




Day Surgery Unit

Information Pack





Contents	Page
Summary	3
Coming into Hospital	4
Consent	4
Pre-op assessment clinic – B32	5
Preparing to go home before you come into hospital	8
The Day of Surgery	9
Eating and drinking	10
Arrival	11
After surgery	13
After Discharge	14
Going Home	14
Managing your pain	15
Post-Operative Care	17
Wound Care	17
Medications	17
Possible complications after surgery	18
General Information	21
Getting to the day surgery unit	21
Further information	24
Useful numbers	25

SUMMARY

What should I do before my operation?

Make arrangements for how you will get home after your operation. Who will take you home and who will be at home with you? Let us know if there are any issues.

Stock up on:

- Paracetamol,
- Ibuprofen (if you are able to take it)
- Laxatives (in case you are prescribed strong painkillers to go home with)

Follow the instructions you have been given about what medications to stop and when to stop eating and drinking.

Please pay careful attention to the eating and drinking guidelines on page 10.

Please get in touch if you have been unwell in the run up to your operation (you can contact the day surgery unit on 01225 826265).

Where should I go on the day?

The Day Surgery Unit is at location B42 – on the first floor, close to the main entrance. The doors open at 7am. Please report to the nursing staff when you arrive.

What should I bring?

- Dressing gown and slippers
- All your normal medication
- Books/magazines etc. as you may have a wait before your operation
- Water bottle to drink from

What will happen after my operation?

We will take you back to the Day Surgery Unit and give you something to eat and drink. We will encourage you to get out of bed and get dressed when you are able to. You will be allowed to go home when you are feeling well enough to do so.

COMING INTO HOSPITAL

INTRODUCTION

This booklet has been designed to provide you and your family with useful information about your day surgery procedure.

We are focused on returning you to your normal activities as soon as possible after surgery. These include:

- Eating
- Drinking
- Exercising

There is good evidence that doing these things as soon as possible helps people to get better more quickly.

CONSENT

You will be asked to sign a consent form before your surgery. This will be in the form of either an electronic (E-consent) or a paper form.

Please ensure that you understand the procedure, risks and your options prior to signing the form. It is important that you completely understand the information and are fully involved in your care. Please feel free to ask any questions. You will be given several opportunities to do this.

PRE-OPERATIVE ASSESSMENT CLINIC – B32

Pre-operative assessment is necessary to ensure that you are fit to undergo your surgery. It will highlight any issues to the Surgery or Anaesthesia team that may affect you during your surgery and ensure that you have a safe journey of care.

Pre-operative assessment has significantly decreased the number of operations we cancel on the day of surgery. We have all your information available and have optimised your health fully so that you can undergo your planned procedure.

After you have decided to proceed with surgery you will be asked to arrange a pre-operative assessment appointment. It is important you are assessed to ensure you are fit for surgery. This is carried out in a variety of ways. Here at The Royal United Hospital (RUH) we use an online tool called “MyPreOp” (Ultramed). This is the first line of your assessment. You will receive a link from Ultramed by email or text (keep an eye out for it and check your junk folder). You will be asked to complete an online health screening questionnaire. Once submitted the Pre-op nursing team will assess your document and determine if you need to be seen here at the RUH by the Pre-operative assessment team. If you have no outstanding medical history that needs addressing, we can immediately place you on the waiting list as being fit to proceed for your surgery.

The document can take 45 minutes to complete but can be utilised again if you require further procedures with us. This is the best way to access our waiting lists as fit and ready to go.

If you do require a face-to-face appointment with us, this will last 45 minutes, but can take longer. This may be if we think you may benefit from seeing one of the Anaesthetists we have based in the department.

Our department is not large, so we do ask that unless you require help with mobility or communication, for example that you do attend alone.

You will be asked questions about your health, medical history, and home circumstances.

If the assessment involves a visit to the hospital, some tests may be carried out.

The tests are to check if you have any medical problems that might need to be treated before your operation, or if you will need particular care during or after the surgery.

The tests you have will depend on what operation and the kind of Anaesthetic you are having.

These tests might include blood tests, a heart trace (electro-cardiogram – ECG), urine tests and swabs for screening of infections.

This assessment will usually happen several weeks prior to your operation and the results of your pre-operative assessment last for 16 weeks so do not worry if you do not hear from us for a while.

Make sure you know the results of any previous tests, as well as all the medicines, vitamins, and herbal supplements you take.

You will be given clear information on:

- Fasting procedures prior to your surgery i.e. whether you need to stop eating and drinking in the hours before your operation
- Whether you should stop taking your usual medicines before going into hospital
- What to bring with you into hospital – not too much as you are just here for the day!
- What to have at home in terms of pain relief (have a stock of what you would normally use such as paracetamol or ibuprofen)

Lifestyle advice

You will recover more quickly from surgery if you are healthy beforehand:

- Diet: Try to eat a healthy diet in the time leading up to your operation. If you have concerns about your diet discuss them with your GP or practice nurse; you can be referred to a dietician if necessary
- Weight: If you are overweight, it is important to reduce your weight in preparation for your surgery. This will help to reduce any risks associated with anaesthesia and surgery
- Smoking: Stopping smoking, even for only 2 weeks before surgery can significantly reduce the risk of complications. Your GP practice will be able to put you in touch with smoking cessation services

Smoking cessation

Smoking reduces the amount of oxygen being delivered to the tissues. Oxygen is vital for the healing process. You are also less likely to develop chest and circulatory problems postoperatively if you stop smoking.

Your body will feel the benefits 24 hours after stopping smoking. However, the earlier you stop the more your body will have recovered from the effects of smoking at the time of your surgery.

Royal United Hospital Bath is a NO SMOKING Hospital.

Alcohol

Regularly drinking more than the recommended 14 Units a week can affect long term health as well as increasing risk of harm around the time of an operation. These effects include increased risk of bleeding, infection and delays in wound healing and recovery. Cutting down the amount of alcohol you drink before surgery can reduce these risks.

Note: If you are dependent on alcohol stopping suddenly may be dangerous.

Cutting down gradually is safer and advice should be sought from the Drug and Alcohol Team or your GP.

Other Community teams:

BaNES Developing health and Independence 01225 478730

Wiltshire Turning point <https://www.turning-point.co.uk/>

01225 341520

Somerset Turning point <https://www.turning-point.co.uk/>

01278 456561



PREPARING TO GO HOME BEFORE YOU COME INTO HOSPITAL

- We ask that you make arrangements for going home BEFORE you come into hospital.
- You will need to be accompanied home by a responsible adult on the day of surgery.
- You may not necessarily need somebody to stay with you overnight, but if you do not you must let us know beforehand. Please contact the pre-assessment team.

Who is going to take you home? How are you getting home? Will you need help with shopping, cooking, or housework? If you have any problems with this then please let us know; we may be able to help!

If you do not have anyone available to take you home, you must let us know in advance. If you do not, then you may have your operation cancelled.

VISITING THE DAY SURGERY UNIT

If you are worried or anxious about coming into hospital and would like to visit the day surgery unit before the day of your operation, we are usually able to arrange a visit for you.

Please call the day surgery unit on **01225 826265** so that we can arrange a convenient time.

THE DAY OF SURGERY

If you are feeling unwell

If you have had diarrhoea or vomiting within 48 hours of your admission DO NOT COME TO HOSPITAL, please inform us by ringing the Day Surgery Unit on **01225 826265** between the hours of 7am and 7.30pm Monday to Friday.

You should also inform us if you have had a cough, cold or flu symptoms during the 48 hours before your surgery. On occasions it may be necessary to postpone your operation until you are well again.

- We request that you bath/shower the night before, or morning of surgery
- We do not require you to shave the surgical site
- Please remove any jewellery, make up and nail varnish, prior to coming into hospital
- Bring a dressing gown and slippers (you will need these to walk to theatre in)
- Bring all the medication you would normally take (these will be returned to you when you leave hospital). Please also make sure you have enough of your regular medication at home for after your procedure. This may require you to order and collect them before you come in
- Books and magazines as required


Medicines

Please take your medications as usual with a small amount of water. The pre-op assessment clinic will advise you when to stop some medicines before surgery, for example:

- Diabetes medicines
- Some blood pressure medicines
- Blood thinners including (but not only) Clopidogrel, Aspirin, Apixiban, Edoxaban...

Pain killers

If you take regular opiate pain killers (codeine, dihydrocodeine, tramadol, morphine etc.) then consider reducing these in the run up to your surgery. This will make it



easier to manage your pain after your operation. The Pre-assessment clinic or your GP will be able to give you more advice on this.

It is OK to continue to take paracetamol and anti-inflammatories (ibuprofen, naproxen, diclofenac etc.).

EATING AND DRINKING

You should not eat food, sweets, or chew gum for **6 hours** before surgery. However please ensure that you stay hydrated and consume clear fluids (fruit squash or water, but not milk or fruit juice) up **to two hours** before your surgery. This is important because it reduces the risk of acidic stomach contents damaging the lungs during Anaesthesia.

When to stop eating will be dependent on the time of the operation, For example:

If you are booked to come in at 7.00 am (the first patient's operation will start at 8.30):

- Please eat a snack before you go to bed/before midnight. **DO NOT eat anything after this time**
- Please drink **AT LEAST** 200mls (one cup or glass) of clear fluids **before 6:30 am. This is important to help you stay hydrated before your surgery**
- **DO NOT** have drinks containing milk or fruit juice

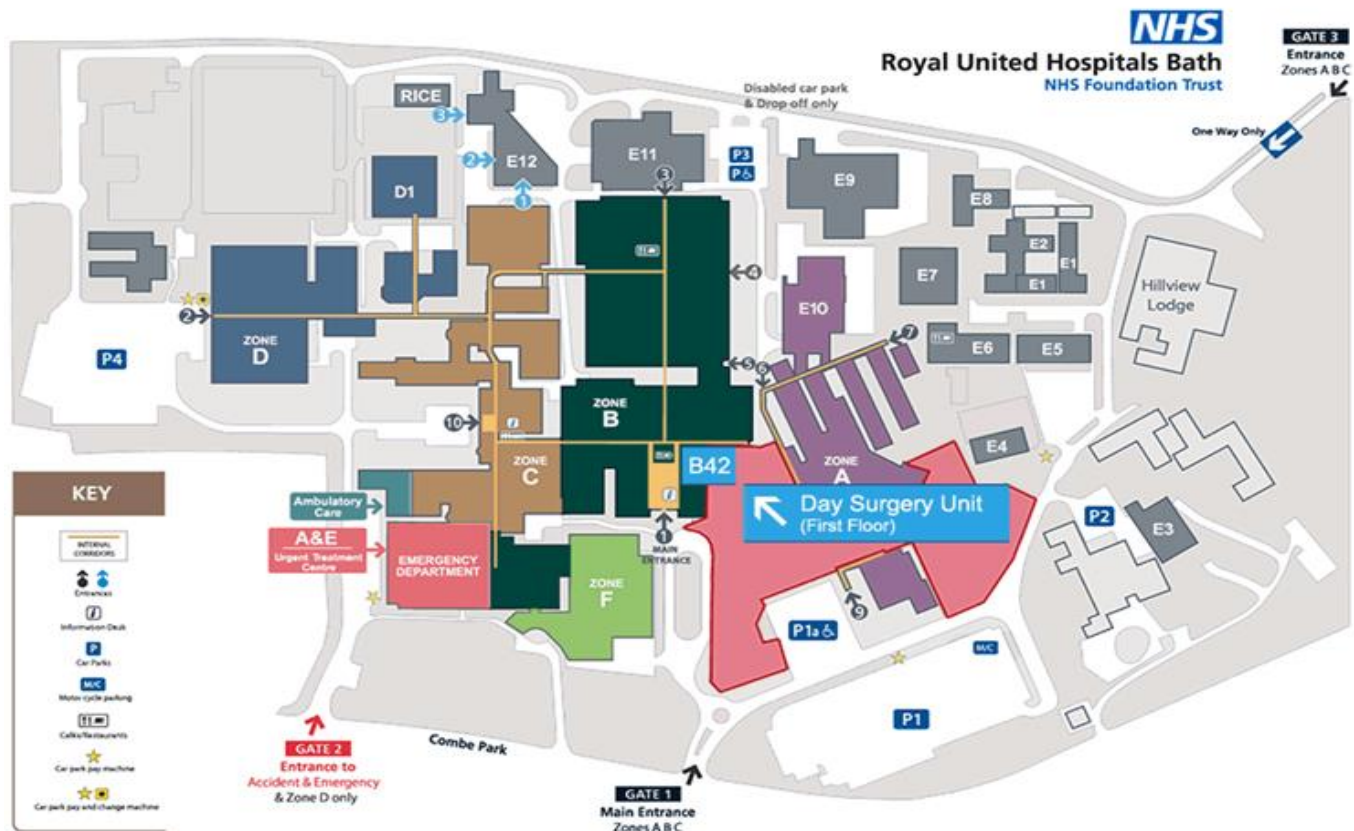
If you are booked to come in at 11.30 (the first patient's operation will start at 13.00):

- Please eat a light breakfast before **7:00 am. DO NOT eat anything after this time**
- Please drink clear fluids as much as you like to stay hydrated until **11:00 am. This is important to help you stay hydrated before your surgery**
- **DO NOT** have drinks containing milk or fruit juice

ARRIVAL

Your admission letter will instruct you to come to the Day Surgery Unit – B42

It is important that you arrive on time



Please note the Day Surgery unit does not open until 7:00am

There are no beds on this unit, and you will walk to the operating theatre. There is a large waiting room with a selection of chairs and a TV.

The Day Surgery Unit is a busy area with limited spaces for visitors. Parents/carers of children or carers for patients with special needs are encouraged to stay in the unit. However, relatives and friends of all other patients are requested to leave them in the care of the ward staff following their admission to the unit where possible.

You will be seen by a nurse who:

- Will check your details
- Take your blood pressure and other observations
- May measure your legs and supply you with surgical stockings to wear if this is appropriate

You will be seen by your anaesthetist who:

- Will assess your suitability for anaesthesia
- Discuss your anaesthesia options with you

- Answer any questions you may have about your anaesthetic

You will be seen by your surgeon who may:

- Confirm your consent
- Mark your operation site with a pen
- Answer any further questions you have about your surgery

Changing for your procedure:

- A brief time before you are due to go to theatre you will be asked to change into a theatre gown.
- You can wear underwear provided it will not interfere with your operation site. The nurse will advise you about this

Pregnancy testing before planned surgery

We ask all female patients and patients with a womb (uterus), between the age of 12 and 55, to give a urine sample. We use the urine sample to test for pregnancy on the morning of the operation. This is something all hospitals do.

Why am I asked to do this?

Guidance recommends that all female patients and patients with a womb, between 12-55 years of age, take a pregnancy test. It has no relation to any individuals' circumstances.

Must I have the test?

You do not have to have a pregnancy test. But your surgery may not be able to proceed without one. You may be able to proceed with surgery if you sign a form to say that you have made the decision not to take a test. This is not guaranteed.


We recommend that everyone has a pregnancy test. Even if you feel confident you are not pregnant, it is safest to check.

Why is it important?

At the early stages of pregnancy an embryo is most vulnerable. In particular to harmful effects of medicines, x-rays, and anaesthetics. This includes before you may know you are pregnant.

Operations on the abdomen and pelvis can directly affect the womb. Operations on the other parts of the body can also sometimes affect pregnancy.

If I am pregnant, will my operation be cancelled?



Pregnancy is only one factor in your decision to have an operation. If you are pregnant you should talk to the doctors looking after you about any other risks involved with your operation. You will be able to decide together if you should go ahead, consider another treatment or delay treatment.

AFTER SURGERY

You will be transferred to the Recovery Unit, and you will stay there until you are fully awake and comfortable. You will then be taken by trolley to our day surgery ward.

You will then be encouraged to:

- Mobilise
- Use the bathroom
- Eat and drink
- Get dressed
- Go home

Single sex accommodation

Our day surgery wards have separate bays for men and women, with separate toilet facilities.

AFTER DISCHARGE

GOING HOME

On completion of your surgery your relative or friend will be contacted and informed of the time that you can be discharged and collected from the Day Surgery Unit. After a morning operation you will usually be ready to leave between 12 noon and 2pm (although it may be later following certain operations). Following an afternoon operation, you are usually ready between 5 and 7pm.

AFTER DISCHARGE

On leaving hospital you are given:

- Advice on caring for dressings
- Pain Killers
- Advice and/or pressure stockings and/or injections to reduce blood clots
- A discharge letter with contact details

A friend or relative must collect you directly from the Unit and accompany you home. You are not allowed to drive home after surgery.

For 24 hours after your operation do not:

- Drink any alcohol/take sleeping medication
- Operate heavy machinery
- Make important decisions or sign legal documents
- Drive for 24 hours after a general anaesthetic or sedation

Do:

- Drink fluids and eat a light diet
- Take it easy on the day of the operation
- Take time off work if advised to do so

MANAGING YOUR PAIN

Following your operation your pain will be managed in several different ways. Here are some ways of giving pain relief.

Pills, tablets or liquids to swallow

Pills, tablets, or liquids are used for all types of pain. They typically take 30 minutes to work and are best taken regularly. You need to be able to eat and drink without being sick for these drugs to work

Intravenous pain relief (into a vein)

During your anaesthetic and in the recovery room your Anaesthetist and nurses may give you drugs into your blood through your cannula. This means they work more quickly than if the same drugs are given as a tablet or injection into a muscle.

Local anaesthetic techniques

During most procedures, either your Surgeon or your Anaesthetist will administer some local anaesthetic to numb the nerves supplying the area of your body which the team are operating upon. This will provide numbness to the area for up to 12 hours. You may experience some muscle weakness during this time. It is important that you continue to take your pain killing tablets even when the area is still numb to ensure that you have pain relief already in your system once the local anaesthetic wears off.

Pain-relief drugs

Two basic types of pain-relief drug are given commonly.

Paracetamol

Anti-inflammatory medicines (for example, ibuprofen and diclofenac).

Each of these medicines can be given as a tablet or liquid to swallow, by an injection into a muscle or vein, or as a suppository. They can be used together as they belong to different drug types.


Anti-inflammatory drugs have several side effects which make them unsuitable for some people. Your Anaesthetist will consider this before prescribing them for you.

PLEASE STOCK UP ON PARACETAMOL AND IBUPROFEN (if you are able to take it) BEFORE COMING TO HOSPITAL

Opiate pain-relief medicines

These drugs are used after operations that are expected to cause considerable pain.

Morphine, codeine, dihydrocodeine, tramadol and oxycodone are all opiate pain-relief medicines. They may be given as a tablet or liquid to swallow, as an injection into a muscle, or intravenously (your bloodstream) into your cannula.



Side effects are common with these drugs. These include feeling sick, vomiting, itching, drowsiness and, if used over a few days, constipation. Larger doses can cause slow breathing and low blood pressure. The nursing staff will watch you closely for all these side effects. If they happen, other treatments will be given to keep you safe.

Anti-sickness drugs will be given as well. One in three people find opiates unpleasant, but they are the most effective pain-relief medicines in many circumstances.

You may be discharged with opiate medicines if it is anticipated that you will need them at home. The most common is dihydrocodeine.

Opiate medications are addictive and should not be taken long term. More information on opiate medications can be found here:

<https://www.fpm.ac.uk/opioids-aware-information-patients/taking-opioids-pain>

POSTOPERATIVE CARE

Wound Care

Once you return home your wound should continue to heal. Please note it is usual for the wound to be warm and reddish in appearance as part of the healing process. Some bleeding or leaking can be expected from the wound initially but should settle in a few days.

Most wounds will not require dressing after this point. The healing process will continue for several months and over that time the scar will fade and reduce in size, but may continue to itch from time to time.

Resist the urge to scratch it but use a simple moisturiser instead. You can shower or wash and get your wound wet AFTER the dressing has been removed.

Medication

You will be discharged by the hospital with sufficient medication for a few days. Thereafter, you will need to obtain repeat prescriptions of your medication from your GP surgery should you require them in the usual way.

Problems

For any concerns regarding your recent surgery, you can get advice by contacting:

Day Surgery Unit: 01225 826265

7am -7.30pm Monday to Friday.

Or

Surgical Admissions Unit (SAU): 01225 825640

7.30pm-7am and on Saturdays and Sundays

POSSIBLE COMPLICATIONS AFTER SURGERY

Deep Vein Thrombosis (DVT)

This is the term used when a blood clot develops in the deep veins in the leg, most frequently below the knee. When you are first seen at admission you will be assessed for your risk of DVT and your treatment in prevention of clots may vary according to your risk factors, for example any previous history of DVT or the type of surgery you are having.

If you need to stay in bed for any period, the blood flow to your legs will slow down. This is because your leg muscles are not squeezing the veins as they normally do when you walk. Sometimes, the blood flow can get so slow that a clot is able to form. If a clot breaks free, it can move around the body and finally block an important blood vessel elsewhere.

Anti-embolic stockings can help to prevent clots by applying gentle pressure at various parts of your leg, copying the stimulation that is normally provided by the leg muscles when you walk. This effect speeds up the blood flow in your veins and reduces the risk of clots forming. You can also carry out deep breathing exercises and foot and ankle exercises to help prevent a DVT.

Pulmonary Embolism (PE)

This can happen when a part of a blood clot formed in your leg vein breaks off and travels to your lung. The risk of developing a life-threatening pulmonary embolism is low.


How to spot a DVT or PE

Symptoms of DVT (Deep Vein Thrombosis) in the leg are:

- Throbbing pain in 1 leg (rarely both legs), usually in the calf or thigh, when walking or standing up
- Swelling in 1 leg (rarely both legs)
- Warm skin around the painful area
- Red or darkened skin around the painful area – this may be harder to see on brown or black skin
- Swollen veins that are hard or sore when you touch them

The signs and symptoms of a PE are:

- Difficulty in breathing
- Chest pain/discomfort

-
- 
- Bluish tinge to lips, face/extremities
 - Coughing with blood-stained phlegm
 - Sudden collapse

If you have symptoms of a DVT please ask for an urgent GP appointment, or call 111, or call the Day Surgery Unit at the RUH urgently.

If you have symptoms of a DVT **AND** signs of PE call 999 or go to A&E immediately. A pulmonary embolus can be life-threatening and needs treatment straight away.

How can you help reduce the risk of clots?

1. Wear anti-embolic stockings if directed to for 24 hours a day (only have them removed when you are washing) until you are fully mobile. Ensure the stockings are not pushed or rolled down and there are no wrinkles creating tight bands in the stockings.
2. Inform the nurse if your stockings feel very tight.
3. Get up and mobilise as soon as you are advised following your surgery.
4. Perform your exercises independently once you have been directed to do so.
5. Perform breathing exercises and foot and ankle exercises on a regular basis throughout the day.
6. Take your medication as prescribed.



Wound Infection

Your surgery wound can become inflamed, painful and weep fluid, which may be caused by infection. Most wound infections can be treated by a course of antibiotics and often settle down following treatment, but may delay your recovery.

You can help to prevent infections in the wound firstly, by ensuring you are thoroughly showered and clean prior to your surgery. After your surgery, the wound may be covered by a simple dressing which must be kept clean and dry. Your nurse will advise you when the dressing can be removed.

If you have any sign of infection, please see your GP.

GENERAL INFORMATION

For family and friends

Family and friends are an important part of the caring cycle, before, during and after your procedure. At Royal United Hospital Bath NHS Trust, we are committed to providing the best care for our patients. As family, you are some of the most important members of the care giving team.

Enquiries

We understand you are concerned about your friend or relative until you know they are safely back on the ward. The staff can usually advise you what time to phone to find out how the patient is doing and what time they will be ready for collection.

Getting to the Day Surgery Unit

Coming by car

The hospital is well signposted.

Royal United Hospital Bath NHS Trust

Combe Park

Bath BA1 3NG

The main car parks are signposted.

There is limited public parking on site and we cannot guarantee you will always find a parking space, particularly at peak times during the week.

Please be good neighbours and park safely and responsibly on and off site. We can't ignore parking that can cause a danger to our staff and visitors, or that disrupts the running of the hospital and the care we provide our patients.

Drivers are also asked to back our 'Switch Off when you Drop Off' campaign and turn off their engines when dropping off passengers.



If you need to drive through the city to reach us, please note that Bath operates a charging clean air zone (CAZ) in the city center to tackle harmful pollution.

Remember to bring a credit or debit card for the parking meter

Please tell the nurse if you must leave your car in the car park unexpectedly.

Please note that if you have had surgery, you are unlikely to be insured to drive immediately after. We recommend you check this with your insurance company.

Disabled person's badge holders

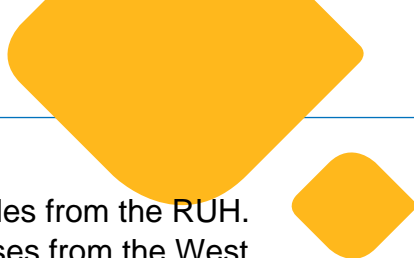
Vehicles displaying a disabled person's badge can park free of charge in any Pay and Display parking space. There are designated disabled parking spaces close to all entrances which are also free of charge.

Please note your Disabled person's badge will need to be scanned at the payment machine on exit.

Coming by bus

The hospital is served by several bus routes.

We encourage patients, visitors, and staff to use public transport and alternative means of travel.



There are numerous bus and rail links into Bath City Centre, 1.5 miles from the RUH. There are Park & Ride buses from Odd Down in the South, and buses from the West that stop at the Newbridge Park & Ride, a short walk from the RUH. More buses drop off at the hospital or within walking distance.

Bath Bus Station – RUH (Direct)

- **Service 4:** runs between Weston and the city centre, stopping at the RUH.
- **Service 4a:** runs between Foxhill and Weston, stopping at the City Centre and the RUH.
- **Service 4b:** runs between Odd Down, Foxhill and Weston, stopping at the City Centre and the RUH.
- **Service 20:** runs hourly between Twerton, Weston, City Centre, and the University of Bath, stopping at the RUH.

Additional Services

Services no.9, no.19 and no.37 stop on the A431 at Pen Lea Road (Eastbound) and Evelyn Road (Westbound). These stops are a 2-minute walk from the RUH site.

Refreshments

For relatives and friends. There are three areas that you can choose from; the Lansdown restaurant located at the Lansdown entrance, the Friends Cafe on the ground floor or the Atrium Café at the front entrance.

Religious and spiritual support

The Department of Chaplaincy and Pastoral Care supports patients and visitors of all faiths or none, and is available day and night. Visitors and patients are welcome to visit the chapel or our prayer/quiet/multi-faith room for prayer or to enjoy the quiet environment.

More information

Please visit the RUH website.

You may obtain more general information from your GP before you arrive at the hospital, or from the nurse looking after you in the ward. Further specific information can be obtained by contacting the Department of Anaesthesia.

www.ruh.nhs.uk/For_Clinicians/departments_ruh/Anaesthesia

You may find the following websites helpful:-

Royal College of Anaesthetists website includes information about specific anaesthetic techniques. www.rcoa.ac.uk/patients/patient-information-resources/patient-information-leaflets-video-resources



General information on your anaesthetic

<https://www.rcoa.ac.uk/sites/default/files/documents/2020-02/02-YourAnaesthetic2020web.pdf>



Spinal anaesthetic <https://www.rcoa.ac.uk/sites/default/files/documents/2020-03/03-YourSpinal2020web.pdf>



Epidurals and surgery www.rcoa.ac.uk/sites/default/files/documents/2022-06/05-EpiduralPainRelief2020web.pdf



Nerve blocks www.rcoa.ac.uk/sites/default/files/documents/2022-06/10-NerveBlocks2020web.pdf



Anaesthesia risks www.rcoa.ac.uk/patients/patient-information-resources/anaesthesia-risk (a series of leaflets and documents providing more detail)



Shared decision making www.cpoc.org.uk/shared-decision-making



Patients Association www.patients-association.com



Useful Numbers

Hospital switchboard 01225 428331

PSCT (Patient Support and Complaints Team)

01225 425656

Day Surgery Unit 01225 826265

- between the hours of 7am and 7.30pm Monday to Friday

Surgical Admissions Unit 01225 825640

- after 7.30pm Monday to Friday and on Saturday and Sunday

Disclaimer

The Royal United Hospital Bath NHS Trust has taken all reasonable care to ensure that this booklet is accurate on the stated date of publication. However, the Royal United Hospital Bath NHS Trust assume no responsibility or liability for any injury, loss or damage incurred as a result of any use or reliance upon the information and material contained within this booklet and is unable to provide any warranty concerning the accuracy or completeness or any information contained herein.

Royal United Hospitals Bath NHS Foundation Trust
Combe Park, Bath, BA1 3NG

01225 428331 | www.ruh.nhs.uk

**Date of publication: May 2024 | Ref: RUH DSU/053, Dr Richard Edwards, clinical lead for day surgery.
© Royal United Hospitals Bath NHS Foundation Trust**