

Your appointment

○ You will be informed by writing or telephone about the exact admission time by the Admissions Office.

○ You are expected for your intervention on:

_____ (day) _____ (date)

○ You can call for the exact admission time on:

_____ (day) _____ (date)

The exact admission time is only known two working days before.

You must call the corresponding department (see appointment card and/or letter) two working days before admission, between 3.00 - 4.00 PM (i.e. not on Sundays or holidays) for your exact admission time.

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|--------------------------|-------------------|
| • Surgery department | tel: 040-286 4844 |
| • Orthopedic center | tel: 040-286 4840 |
| • Paediatrics department | tel: 040-286 4170 |
| • Gynaecology department | tel: 040-286 4838 |
| • Neurology department | tel: 040-286 4837 |

You can report to the reception at the main entrance on the day of admission.

Questions

- About your operation or other medical questions, by calling the offices of your medical specialist 040 - 286 4040.
- For other questions, please call the Admissions Office at 040 - 286 4810 Mondays through Fridays.
- For questions specifically about your admission date, please contact us at 040 - 286 4849 Mondays through Fridays, between 9 and 10 AM.

The planned admission time is fixed; we cannot make changes in the operation schedule. Thank you for your understanding.

The planned admission date remains provisional. Sometimes this date has to be changed.

How to prepare at home

Here we specify what you have to bring for a planned stay at Anna Hospital. Some things you always have to bring, others only if they apply to your stay.

Empty stomach

It is very important that you have an empty stomach before the operation.

- Up to 6 hours before admission time, you may eat, drink and smoke.
- Up to 2 hours before admission time, you may only drink water.

It is important to fast before a surgical procedure to ensure your stomach is empty. If that is not the case, the food or fluids in your stomach may end up in your lungs during or around your procedure. This could cause a very severe lung infection and respiratory problems. It is therefore important to follow the fasting guidelines before your surgery.

IMPORTANT: If you do not follow these instructions, your surgery may need to be postponed.

Medication Use

When you use medication, the nurse anaesthesiologist determines whether you have to take it on the day of the intervention. You will be called 2 working days before the examination or operation to discuss your medication use. If you do have to take the medication, take it before 7:30 AM with a small sip of water, even if you are supposed to have an empty stomach. You will receive a medication overview that includes guidelines for your medication intake on the day of the intervention.

Birth control

Medication given during anesthesia and any nausea can make your hormonal contraception less effective. Therefore you should use additional contraception (such as a condom) for 7 days after the operation to prevent the chance of pregnancy.

You should always bring the following:

- A valid form of ID.
- A note with the name and phone number of your contact person during your admission. Read also the information starting on p. 11, 'Contact person'.
- If you are using medication:
 - A current medication overview from your pharmacy.
 - Outpatient setting: the medication instructions for the day of admission. You will have received these from the anaesthesiologist during the preoperative screening.
 - If you take blood-thinning medication, the anaesthesiologist will update you about interrupting its intake. Follow the advice of the thrombosis service. On the day of the intervention, bring the latest anticoagulation bridging instructions that you received from the anticoagulation clinic you are registered with (if you take blood-thinning medications like Marcoumar or Sintromitis), as well as any new bridging instructions you received from the thrombosis service.
 - If you use medication, bring a 24-hour supply in its original packaging.

Further you bring the following:

- Your slippers.
- Sturdy shoes (by knee or hip surgeries).
- Your toiletries, nightwear and bathrobe (if you have to stay one or several nights).
- Extra underwear. If you get a spinal injection you may lose control of your bowel movements and urination for a while. This can result in temporary incontinence, but restores itself spontaneously after a few hours.
- Loose-fitting skirt or pants that are easy to put on/take off if you have a leg or foot surgery.
- Loose-fitting top garments that are easy to put on/take off for shoulder, hand or elbow surgeries.
- Two elbow crutches, which you can rent at the home care store (for foot, knee or hip surgeries).
- CPAP or MRA bracket, if you use it at home (also if you are treated on an outpatient basis).
- Bring your hearing aid, if you use one.
- Bring an eyeglasses case if you wear eyeglasses, and/or a case for your contact lenses if you wear contact lenses.

Tips on what else to bring:

- Reading materials.
- Headphones and a laptop (important: bring these at your own risk, see info about Valuables), we have free Wifi.

Your health situation

If anything else changes in your health situation between your visit to the outpatient clinic and the

operation, you need to contact your treating specialist or the Admissions Office, so that we can determine whether your surgery can proceed safely.

Introduction to Anna Hospital

Anna Hospital is a regional hospital that offers nearly all medical disciplines, about 90 specialists and a capacity of 320 beds.

The hospital is based in Geldrop and has an outpatient clinic in Eindhoven at the Antoon Coolenlaan, near the swimming club De Tongelreep. At that location various specialists have office hours, and there is a blood work lab and a radiology department for comprehensive diagnostic possibilities. The hospital is part of the Anna Zorggroep, together with three care centres, the Anna Ouderenzorg, nursing home (in Geldrop/Heeze) and the medical sports health centre Anna TopSupport (in Eindhoven).

At all our locations we offer personalised, high-quality care and service, and as a patient you will always have one-on-one contact with your specialists. Thanks to our extremely committed working style we give an extra dimension to the treatment of our patients.

Goal of this information

You will soon be admitted to Anna Hospital. For many people a hospital stay is a dramatic event in which many impressions and information have to be processed in a short amount of time. With this information we want to prepare you as well as possible for your stay at our hospital.

You can contact your treating specialist or the ward nurse with questions and/or comments about your hospital stay.

Planned admission: outpatient treatment or clinical stay

Anna Hospital has two types of planned admissions: outpatient treatment and clinical stay.

Outpatient treatment

When you are treated on an outpatient basis you get admitted for a short period of time, from several hours to a maximum of one day. In other words, you will go home on the day of the intervention. Visitor rules do not apply in this case. During your stay your family can wait at the restaurant in the main hall and use the various facilities.

Clinical stay

A clinical stay is when you are admitted to the hospital for more than one day.

What happens at the hospital before admission

Preoperative assessment and preoperative screening

If you have to undergo an operation or treatment, after your visit to the outpatient clinic you will be scheduled for a preoperative screening. This may entail the following appointments:

- A phone call with the hospital pharmacy. The hospital pharmacy will try to obtain a clear and complete overview of your medication use at the moment you are admitted to the hospital. In this way we try to prevent improper medication use and dangerous situations. During this talk we will ascertain whether the overview and the dosages are correct, whether you have any allergies, and whether you are using additional medication. You can find more information in the Hospital Pharmacy folder.
- A talk with a specially trained screening staff member. In this talk we will assess your health condition based on a short physical exam, and discuss together what the best type of anaesthesia for you will be. You will also have the opportunity to ask questions about the anaesthesia. If you still have questions about the anaesthesia later on, you can contact us by phone at the:
Admissions Office: 040 - 286 481. Mondays through Fridays 8:30 AM – 5 PM.

Further preparation may be necessary before the anaesthesiologist can approve the anaesthesia ('fit for anaesthesia'). For example, blood tests and an ECG may be taken, or there may be a consultation

with a pulmonologist, internist, neurologist or cardiologist before the operation.

Only after all your information is known does the anaesthesiologist approve the operation. We will contact you if it appears that more exams are needed before the intervention.

Other important matters:

- If anything else changes in your health situation between your visit to the outpatient clinic and the operation, you need to contact your treating specialist or the Admissions Office, so that we can determine whether your surgery can proceed safely.
- The tests needed for the treatment must have been done at least two weeks before your admission, but not more than three months in advance.

Preparations at home

In the beginning of this information we specified the preparations that you have to make at home. This will make things clearer for you.

Fever or increased temperature

Please take your temperature at home in the morning. If your temperature is above 38° Celsius, please call the reception 040 - 286 4205. They can connect you to the ward where you will be admitted, to consult as to whether the intervention can still take place.

Hygiene

You are required to take a bath or shower at home on the day of admission (unless we agreed otherwise with you).

Paracetamol

We recommend that you have paracetamol 500 mg tablets at home for post-intervention pain.

Cosmetics and skin care products

Before your admission, please remove all makeup and nail polish (even the transparent kind) from your fingers and toes. If you have gel or acrylic nails, you must remove at least one nail from each hand (preferably from your index finger). Do not wear body milk or lotion on the day of the operation.

Jewelry

You are not allowed to wear any jewellery or piercings for the operation.

Valuables

Your room is equipped with a locker, which you can lock with your own code. We recommend that you bring as few valuables as possible to the hospital, such as money, mobile telephones and jewelry. If you bring your laptop in order to use the Internet, it is entirely at your own risk. You cannot hold the hospital liable if your personal belongings get stolen or damaged. If you forget to take your belongings home when you are discharged, they will be held at the ward for one month, after which they will be removed.

Contact person

When you are admitted we will ask you to specify who your contact person is. Information during your admission will be communicated to this person. The contact person can then inform others close to you. For clarity's sake, please agree with those close to you who your contact person will be.

Transportation

Before your admission it is also important that you arrange who will take you home or accompany you, for example if you take a taxi. After an outpatient treatment it is not responsible to travel alone by car, bicycle or public transportation.

Back at home

Make arrangements in advance in case you need a trusted someone who can be with you at home for the first 24 hours or is reachable by phone in case of a calamity.

Health insurance coverage

It is best that you find out before the treatment or operation whether your health insurer will cover the costs.

The day of the intervention

On the day of the intervention, report to the reception by the main entrance, unless you received different instructions. The reception will direct you to the ward. Once there, the nurse will tell you what your day will be like.

- You will be wearing a hospital gown and a wristband with your information on it. Please remove any prostheses before the treatment, including dental prostheses. You will also need to remove contact lenses, jewelry, piercings, nail polish and makeup.
- The nurse will do some check-ups, like taking your blood pressure, heartbeat and body temperature.
- If you have a hearing aid, you can keep wearing it on one side until you get to the operating room.
- You will be wheeled to the operating theatre in a bed, where you will be prepared for the intervention in several rooms. Sometimes the area to be operated is shaved; you will get an OR surgical cap for reasons of hygiene in the OR, and your information will be double-checked based on a checklist. The specialist will come around, and the nurse anaesthesiologist will ask a few more questions. Next, you will be accompanied to the operating room (OR).

Anaesthesia and the operating theatre

Anaesthesia is a numbing condition in which you can no longer feel pain. If you want to find out more about anaesthesia, the different types of anaesthesia and the operating room (OR) before your surgery, you can read about it in the folders Anaesthesia, analgesia and your operation and The operating theatre.

Postsurgical pain management

You will recover better in the first days after the operation if your pain is managed properly with analgesics and possibly anti-inflammatories at regular intervals. This is why we measure your pain after the operation. You can read more about this in the folder Postsurgical pain management.

After the treatment

Things are done differently after an outpatient treatment than after a clinical stay. This is why we explain this separately.

After an outpatient treatment

The nurse of the outpatient centre will call your contact person. This person will pick you up by car or will accompany you on your taxi ride. You do have to arrange for the taxi ride yourself.

Please keep in mind that you will stay in the nursing ward for observation after the treatment. The care providers will assess how long this is necessary.

After a clinical stay

Before you are discharged, there will be a final talk with your physician or nurse. Feel free to include a family member or someone you trust. During this talk we will go over the folder Your discharge, which you received at admission. The folder includes, among other things, advice and information about any follow-up appointments. To prepare for your discharge you can also look at the checklist of the RPCP (Regional Consumer Platform for Southeast Brabant).

The treating specialist will determine the date of discharge in consultation with you. Patients are discharged between 9:30 and 11 in the morning. Occasionally an additional intervention must take place, in which case the patient is discharged later.

Rules for the first 24 hours after your discharge

We recommend that you adhere to the following rules the first 24 hours after your discharge. These rules apply to outpatient interventions as well as clinical stays:

- You definitely should not operate a vehicle.
- Do not travel alone, not even by public transportation or taxi.

Make arrangements so that, if necessary, someone you trust can be

- continuously available or reachable by phone in case of a calamity.
- Do not consume any alcoholic drinks.
- Postpone important decisions and business transactions.

When discharged you will receive:

- Post-care information.
- An appointment for the first outpatient check-up with your treating physician.
- Pain medication for the first day (after outpatient treatment).
- If applicable, a prescription for medication and/or bandaging material.
- After a clinical stay, your own medication, if you were taking any.
- After most treatments, a release letter with information about the treatment. Please take this letter or mail it to your general practitioner the next day.

Care after discharge from the hospital

Your medical specialist/primary practitioner will determine when you are discharged. That will happen when your medical treatment is completed, and may be sooner than you expect.

It is important for you to already think about your recovery and post-care early on, and take steps to make the necessary arrangements. Think of meals, aids, household help, personal care, nursing, assistance or staying in a care hotel. The idea is for you to organise this as much as possible via your personal network and before your admission. If it is impossible for you to arrange for something like household help within your own network, before your hospital stay you can ask at the municipality (Wmo/Social Support Act) whether you are eligible for such help.

If during the admission it appears that professional care and nursing is needed and you are eligible for it according to the current criteria, this care can be arranged for during your hospital stay. We advise you to inform the ward nurse about this as soon as possible during your hospital stay. If you are not capable of organising your post-care yourself, you can ask a family member or informal carer to do this for you. To prepare you optimally for your discharge, the following pages have a checklist with relevant issues for you to arrange before/during your hospital stay.

Medicines AnnApotheek when you go home

When you go home, you may be prescribed medicines and/or bandages. In some cases these are not reimbursed. Then you have the option of paying with card (debit) or paying by direct debit. For a direct debit you need your IBAN details.

Checklist for you and your close ones

Consequences for your daily life

- ☐ Do you know what the consequences of the illness and the hospital stay can be?
- ☐ Is it clear to those close to you what inconveniences you can encounter in your daily life?
- ☐ Do you know clearly what you yourself can do to reduce your complaints and foster recovery?
- ☐ Do you know what you already can do at home and what you are advised not to do (for now)?
Examples are taking a bath or shower, household chores, driving a car and the like.

Post-care

- ☐ Are you sure about whether you will need extra care or help once you're back home?

☐ If that's the case, do you know clearly what things you will be needing permanent or temporary care and help with?

☐ What kind of care and help can those close to you give you at home?

☐ Who else could you get involved – neighbours, home care services, volunteers?

☐ Do you know where to go for help and information?

Aids

☐ Have you obtained information about aids that you need at home?

☐ Did you receive instructions on how to use these aids?

☐ Have arrangements been made for aids and/or adjustments that you will be needing immediately after your discharge?

☐ Do you know what bandaging materials you need at home, and do you have a prescription for them or do you know where to buy them?

Complications and medical questions

☐ Do you know in what situations it is advisable to quickly contact the hospital? If in doubt, you can always contact the hospital.

☐ Who can you reach to this end, during or outside office hours?

☐ Do you know clearly what questions you can ask the hospital (the ward, your treating specialist or the emergency room) and what questions you can ask your GP?

Medication

☐ Has a specialist or nurse properly explained how to take your medication?

☐ If you have to take multiple medications, did you receive enough information about combining these medications?

☐ Do you know what the side effects can be?

☐ Do you need prescriptions for your home situation?

☐ Do you need medications for your first day at home? The hospital pharmacy (AnnApotheek) in the central hall can help you with this.

Follow-up appointments

☐ Do you have any follow-up appointments with the specialist?

☐ Have you received information about the accessibility of the department, by telephone or by e-mail?

☐ Do you have any follow-up appointments with other care providers in the hospital?

☐ Are they reachable by phone or by e-mail?

Support

- ☐ Do you or do those close to you need support from others after your discharge?
- ☐ Do you know where to look for this support?

This checklist is based on information from RPCP Southeast Brabant.

Provide all the information about your health condition

Be well prepared for the appointment with your care provider. Put down your questions on paper. Tell the care provider how you feel. Make clear what you expect from your care provider.

Write down which medications you take at home

Make a list of all the medications that you take, and bring this list with you. Always let the care provider know what medications you are allergic to.

Speak up if you don't understand

Speak up if something isn't clear or if you have doubts. Make sure you are properly informed when any medication is prescribed to you. Ask why you need the medication and how long you have to take it. Also ask about the possible side effects and what you should do if you have any. To this end, the nurse can make an appointment for you to speak with someone from the hospital pharmacy staff.

Ask questions if medications look different than what you are used to

Ask questions if the colour or shape of your medication is different than what you're used to, or if you are getting less or more medication than you normally do.

Provide all the information about your health condition

Prepare properly for the operation together with your care provider. Ask how you have to prepare, whether you have to fast, how long the operation lasts approximately, and how you are expected to feel after the surgery.

Follow the instructions and advice

Follow the agreements you make with your care provider about your treatment. Ask what you are or aren't allowed to do. Ask for an explanation if you get conflicting advice. Do not go home if you still have any unanswered questions. At your discharge, make sure that you ask for a check-up appointment, and that you know whom to approach for questions and problems.

You can help have a safe treatment

Patients should assume that medical institutions and care providers do everything they can so that treatments can elapse safely. But patients themselves also play a role here, and increasingly often are able and want to contribute to safe care. With a patient safety card, both patients and care providers become more aware of the role that

