






DAY	-1	0	1 - Morning	1 - Afternoon
DATE	___/___/___	OPERATION	___/___/___	
	Be active. Exercise to raise heart rate.	<b>Post-op:</b> Deep breathing. Sit out in chair for 2 hours. Mobilise freely as tolerated.	Sit out of bed in own clothes Freely mobilise Deep breathing	
	Carbohydrate (CHO) pre-load drink x 2 Clear Fluid only after midnight	<b>Pre-op:</b> 06:00 – 1 x CHO pre-load drink <b>Post-op:</b> Sips -> Free fluids -> light diet -> normal diet	Normal diet. Chewing Gum / Boiled Sweets (3 x 20mins/day). 100mg Sodium Docusate PO BD 10mls Peppermint water PO QDS	
	Metoclopramide 10mg and Ranitidine 150mg evening before surgery if BMI>30 <u>or</u> symptoms of reflux  Continue regular medications as instructed	<b>Intra-op:</b> Multimodal IV (Paracetamol, NSAID, opiates) with surgical LA infiltration <b>Post-op:</b> Paracetamol PO/IV QDS, Ibuprofen PO TDS, Oramorph 2hrly PO PRN, Metoclopramide TDS	Optimise analgesia – pain team review if required  Team to prepare TTOs for discharge today	Comfortable on oral analgesia Dispense TTOs to patient before midday
	Shower well before coming to hospital	NGT out at end of case. Aim for no drains.	Remove urinary catheter 6am <b>EXCEPT</b> if radical hysterectomy Check FBC at 6am	Remove iv cannula Organise <b>TWOC 7-10 days post discharge</b> if radical hysterectomy
	Call to check arrival time Consider plans for discharge before admission to hospital	Confirm discharge plans – refer to <b>SAFER CCD</b>	Learn to administer tinzaparin injection, and wound care for discharge	
Voice any concerns or questions at any time, Plan Discharge (SAFER CCD)				



- Get-up** Early mobilisation
- Eat** Early enteral feeding
- Analgesia** Multimodal, opioid-sparing analgesia; medications
- Remove** Timely line/drain removal
- Speak up** Encourage questions/timely discharge planning

### SAFER Clinical Criteria for Discharge (CCD)

1. Mobilising freely; eating and drinking adequately
2. Pain well controlled with oral analgesia
3. Independent with care for wounds and dressings; or District Nurse arranged
4. Self-administering tinzaparin injections
5. All lines / drains removed; or plan for removal as outpatient
6. All concerns addressed, contact details given, follow up arranged

**NHS** BMI – Basal Metabolic Index; IV – intravenous; NSAID – Non-steroidal anti-inflammatory drug eg Ibuprofen; LA – Local Anaesthetic; PRN – “as required” medications; BD – twice daily; TDS – three times daily; QDS – four times daily; TWOC – Trial Without Catheter; NGT – Nasogastric tube TTOs – “To take out” medications prescription; **Tinz** – Tinzaparin injection