



# Information about discharge after HPB surgery

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This leaflet answers common questions about discharge after HPB surgery. If you would like further information, or have any worries, please do not hesitate to ask your nurse or doctor.

In all cases, a doctor will explain to you and answer any questions you may have.

## After your surgery

Your consultant and the team will support you to get back home as soon as medically fit. This could be sooner or later than you were advised in clinic, depending on the extent of surgery and how quickly you recover.

We encourage all patients to discuss arrangements for their return home with their family and local GP prior to their operation, as you will not automatically receive help from the nurses or carers at home unless there is a specific problem. If you are worried about coping at home, please contact your clinical nurse specialist (CNS) or talk to the nurses on the ward.

Once you are at home you can really begin the process of getting back to normal.

Before leaving the ward, you will be given a letter with information about your admission. A copy of this will be sent to your GP. If you require any medication, a supply will be given to you before leaving the hospital and the ward nurses will explain these to you.

Please let your friends and family know that you will leave the ward around 11am on the morning of your discharge (unless going home after a day surgery procedure) and that they should arrange to collect you at this time. We have a discharge lounge on the ground floor should you need to wait for your transport or last-minute medications.

## Wound care

If you have wound clips, these will be removed approximately 14 days after surgery by the GP practice nurse or District nurse unless they have already been removed by the ward nurses. You will be provided with a clip remover when you are discharged, which you can provide to the GP practice nurse or District nurse when they remove the clips.

If you need on-going wound care after discharge, such as regular dressing changes, this will be organised by the ward staff to be ready to start when you leave hospital.

If you have keyhole incisions, these will be covered with steri-strips which can be removed after a week.

## Blood thinning Injections

Not all patients require injections. You will be informed if these are necessary. There is an increased risk of blood clots after major abdominal surgery, so we start these patients on daily injections of a blood thinning drug called 'tinzaparin' for 28 days following surgery.

Patients will be given the option to inject themselves, have a partner/carers trained to inject them or have a local nurse inject them. The ward team can show you how to administer these injections.

While on tinzaparin, patients will need to monitor themselves for any side-effects such as increased bruising or bleeding. Patients may need to have a blood test with their GP between five to 14 days after starting the injections. This is to monitor for low platelets which can occur in some patients (1 per cent) and increase the risk of bleeding.

If you have any questions about this medication, please ask the ward pharmacist during your inpatient stay or speak to your CNS.

## Pain

It is normal to have some pain around the wound after surgery when you go home. You will be given some painkillers and should take them as prescribed. Your GP can continue a prescription if needed.

## Physical activity

You should try to keep as active as possible when you go home starting with gentle exercise and gradually build up until able to resume your normal activity levels. We encourage you to take mild exercise such as walking, but please remember that you will tire easily so you may also need regular rests.

You should not do any heavy lifting or driving for about six weeks. Before starting to drive again, you should try to do an emergency stop manoeuvre (whilst stationary) to check that you can do this safely without hesitation.

## Nutrition

There are no foods that you need to avoid (unless specified by the team on discharge). Eat what appeals to you. Try not to skip meals. If you are struggling with traditional meal portions, try to eat small, frequent meals and snacks instead.

## Concerns

If you have any concerns at all about your recovery or feel unwell, please contact your CNS. Some things to look out for are:

- raised temperature
- red, hot, or painful wound
- increased swelling or opening of the wound
- nausea or vomiting
- diarrhoea
- sudden leg swelling and/or pain
- new onset of shortness of breath
- jaundice (yellowing of the eyes and / or skin)

If you have any of these problems, it is not necessarily anything to worry about, but it is better to check with your CNS or GP in case you have developed a new complication.

## Further treatment

If you have had major surgery, a member of the CNS team will call you within a few days of discharge to check how you are getting on at home. You will then have an appointment approximately two weeks after discharge to either see a doctor or your CNS. They will give you the results of your operation. They will discuss these with you and let you know if you require any further treatment.

If you have had your operation to remove cancer:

- You will need to be closely monitored for five to 10 years after your surgery. Please ask your doctor or nurse what your follow-ups will involve.
- You may need further treatment and an appointment will be made for you with the oncology team to discuss your options.

## Where can I get support from if I have cancer?

Support is also available to you and your family with your clinical nurse specialist and through the Macmillan services at the Royal Free Hospital or from your local hospital.

We also have a Maggie's Centre on site where you can access further support and information.

- **Website:** [Maggie's \(http://www.maggies.org\)](http://www.maggies.org)

The Macmillan cancer information and support centre at the Royal Free Hospital is located on the ground floor of the hospital, within the oncology out-patients department.

- **Telephone:** [020 7794 0500](tel:02077940500) extension 31337
- **E-mail:** [rf.cancerinfo@nhs.net \(mailto:rf.cancerinfo@nhs.net\)](mailto:rf.cancerinfo@nhs.net)
- **Website:** [Macmillan \(http://www.macmillan.org.uk/\)](http://www.macmillan.org.uk/)

## Where can I get support (for patients who don't have cancer)

Support is available via the Patient Support Hub on the Lower Ground Floor. The ward team can refer you or give you more information about this.

Email: [rf.royalfreesupporthub@nhs.net \(mailto:rf.royalfreesupporthub@nhs.net\)](mailto:rf.royalfreesupporthub@nhs.net)

## How your HPB CNS can help you

Support is given on an individual basis and can include any or all the following:

- Support for you and your family at all stages of your illness
- Provision of written and verbal information about your condition, your investigations, and your planned treatment
- Teaching you and your family about your care and treatment
- Assisting in the co-ordination of your care by liaising on your behalf with other members of the team to ensure that everything goes as smoothly as possible
- We can be your first point of contact at the hospital
- We are easily contactable which ensures that the hospital is easily accessible to you

Please contact your CNS if you or your family needs support.

Their working hours are Monday to Friday, 9am to 5pm. **If you have an urgent problem outside of these hours, please call [111](tel:111) or contact 9 West ward (extension 33960) for advice.**

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## Contact us

If have any queries relating to this information, please contact the [Liver services \(https://www.royalfree.nhs.uk/services/liver-services\)](https://www.royalfree.nhs.uk/services/liver-services) service

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## **About us:**

The Royal Free London Private Patients Unit is wholly owned by the Royal Free London NHS Foundation Trust and part of the NHS. We provide care to non-NHS national and international patients. All profits which our hospitals earn are reinvested into the trust to the benefit of all our patients, NHS and private. We are proud to bring the very best skills and standards of the NHS to benefit our private patients and, in doing so, support the continued development of the NHS and the Royal Free London through our success.

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