

# Thoracic surgery medicines

A patient's guide

Addressograph

Name:

Date of birth:

Hosp No:

NHS No:



## **Introduction**

This booklet is for patients waiting to have thoracic surgery. It will provide you with all the information you need to know about your medication before having an operation or procedure (surgery).

It explains which medicines you will need to stop taking before your surgery and also gives you information and advice about new medicines you may be given during your stay in hospital. Please read through it and, if you have any concerns or questions, phone the pharmacy medicines helpline on 01223 638777 (see last page for information about the helpline).

## **Drug history**

You will be asked about your drug history by a pharmacist or nurse at the pre-admission clinic, or when you are admitted to the ward prior to your surgery.

This involves writing down the names and doses of all the medicines you are currently taking and will include eye-drops, creams, inhalers, herbal or homeopathic remedies and over the counter medicines.

By doing this we can get a complete picture of your current medicines which will help us decide on the best medicines to use during your stay in hospital.

## **Allergy history**

We need to find out which medicines you are truly allergic to. For example, in the past penicillin may have caused a whole or partial body rash or difficulty breathing.

We would also like to know if you have a sensitivity to a medicine. This is where you may have suffered side effects, such as a headache, that made you unable to tolerate any further treatment with that particular medicine.

It is useful to know about these reactions so that we can avoid the same medicine being prescribed again.

We will also ask about other allergies, such as plasters, latex gloves, food, and metal contact allergy.

Patients who have allergies are given a red wristband to wear to alert all hospital staff to their allergies.

## **Medicines to manage before your surgery**

Some medicines are known to interfere with surgery (for example, they might thin the blood which may cause bleeding problems) or interact with other medicines given when you have surgery.

For these reasons we generally advise patients to stop taking the following medicines before their surgery:

<b>Medicine</b>	<b>When to stop</b> (unless advised differently by consultant)	<b>Comments</b>
Aspirin	Continue	
Prasugrel	Seven days before surgery	If you not stopped your prasugrel seven days before surgery please ensure that you tell the admitting nurse or doctor.
Clopidogrel and ticagrelor	Five days before surgery	As above
Warfarin	Five days before surgery	If you are taking warfarin for high-risk indication, an alternative drug may need to be given. This will be arranged at the pre-admission clinic.
'New' oral anticoagulants (dabigatran, rivaroxaban, apixaban and edoxaban)	Up to four days before surgery	If you are taking one of these drugs please make sure that the nurse or the pharmacist at the pre-admission clinic is aware.
Anti-diabetic medications including metformin, dapagliflozin and gliclazide	Up to three days before surgery	If you are taking one of these drugs please make sure that the nurse or the pharmacist at the pre-admission clinic is aware. Please note that dapagliflozin and other agents that fall within the same SGLT-2 class of anti-diabetic medications (eg empagliflozin) are also used in the treatment of heart failure. The omission period pre-operatively remains the same as above if used for this purpose.
Ibuprofen or diclofenac	24 hours before surgery	Anti-inflammatory painkillers - short-acting
Naproxen or piroxicam	Up to two weeks before surgery	Anti-inflammatory painkillers - longer-acting
Diuretics ('water tablets') such as furosemide and spironolactone.	Omit on day of the surgery	
Herbal medicines such as cod liver oil, glucosamine, ginkgo and garlic	14 days before surgery	As there is little information about these medicines and their effects on surgery it is safer to stop them before the surgery. They can be restarted once you have been discharged after your surgery. If you would prefer to keep taking them, please phone the pharmacy medicines helpline for advice.

## **Guidance for patients arriving on the day of thoracic surgery**

Most patients are requested to come into hospital on the morning of their surgery. However some patients are asked to arrive the day before their surgery.

If you are arriving on the morning of your surgery the nurse will inform you of any medicines which should not be taken that morning.

## **Control of pain and constipation**

The nursing staff will provide you with information about the strong painkillers you may be given immediately after surgery. These may be given by drip and are called 'epidurals' or 'patient-controlled analgesia' depending on the route of administration. These are usually continued for 24-48 hours.

You will also be given regular doses of paracetamol tablets. Gradually, all your painkillers will be changed to medicines that can be taken by mouth.

Stronger painkillers that may be prescribed on an 'as required' basis include codeine, tramadol or liquid morphine (Oramorph). Occasionally, the specialist team may advise gabapentin, which reduces the firing off of nerves around the site of surgery. As your pain decreases you can start to reduce the number of painkillers you take slowly until you no longer need them.

Every patient is different and some patients take longer than others to stop their painkillers completely - the important thing is that you take them as long as you need to and cut them down slowly and sensibly.

Every patient's response to painkillers is different. If you feel that they are not working as well as they should or are experiencing side-effects such as drowsiness, nausea or giddiness, please tell your nurse or ward pharmacist as soon as possible as there are alternative painkillers that can be prescribed.

The stronger painkillers can cause constipation. For this reason you will be prescribed laxatives (senna and laxido sachets) to take whilst in hospital. If this is not helping, please tell your nurse or ward pharmacist so that you can be prescribed additional laxatives.

When you are discharged we will give you a supply of painkillers and laxatives to take home with you.

## **Control of nausea**

At the pre-admission clinic we will also check whether you have had an anaesthetic or operation before and, if you have, whether you felt nauseous or sick afterwards

If you have not had an operation before we will ask you if you suffer from travel sickness.

For those people who have had problems in the past with post-operative sickness or travel sickness we will prescribe extra anti-sickness medicines for you to be given before and after your operation. Everyone is prescribed an anti-sickness medicine for use 'when needed'.

## **Your regular medication**

On admission to hospital we would like to you bring all your current medicines in the pharmacy bag given to you at the pre-admission clinic.

These medicines should be in the original boxes supplied from the pharmacy as these have labels with your name and dosing instructions on them.

Please include any medication we have asked you to stop prior to your surgery. If you have been taking warfarin, please bring your yellow anticoagulant record book with you.

Please bring two or three weeks' supply of medication into hospital to ensure that you have sufficient supply for use in hospital and on discharge.

## On admission

Please hand your green bag of medicines to the nurse looking after you on admission. Your medicines will be locked away in a medicines cupboard near your bed.

Notify the nurse if you have brought in any controlled drugs (morphine, temazepam, fentanyl patches, methadone etc) or medicines that need storing in the fridge.

## Administration of medicines

Before the nurses give you your medicines they will need to confirm your identity. This is usually done by checking your hospital ID bracelet or asking you your date of birth. The nurses will also ask if you are allergic to any medicines.

Your medicines will be handed to you in a small cup. If these medicines look different to your usual medicines, please ask the nurse to explain what the medicines are and why you are being given them.

Most of the time medicines dispensed in hospital look different because we use a different or generic brand of the same medicine that you were previously taking. However it is best to check and confirm this.

## Information about your medicines

Your doctor, nurse or pharmacist can explain to you what has been written on your prescription chart.

Remind your doctor to tell you the names of any new medicines that they prescribe and the reason why you are taking them. That way, if anyone tells you anything different, you will know to ask questions to ensure the prescription chart is correct and up-to-date.

## Medicines on discharge

We will provide you with a minimum of 14 days supply of medication on discharge.

If you are under the oncology team and were not taking blood thinning medication prior to admission, you may be sent home with 14 days' supply of blood thinning injections to reduce the risk of clots after surgery. The nursing team on the ward can provide training with how to self-administer or arrange support for you to receive the injections in the community.

You may also be given a patient medication record card 'your medicines' which can be shown to your general practitioner (GP), dentist or community pharmacist to inform them of your current medicines.

The nurses will tell you how important it is to take your painkillers and not to wean yourself off them too quickly. Once at home, depending on how many painkillers you are taking each day, you may find these run out before all your other medication. Please ask your doctor (GP) for a further supply if you need them.

You can buy paracetamol or senna tablets (for constipation) from your local pharmacy if you wish but the stronger painkillers and anti-sickness tablets are only available on prescription.

If senna tablets do not relieve your constipation see your local community pharmacist or doctor (GP) for an additional preparation (eg docusate capsules).

The more you know about your medicines the

## **Remember**

- Never offer your medicines to someone else.
- Do not take expired medicines.
- Keep medicines in its original labelled container.
- Keep all medicines out of reach of children.

## **The pharmacy medicines helpline 01223 638777**

Although we discuss your medicines with you on discharge, we realise queries about your medicines may arise once you have returned home.

Please leave a message on our answerphone. We check for messages regularly throughout the day (09.00 - 16:30 Monday to Friday) and aim to reply to you within one working day. We will ask you to leave your name, hospital number, ward or clinic where you have been treated, the details of your enquiry, and a contact phone number.

The telephone number can be found on the back of the patient medication record card.

Please note that this service is specifically for questions regarding medication.

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Author ID:	Senior specialist pharmacist - surgery
Department:	Pharmacy
Printed:	January 2025
Review date:	January 2027
Version:	3
Leaflet number:	PI 102