## The ROYAL MARSDEN

## Head & Neck Free Flap Surgery

NHS Foundation Trust

Recommended Suggestions, modify as required based on clinical judgement

DAY	-1	0	1	2	3	4	5	6	7	
DATE	//	OPERATION	//	//	//	//	//	/	DISCHARGE	
	Be active Exercise to raise heart rate	Deep breathing post operatively	Deep breathing				Freely mobilise			
			<b>Sit</b> : 2x1hour	2x3hours Sit out of bed most of day		Out of bed all day				
			Walk: if able	2x60m	2x200m	2x400m	Dress in own clothes			
۲	Carbohydrate (CHO) pre- load drink x 2 Clear fluid only after midnight	<b>06:00:</b> 1 x pre-load drink <b>Post-op:</b> nil by mouth	<b>SLT review</b> Sips of water after SLT if appropriate	G			intake directed by SLT and surgical team remove once adequate oral intake			
۲	Continue regular meds 18:00: tinz inj	LA infiltration by surgeons PCA Paracetamol	Pain team review		Pain team review if required					
			PCA Paracetamol	Stop PCA Oral codeine + laxatives				Oral analgesia Prepare TTOs		
	Shower well before coming to hospital	NGT inserted during case if concerns about feeding	<b>8am</b> extubate <b>pm</b> remove catheter when mobilising	Consider neck drain removal when output <30mls/24 hrs	Remove CVC if possible	Consider removing flap drain	Teach patient wound care to prepare for discharge	Remove IV cannula		
	Call to check arrival time	Start discharge planning – refer to <b>SAFER CCD</b> Address any discha					charge concerns	Consider discharge if	Prepare to go	
		Raise any questions or concerns to your team at any time						discharge if SAFER CCD achieved	home – SAFER CCD achieved	



LA – Local Anaesthetic; PCA – patient-controlled analgesia; NGT – nasogastric tube; CVC – central venous catheter; IV – intravenous; SLT – Speech & Language Therapy; TTOs – "To take out" medications; Tinz inj – Tinzaparin injection