

SPECIALITY: **General Surgery**
 PROCEDURE(S): **Cholecystectomy (laparoscopic or open)**

AVAILABLE AT: **Cirencester NHS Treatment Centre** (outpatients only)
Devizes NHS Treatment Centre (outpatients only)
Emersons Green NHS Treatment Centre
Shepton Mallet NHS Treatment Centre

ALOS: **Day case to 1 night**

INDICATIONS

- Repeated episodes of biliary pain and USS confirmation of gall stones with **normal** common bile ducts

PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS

- Clinical assessment
- LFTs
- Abdominal ultrasound confirming presence of gall stones
- Ultrasound, images and report required where PACs not available

REFERRAL CRITERIA

- As per indications
- USS valid up to 6 weeks pre-operatively
- Not suitable for referral:
 - Actual or suspected stones in common bile duct
 - Acute cholecystitis
 - History of acute biliary pancreatitis
 - Uninvestigated abnormal LFTs
 - Patients requiring ERCP
 - Dilated common bile duct

EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 6/7
- Incidental finding of gall stones on USS - non symptomatic

PREPARATION FOR SURGERY

- No food 6 hours prior to the procedure
- Sips of water up to 2 hours prior to the procedure
- If the patient takes **aspirin** they should stop this 7 days pre-operatively
- If the patient takes **warfarin** they should stop 4 days pre-operatively and visit their GP practice the day before for INR check, the results of this are to be phoned to PACU (for day cases) and PEC team for (inpatients). INR to be below 1.4 on day of surgery
- **HRT/contraceptive pill containing oestrogen** should cease 6 weeks pre-operatively to reduce their VTE risk
- The patient receives a pre-admission telephone call no later than 7 days prior to admission to reassess fitness for surgery and reconfirm specific pre-operative instructions

FOLLOW-UP

- Follow-up call 24 hours post-discharge
- Further follow-up not usually required
- Specific discharge information will be given to the patient for their post-operative management (post-operative exercise regimes and thromboprophylaxis management)

DISCHARGE MEDICATION

- Medication (TTOs) will be prescribed as required

SPECIALITY: **General Surgery**
 PROCEDURE(S): **Excision of lumps**

AVAILABLE AT: **Cirencester NHS Treatment Centre**
Devizes NHS Treatment Centre
Emersons Green NHS Treatment Centre

ALOS: **Day case**

INDICATIONS

- Sebaceous cyst, lipoma, fibroma, dermoid cyst, inclusion cyst, myxoid cyst

PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS

- Clinical assessment

EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 6/7
- Lumps where there is a high suspicion of cancer

PREPARATION FOR SURGERY

- No restrictions for patients having a procedure under local anaesthetic
- If the patient takes **aspirin** they should stop this 7 days pre-operatively
- If the patient takes **warfarin** they should stop 4 days pre-operatively and visit their GP practice the day before for INR check, the result of this is to be phoned to PACU. INR to be below 1.4 on day of surgery
- The patient receives a pre-admission telephone call no later than 7 days prior to admission to reassess fitness for surgery and reconfirm specific pre-operative instructions

FOLLOW-UP

- Follow-up call 24 hours post-discharge
- Further follow-up not usually required

DISCHARGE MEDICATION

- Medication (TTOs) will be prescribed as required

SPECIALITY: **General Surgery**
 PROCEDURE(S): **Hernia repair (laparoscopic or open)**

AVAILABLE AT: **Cirencester NHS Treatment Centre**
Devizes NHS Treatment Centre
Emersons Green NHS Treatment Centre

ALOS: **Day case to 1 night**

INDICATIONS

- Inguinal, femoral, umbilical, paraumbilical hernia
- Incisional (not extensive, less than 10 cm)
- Hernia is symptomatic or palpable

PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS

- Clinical assessment
- USS assessment as appropriate

EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 6/7

PREPARATION FOR SURGERY

- No food 6 hours prior to the procedure
- Sips of water up to 2 hours prior to the procedure
- If the patient takes **aspirin** they should stop this 7 days pre-operatively
- If the patient takes **warfarin** they should stop 4 days pre-operatively and visit their GP practice the day before for INR check, the results of this are to be phoned to PACU (for day cases) and PEC team for (inpatients). INR to be below 1.4 on day of surgery
- **HRT/contraceptive pill containing oestrogen** should cease 6 weeks pre-operatively to reduce their VTE risk
- The patient receives a pre-admission telephone call no later than 7 days prior to admission to reassess fitness for surgery and reconfirm specific pre-operative instructions

FOLLOW-UP

- Follow-up call 24 hours post-discharge
- Further follow-up not usually required

DISCHARGE MEDICATION

- Medication (TTOs) will be prescribed as required

SPECIALITY: **General Surgery**
 PROCEDURE(S): **Perianal surgery**

ALOS: **Day case**

AVAILABLE AT: **Cirencester NHS Treatment Centre**
Devizes NHS Treatment Centre
Emersons Green NHS Treatment Centre

A specific rectal bleeding clinic will commence in late 2011.
Details and referral information will be advised in due course

INDICATIONS

- Rectal bleeding due to presence of haemorrhoids
- Minor rectal bleeding
- Sore haemorrhoids
- Fissures
- Anal skin tags (bleeding or causing discomfort)

PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS

- Clinical assessment
- Patients with rectal bleeding will undergo a diagnostic flexible sigmoidoscopy at the treatment centre prior to the surgery, UKSH to arrange

EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 6/7
NB. Patients that warrant a 2 week wait referral must not be referred

PREPARATION FOR SURGERY

- No food 6 hours prior to the procedure
- Sips of water up to 2 hours prior to the procedure
- If the patient takes **aspirin** they should stop this 7 days pre-operatively
- If the patient takes **warfarin** they should stop 4 days pre-operatively and visit their GP practice the day before for INR check, the result of this is to be phoned to PACU. INR to be below 1.4 on day of surgery
- The patient receives a pre-admission telephone call no later than 7 days prior to admission to reassess fitness for surgery and reconfirm specific pre-operative instructions

FOLLOW-UP

- Follow-up call 24 hours post-discharge
- Haemorrhoidectomy and fissures 4 to 6 weeks outpatient appointment

DISCHARGE MEDICATION

- Medication (TTOs) will be prescribed as required

SPECIALITY: **General Surgery**
 PROCEDURE(S): **Varicose vein excision, ligation, stripping and avulsion**
 ALLOS: **Day case**

AVAILABLE AT: **Cirencester NHS Treatment Centre
 Devizes NHS Treatment Centre
 Emersons Green NHS Treatment Centre**

INDICATIONS

- Bleeding from a varicosity that has eroded the skin
- One bleed from a varicosity that is at risk of bleeding again
- Venous ulceration
- Skin changes at the ankle
- Recurrent superficial thrombophlebitis
- Troublesome symptoms from varicose veins where the patient and/or the GP feel that the extent, size and site of the varicose veins are having a severe impact on the patients quality of life

PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS

- Clinical assessment

EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 6/7

PREPARATION FOR SURGERY

- No food 6 hours prior to the procedure
- Sips of water up to 2 hours prior to the procedure
- If the patient takes **aspirin** they should stop this 7 days pre-operatively
- If the patient takes **warfarin** they should stop 4 days pre-operatively and visit their GP practice the day before for INR check, the results of this are to be phoned to PACU (for day cases) and PEC team for (inpatients). INR to be below 1.4 on day of surgery
- **HRT/contraceptive pill containing oestrogen** should cease 6 weeks pre-operatively to reduce their VTE risk
- The patient receives a pre-admission telephone call no later than 7 days prior to admission to reassess fitness for surgery and reconfirm specific pre-operative instructions

FOLLOW-UP

- Follow-up call 24 hours post-discharge
- Further follow-up not usually required

DISCHARGE MEDICATION

- Medication (TTOs) will be prescribed as required