's not the best for the patient. Ultimately, I treat my patients how I would like my relatives to be treated.

I strongly think people who work in day surgery units should follow a patient through the whole perioperative journey - before, during and after surgery - at least once a year. Unless you're a patient, you can't know what it's like. If the staff follow the patient through then at least they'll know the whole journey. I think that's the way to improve patient health. I don't know if it'll improve their practice, but it might make them stop and think "Oh, that's a person."

## My advice to others?

**If I could give advice, I would say, don't forget why you joined nursing. Ultimately, you joined nursing to look after people and to provide health care. That's what nurses do. Unless you're in it for the right reasons, you shouldn't do nursing. Check your intentions. It's not all sunshine and lollipops, but it's worth it.**



## Questions to consider

*What fears do you have about your perioperative journey?*

*Knowing they have provided you with good care is one of the most important rewards we can give health care staff. It keeps them motivated and committed. When was the last time you thanked someone who provided you with good care? How could you do this?*



# ANAESTHETIST STORY 1

I actually got into anaesthetics purely with the intention of getting some of those practical skills that anaesthetists had so that I could look after kids better. I couldn't put a drip in them and I didn't know how to put a tube in the airway and I didn't know how to use half the drugs that these guys just seem to know.

It's extremely disempowering being a patient. It adds responsibility, it adds gravity, weight to what we as clinicians are doing. When I experienced being a patient I gained a new respect for patients in the sense that they put their faith in you and they don't know you from a bar of soap. And they let you do things to them that are completely alien. They have to trust people and cede power - let people do what's best for them.

I like talking to patients. Being a patient made me realise how important it is that you talk to patients. ... I encourage them to ask lots and lots of questions because if you're going to let someone else do stuff to you, the least we can do is make sure they understand why they're having this done, why stuff's happening to them. I ask them, "Do you understand what the surgeon's going to be doing. Has the surgeon told you where he's going to make an incision, like where's he going to cut your child?" And they go "no."

You know, kind of seems obvious, that if the patient knows the pros and cons then if something does go wrong, they're still going to be upset, but they're much more likely to be able to deal with it and move on because they can say "They told me that might happen, it didn't just come out of the blue." I like to tell them even though I see the terror in both their eyes - mum and the kid when I said there's a very, very small chance of being paralysed you know, of needing surgery on your back because of so and so... But you have to tell them. And you spend the next ten minutes getting them back to being happy again.

And they tell you that "I felt reassured or I felt happy that you were looking after me." And you think well that's good because as I said they place their trust in you, and they give you a huge amount of control over their body.

Communicating is probably the most fundamental thing and also being able to step back and look at your patient as an individual rather than something you apply a template to. I think if you can stop and consider the whole patient and listen to the patient, communicate with them, your chances of making an error are a lot lower. And when a mistake does happen, the big thing is talking to

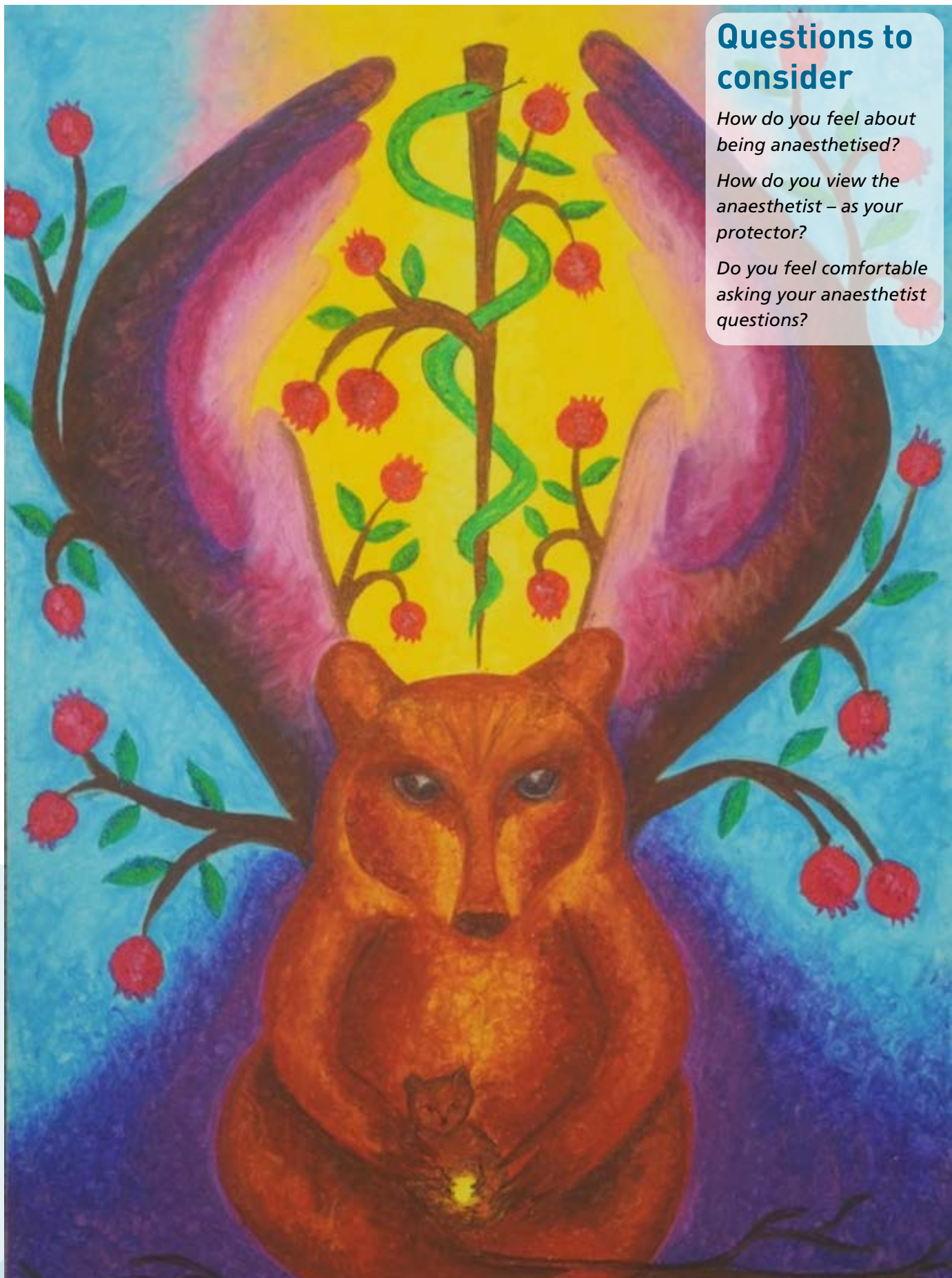
your patient, telling them, "This has happened, I'm really sorry this has happened". It's kind of obvious, but if you apologise to a patient, your chances of them remaining angry are a lot less.

One of the old anaesthetists said "Anaesthetists are the patient's protector, advocate. When they're anaesthetised, they have no control. You are their first line of defence against everything: the surgeon, the environment, other staff. So you are their protector." I've always remembered that. So I do fire up in theatre when people open the doors and leave them open when the patient is in there or when we transfer them from the bed to the operating table if they're a bit quick or rough, that irritates me. My job is to defend them while they're unable to defend themselves.

Historically an operating theatre hasn't operated as a team, it's operated as a command and control, where the surgeon is commander and everyone else is controlled by the surgeon. I tend to view things slightly differently, from the point of view that it's safer for the patients and patients have better outcomes if everyone in theatre functions as a team. Maybe it's because we're not at the top of the hierarchy, I tend to think "A team approach would be better." But if you're at the top of the tree, like the surgeons, why would you give it up you know. It's kind of logical.

## My advice to my colleagues?

**Make sure you enjoy it because you're going to be potentially doing it a long time. Because if you don't enjoy it, you're not going to do it well. You're not going to give it your all. And patients can tell that. You have to be prepared to work, work very hard and make sacrifices along the way. Stand up for what you think and to speak up. I tell everyone in theatre: "If you see something you don't like, or you think something's not right, then speak up. Don't shut away from what's right. Do the right thing. Always do the right thing." I told a whole team of them this week. "Look at your patients, don't look at the procedure, look at the patient and what's the best thing."**



## Questions to consider

*How do you feel about being anaesthetised?*

*How do you view the anaesthetist – as your protector?*

*Do you feel comfortable asking your anaesthetist questions?*

# ANAESTHETIC TECHNICIAN

My role is basically the general assisting of the anaesthetist, setting up equipment, while the anaesthetist does the procedures, like putting patients to sleep and waking them up etc. We are an extra pair of hands.

My healthcare career came about when I was 18. I was sick in hospital and this 'guy' used to push me down to X-ray and back, I thought it would be a pretty neat job so I asked around. From there to working in theatre was a bit of an accident really – I just wanted to push patients around the wards instead I ended up working in theatres in a tiny private hospital.

Sometimes patients think hospital staff are idiots. In the past I would have agreed. But now that I'm in the hospital system, I realise that it's actually quite reasonable – things happen a particular way for a reason. I can see why patients get frustrated and sometimes they get that look in their eye that says, "why are you asking me this?" and I can feel it when they are getting annoyed. I say to them, "I'm going to ask you the same questions that everyone else has asked" and then I'll let them know that the nurses are going to ask the same questions again also. A reasonable person would think we should know everything by the time they arrive in the theatre. I explain to them we know who they are, we know what we're doing, "but we have to ask you to make sure". Hopefully by then they understand it's just a procedure that we do, rather than just generally wanting to know what procedure they're having and their date of birth.

Sometimes there is a problem with communication between medical staff and patients. I spend 10-12 hours per day in the hospital and so everything in a theatre is just normal. For someone who hasn't been here before it is all new. We don't think to explain the small things and assume that they know what we are doing to them. I've seen patients in awe as they are wheeled in, and the first thing they do is look at the lights and say "What is that? Is that a spaceship?", and I'm like (laughs) "it's a light." It's a completely foreign environment to them, but not for us.

I asked a lot of questions when I was training. Unless I get absolute full training on everything in the theatre, I don't know everything so I ask. And I think that's one of problems in healthcare is that people don't ask. The majority of technicians are afraid to ask...Just ask! Just keep asking! I personally don't care if I annoy the doctors or nurses. It's the only way you learn in healthcare.

Patients rarely ask questions. I say that to them, "Now there're two patients – which one are you? Are you the one that wants to know everything or the one who doesn't want to know anything?" Generally, it's "I don't want to know anything" and then every now and again it's "You've got to tell me everything you're going to do." And I will, I'll explain it through. The ones that don't ask – they don't want to know it just makes them more nervous.

Some of the big traumas are difficult. I'm only a couple of years in, so I haven't done too many of them. I just don't feel that I'm experienced enough. But unfortunately it's not like a pre-organized operation, they happen when they happen. And you just stand there freaking out and thinking "oh my god." The first really bad emergency case I had I was really shaken up and I was just like "I don't think I can do this." I just didn't feel prepared for it that day. We eventually got him into theatres and everything was ok. It's hard to know what to do in these emergency situations. At a hospital like this, you really don't know what you're going to get. You can get them all.

If I need to know something about a piece of equipment, I know where to find the answer - the book or I'll call up the rep. The thing that I do that I feel a lot of technicians don't do is to find out the answer for themselves. Other technicians can freak out. And I'm like, "mate, it's just a machine, it turns on and off and you've just got to find what it's all about". I think I'm resourceful like that, which is important as things are constantly changing.

Some get caught up in their own job and don't see the outcomes on patient care. I can't do my job unless I know what the anaesthetist is doing and he can't do what he's doing unless he knows what the surgeon is doing. But we have people here who are "now you don't need to know that, that's not your job." Everywhere I've ever worked we've had that problem. I think that's wrong. Especially with the new people who come through. New staff want to learn it all. I feel we should know about the role of other healthcare positions. It makes life easier. If I know what's he's doing, then I know when he's struggling and I know what he's going to need next. So I already have it in my hand before they ask.





## Questions to consider

*Do you know all the team members who might be supporting your operation/procedure?*

*Do you understand why you will be asked the same questions by different health care staff?  
(see the box below)*

*What type of patient are you? Do you want to know nothing or know it all? Who would you ask?*

### **Why do we keep asking you who you are?**

Many people are involved in your treatment and care, and we need to be sure that you are receiving the treatment you are booked in for.

Just to be sure that you get the right procedure, we will ask you a few times during your time with us to tell us...

- Your name?
- Your date of birth?
- What you are here for?

# ANAESTHETIST STORY 2

I am an anaesthetist who works mainly in the country. I have been working in anaesthesia for twenty years. Over this time, I have learnt to appreciate the diversity of people I come into contact with. A patient is someone requiring my care, whether they have a pre planned operation or come in as an emergency. Everyone is different. Some people are trusting, others suspicious – many patients are in denial. Some patients are frightened, others calm. As an anaesthetist you generally have a relatively short period of time to engage a patient, to obtain and deliver appropriate information and to gain a degree of trust. You have to adapt your approach to your assessment of your patient's needs. I feel that my patients are more 'real' out here in the country. The country doesn't allow the anonymity of the city. Patients are often known to the staff as friends or relatives. You meet them in the shopping centre. I think training as an anaesthetist I probably underestimated how much my work would involve dealing with people. It can be quite exhausting interacting with patients, their relatives and the multiple personalities in a closed unit like an operating theatre. People assume anaesthesia is a no patient contact field but in fact you have a very concentrated, high intensity but limited period of time to engage with a patient.

The most rewarding aspect of my work is to have had a good clinical result from the patients' procedure/resuscitation. I also find it very satisfying to visit my patients post-operatively and find them comfortable and relaxed.

Having a great team to work with is the single most important influence on my working day. That team includes the treating doctor, the nursing staff, the theatre orderlies and the clerical staff of the operating theatre. If I arrive at work and discover I am working with good staff I feel hopeful that I'll have a good day. The most irritating aspect of my work, apart from difficult patients, would have to be dealing with decisions about my workplace made by people extraneous to the clinical picture. Having forms committees, administration, infection control, pharmacy and others making unilateral decisions without consultation with clinicians is the aspect of my work which I find most frustrating and the thing which is most likely to make me want to stop working.

When dealing with people there is never going to be error free medical care. It's rare for anyone to be deliberately negligent. It's our personal responsibility to do our best and be as careful as possible. We, as a group, obviously need to tailor our communication effectively to our audience whether it be nursing staff, junior doctors, patients or their relatives.

Earlier in my consultant career, a registrar and I were involved in a case with a sad outcome. It was a long and difficult operation. At the end of the operation the patient had multiple cardiac problems and despite our best efforts he died several days later in the Intensive Care Unit. The most difficult aspect of this was the soul searching with hindsight to work out if I could have done anything differently to achieve a better outcome. I had to learn that sometimes despite our best efforts and the recognised teaching, not all patients will respond in a textbook manner to our treatments.

I believe that perioperative anaesthetic clinics are a good opportunity to improve perioperative care. It's particularly useful if the clinician involved in delivering the anaesthetic also has a chance to review the patient at the clinic. The chance to spend some time with a patient to understand their physical and emotional condition, the opportunity to explain and discuss their treatment and to be able to optimise their medical condition pre-operatively, is invaluable.

The ongoing restriction of working hours, I believe, is limiting the learning opportunities for our anaesthetic trainees. Trainees need to spend time to gain the experience I believe is necessary for them to be confident in delivering safe anaesthesia. The anaesthetist is the foremost perioperative physician and it needs to be recognised that we should have quarantine pre- and post-operative time to provide our patients with optimum care.





## Questions to consider

*What would you expect if something didn't go as well as you would like?*

*Do you like your anaesthetist? What would you do if you didn't like their manner?*

*What do you think are some of the pressures on anaesthetists?*

An **anaesthetist** is a fully qualified medical doctor who will assess the client before surgery, administer the anaesthesia and provide and ensure a patient's respiratory and cardiovascular needs are met during surgery.

**General anaesthesia** is a reversible, drug induced period of unconsciousness where all your sensations including pain are absent, you have no awareness of your surroundings and during which your anaesthetist constantly monitors and maintains your normal function(s).

# ANAESTHETIST STORY 3

I was involved in setting up the preadmission testing and perioperative services at my hospital. It was impressed upon me that if anaesthetists are not involved in running and setting up such a service, then it would not be done as efficiently as possible. Our preadmission clinics are run by anaesthetists as we are most affected by the condition of the patient when they are presenting for surgery. Day of surgery admissions have made preoperative assessment of patients much harder for the individual anaesthetist as, in general, we do not get to see our own patients before they arrive in hospital on the day of their surgery.

The anaesthetists in the preadmission clinics put all the patient's health care information together and work out the risk, talk to patients – amalgamating all that information is what anaesthetics is all about. Ideally the patient presents for surgery in optimum condition, but this is sometimes not possible and we need to balance the need to optimise the patient's condition with the problems associated with delaying their surgery (for example when this is related to treating cancer).

One of the things that has been a learning curve is how little some people seem to care about their own health. Smoking and substance abuse is common and often continue despite the onset of substance abuse related conditions such as vascular disease. I'm also perplexed that despite the patient being anxious about an upcoming procedure they will often not read the information that is given to them. Mostly they want to know about the process, what is going to happen to them and they want to be reassured by us that we know what we are doing. What is a big deal to the patients may not seem a big deal to us. Building a level of trust is really important. I always ask the patient do they have any questions and you tell them about the risks, but relatively few ask about the risks.

The pre-admission clinical takes three hours and is a big time commitment for patients. They see it as a very thorough process and are reassured by it. I take the viewpoint that if the patient wants the operation they have to take some responsibility such as ringing us to confirm their surgery date rather than us chasing them. The systems that put responsibility on the patient tend to have lower cancellation rates. A lot depends on how serious the patient thinks the condition is but we have found that asking the patient to do this results in far fewer no-shows on the day of surgery than we used to get.

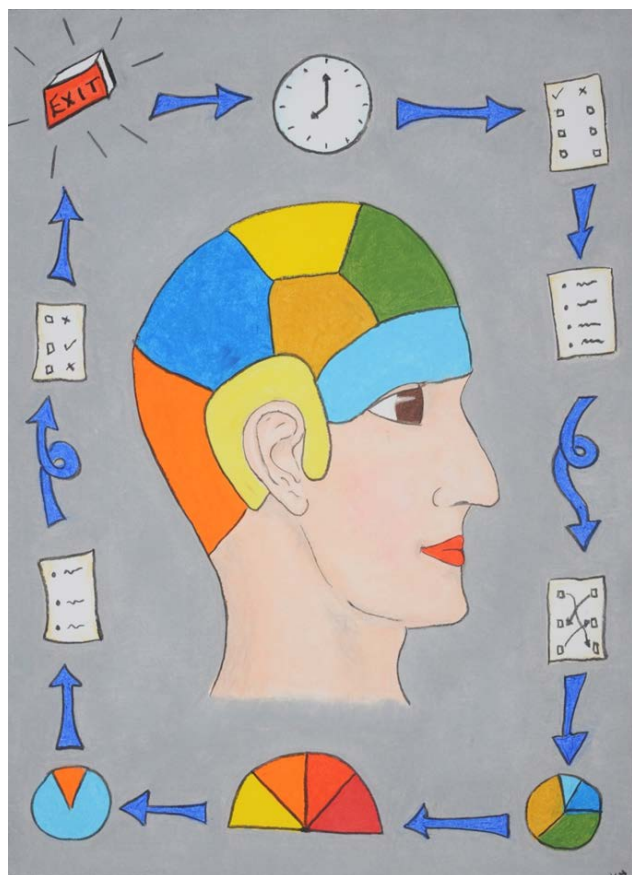
Most anaesthetists are not particularly interested in

doing preadmission clinics. In most clinics you will usually be seeing someone else's patients. We try and have specialty preadmission clinics, so a clinic might see patients coming in for cardiac surgery, or breast surgery. If possible we try and get an anaesthetist whose anaesthetic practice involves this area so they understand the nuances of that type of procedure. I am lucky in that I do the specialty preadmission clinic (neurosurgery) for the area I anaesthetise in, so that I get to see many of my own patients. Even if I am not involved in a particular anaesthetic I understand the process and I know the anaesthetist and surgeon which means I can better explain to the patient what is going to happen and who is going to look after them. The specialty preadmission clinics also have nursing and surgical resident staff from the specialty so the patient sees a lot of the people who are going to be looking after them.

I enjoy seeing the patients preoperatively and then seeing their anaesthesia, surgery and admission go well. We generally have a low cancellation rate. However, no matter how well we set things up, they don't always work. We review our cancellations to see if there are things that we could have done better. For example, if a patient has heart disease and the anaesthetist on the day cancels the operation because they felt the patient was not properly prepared, then that would be a complete disaster, a failure of the system. I like to follow through and work out what the problems are. Within the anaesthetic department such failures are discussed quite robustly and we do quite a bit of cross checking to ensure these situations happen as rarely as possible.

It is easier to do the job when the surgeons take a broad interest in the patient general medical condition and not just the surgical condition. Over half of our patients have a GP health summary when they attend our preadmission clinics (we try to get them all to bring one with them). This is another feedback mechanism to let the GP know we value their input and knowledge of the patient as well as provide us with information that the patient may forget to tell us. A well-organised surgeon will often recognise that we need an assessment from the patient's other health care specialists (e.g. cardiologist) and will arrange this before scheduling the patient for surgery.

Surgical consents are usually handled in the surgeon's rooms. For patients whose command of the English language is not adequate we get interpreters (in person



or via phone) and use family members to aid in this process. In general I don't like seeing patients by themselves; people in these stressful environments don't remember everything that is said. It's harder when I have a non English speaker, interpreter and no one else. It is not such an efficient interchange, so I worry the message will get through. You say so much more to an English speaker than a non-English speaker; verbal and non-verbal cues that don't necessarily translate so well. I prefer an English speaking family member to be present as well, even if they don't talk. Then at least I know two people have heard the message.

Most surgeons admit the service runs well. The biggest problem on a daily basis is getting patients to theatre on time. The biggest issue is preparing people (who are often old and not very mobile) and getting consents completed on time. Whilst this should all be done prior to the day of surgery, not all clinics have surgical staff who can do consents so sometimes we have to get the consent done by the surgeon on the day of surgery or sometimes the wording on the consent is not clear and we need it clarified. This is a problem for first cases (who arrive at 6:30am when there are no surgeons around). We try not to hold up theatres up but we have iron-clad rule

– you can't get into the holding bay unless the consent is completed properly.

It would be great if anaesthetists took a broader view of their role and were more keen to be involved in the preadmission process. To do the work, you've got to enjoy dealing with patients and have a passion for making systems work as there is lots of interaction with complex systems. I guess where our system differs from some others is having the pre admission clinic led by a specialist, rather than residents or nurses, who often do not have as much overall interest or knowledge about the general medical issues or how the process works. One of my favourite expressions is: 'the eye does not see what the brain does not know'. So if someone is inexperienced, they're not necessarily going to pick up all the things that ought to be investigated and resolved.

## Words of wisdom to my colleagues

**You need to try to take the bigger picture. If you can bring together all the information about the patient then that is of enormous value.**

## Questions to consider

*Do you understand all the risks associated with your surgery?*

*Do you know that interpreter services are free?*

*Do you know who you can speak to find out exactly what will happen and the risks involved?*

*Do you understand the role of the Anaesthetist in your care?*

*Do you understand the reasons that you are attending a preadmission clinic?*



Professional interpreting services are available to all patients, families and carers using NSWHealth services. This is a free and confidential services. Ask the staff to book one for you.

Perioperative is concerned with a patient's surgical procedure including preparation for surgery, ward admission, anaesthesia, surgery, and recovery.

# ARTIST BIOGRAPHIES

## Kirsten Holmes (all artwork except Aunty's story)

Kirsten was born in South Africa, where she spent her childhood growing up within a Camphill Community, a community for mentally disabled children and adults based on the philosophies of Rudolf Steiner. At the age of 12, Kirsten and her family immigrated to the UK. Kirsten's attained her a BA(Hons) in Fine Art Sculpture at Wimbledon School of Art, London. Kirsten has been living in Australia for the past ten years where she has trained as an Art Therapist. She currently divides her time between "Art with heART" workshops within the Prince of Wales Hospital, Randwick, Art Therapy and being an artist.

## Carol Cunningham (Aunty's story)

Carol Cunningham is a Wiradjuri Aboriginal woman who lives in the Hunter Valley. Carol paints contemporary Aboriginal dot paintings and each of her artworks has a special story to be told. Carol is very proud to be Aboriginal and finds great pleasure in producing her artworks and even more pleasure giving them to someone who also loves them.

## References

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