



# CHATSWOOD

PRIVATE HOSPITAL



SETTING NEW STANDARDS OF EXCELLENCE



*“The enjoyment of life,  
our loved ones,  
precious moments –  
all depend on our senses.”*

## *Sydney has a new destination for eye surgery and ear, nose, throat and facial surgery.*

Welcome and thank you for choosing Chatswood Private Hospital for your procedure. Your care, comfort and well being are our top priority.

Chatswood Private Hospital opened in January 2016 from the amalgamation of two Chatswood day surgeries – Ophthalmic Surgery Centre, established in 1997, and Sydney ENT & Facial Day Surgery Centre, established in 1998. Rest assured that patients are in the hands of a proven and trusted team of clinical experts in Sydney’s only dedicated private hospital for specialist surgical procedures of the eye, ear, nose, throat and face.

Australia’s leading eye surgeons and ear, nose, throat and facial surgeons choose to undertake their patient procedures in our hospital knowing that their patients will receive the best of care.

Chatswood Private Hospital is a custom-built, state-of-the-art facility with precision instrumentation, hi-tech equipment and exacting sterilisation procedures complemented by highly experienced specialist nursing and administrative staff. Our staff are available to answer any queries you may have.

We are, of course, licensed with the Department of Health and accredited to the highest quality and safety healthcare standards, the Australian Council on Healthcare National Standards. We have also negotiated contracts with all the major health funds.

This booklet will provide you with information about our hospital and the care you will receive before, during and after your stay.



## BEFORE ADMISSION

- Your doctor will inform you of the day of your hospital admission as well as notify the hospital of the date of your procedure. Your doctor will explain your procedure or operation to you and complete your consent form with you.
- Your doctor may request that you visit your GP for a general health assessment before your procedure. Regardless of whether your doctor recommends visiting your GP beforehand, it is important that you have seen your GP within the last year before your proposed surgery date.
- If your account is subject to a Work Cover or Third Party claim, please forward to us the full details of your claim, including a letter from your insurance company accepting liability for your admission.
- If you do not speak English, please ask someone you know to discuss this with our staff before admission so that we may provide the best possible assistance.
- It is very important that all our patients have a carer on the day of surgery, who will accompany them to and from the hospital, and stay with them overnight following surgery. If you cannot comply with this requirement you will be asked to sign a release of responsibility and to provide a contact number for your carer or next of kin.

### Online Pre-admission Form



Pre-admission is an important part of your care. Please ensure that you complete the pre-admission form provided by your doctor and forward these to the hospital by the following methods:-

- **Online** at [www.cphospital.com.au](http://www.cphospital.com.au) click on the Online Pre-admission Form button on the home page and follow the link
- **In person** at our hospital
- Fax **(02) 9413 3845**. If faxing, please also bring the originals on the day of surgery
- Post to:  
**Chatswood Private Hospital  
Suite 1, 38B Albert Avenue,  
Chatswood NSW 2067**
- Email a scanned copy of the forms to:  
**reception@cphospital.com.au**





- Our nursing staff will contact you the day before your admission to review your completed pre-admission details and to advise you of your preparation and fasting times. Please contact the hospital or your doctor if you develop a cold or illness prior to surgery or if you have had a recent accident such as a fall.
- Some medications may affect the outcome of your surgery so it is important to disclose all medication. If you are taking Warfarin or Clexane medication, it is important you provide the hospital with a recent INR blood test result taken a few days prior to admission.
- If you have any questions about the hospital’s procedures, completion of forms, our fees or your health insurance status, our staff will be happy to assist you.
- Our comprehensive website includes extensive educational resources specifically to help inform patients about their conditions, upcoming procedures and all aspects of their admission.

Visit our website at

[www.cphospital.com.au](http://www.cphospital.com.au)

### *Coming from country NSW, interstate or overseas?*

We recommend staying at Quest Apartment Hotel – Chatswood, conveniently located in the same building complex. You can relax during your admission knowing that your family members can be close by. To make a booking call Quest Apartment Hotel on 1800 334 033

### **FOR YOUR SURGERY AT CHATSWOOD PRIVATE HOSPITAL**

First Admission Instructions	Second Admission Instructions
Admission Date: _____	Admission Date: _____
Time to Arrive: _____	Time to Arrive: _____
Fasting: Food _____	Fasting: Food _____
Fluids _____	Fluids _____
Approximate pick up time: _____	Approximate pick up time: _____

## HOSPITAL FEES

It is important that you check with your health fund, prior to your admission, on the following:

- If your level of health fund cover adequately covers the cost of your procedure and hospital accommodation.
- Identify whether an excess is payable for your admission, and if so, the amount.
- If you have been a member of your health fund for less than 12 months, your fund may not accept liability for the costs of your admission if your condition or any symptoms of your condition existed prior to your joining your health fund. In these cases, your health fund has the right to obtain details regarding these symptoms from your GP or specialist consultant.
- If you are a member of a health fund, the hospital will conduct an eligibility check to establish your level of cover and any payable excesses. It is the patient's responsibility to disclose health fund details to us.
- Prostheses (artificial surgical items used during procedures such as grommets, intraocular lenses or viscoelastic fluids) are fully covered by your health fund.
- For insured patients, our admission staff will be in contact with you to inform you of any estimated costs. You will be asked to sign a claim form and the hospital will then lodge a claim with your health fund.
- For uninsured patients or insured patients with an excess, accounts are to be paid on your admission to the hospital.
- All patients will be asked to sign a document stating that they are responsible for their accounts and costs associated with their admission.

- Cost estimates, as part of our informed financial consent to you, are based on information provided by you and your doctor prior to your admission. This will be an ESTIMATE only. These costs may alter due to variations in the actual treatment given to you and your level of insurance cover. You will be informed of any additional changes as soon as any variations to your quoted treatment or insurance cover are detected. An invoice will then be forwarded to you.
- We accept cash, EFTPOS and credit card. American Express cards not accepted.
- Veterans' Affairs patients must provide the hospital with their Gold Card number and bring the card at time of admission to the hospital.
- If pathology is taken while in our care, you will receive a separate account from the pathology provider.

## DOCTOR'S FEES

- Your doctor and anaesthetist will also advise you of their fees for your surgery and send you separate accounts not to be paid here at the hospital.
- These accounts from your treating doctors may not be fully covered by your health fund or Medicare. Please contact your treating doctors directly for estimates and /or to settle these accounts.
- Please let your doctor and anaesthetist know as soon as possible if your medical bills are to be paid by a third party such as worker's compensation.



## **MEDICAL RECORDS AND PRIVACY**

Chatswood Private Hospital ensures that your information is collected, stored and used in compliance with the Australian Privacy Principles (Privacy Act 1988 & Privacy Amendment Act 2012). Records of your illness and treatment are strictly confidential and the contents will be disclosed only with your consent or where justified by law. You are entitled to see or correct your medical record upon request.

It may be necessary for parts of your medical record to be disclosed to other medical professionals in order to provide your treatment or for quality activities. Patient information may also need to be disclosed to other organisations during activities necessary to operate the hospital. These may include your Health Fund, the Department of Veterans' Affairs, or other Government bodies.

We may communicate with you or your referrer electronically. In these instances, we engage the highest standards of information security and privacy, for example, in cases of online pre-admission registration, discharge information, patient satisfaction surveys and online newsletters. You may opt out of these at any time.

Video surveillance cameras (CCTV) are used internally throughout our Hospital to improve the patient journey and for safety and security reasons. Chatswood Private Hospital complies with the Australian Privacy Principles in respect of any personal information collected via its CCTV systems.

## **FASTING**

The following are general fasting rules, unless otherwise advised by your surgeon, anaesthetist or nursing staff. Please telephone our nursing staff should you have any questions.

- If your surgery is in the morning, you are requested not to eat after midnight the night before your surgery.
- If your surgery is in the afternoon, you are encouraged to eat breakfast before 7am, but refrain from food after 7am unless otherwise advised during your pre-admission.
- Patients may have clear fluids, up to 200 mls per hour, until 2 hours pre-operatively. For example: 10am admission – No food after midnight, clear fluids until 8am. Our nursing staff will advise your expected admission time.
- For the best possible outcome to your surgery, you are advised to not smoke prior to your surgery.
- Children's fasting instructions are provided on page 12.

# DAY OF SURGERY

## Doctor's Orders

- Please follow any pre-admission instructions given by your doctor.

## Medication

- Take your regular medication on the day of your procedure with a small sip of water, unless otherwise instructed.
- If taking fluid tablets (diuretics), do not take these on the morning of your procedure.
- If you are a diabetic and your procedure is in the morning, have a late supper and do not take insulin or diabetic tablets on the day of the surgery. If the procedure is in the afternoon, take half your normal dose of morning insulin, omit diabetic tablets and have an early breakfast, then follow the general fasting rules. Bring your insulin and/or your diabetic medications with you to the hospital.
- For patients taking Diamox tablets – please follow your surgeon's instructions.
- If you are an asthmatic and use puffers, bring them with you to the hospital.

## WHAT TO WEAR

- Loose and comfortable clothing, preferably shirts/tops that open at the front for chest access (cardiac monitoring) and short sleeves.
- You may be required to change into a theatre gown depending on your procedure.
- Shower and wash your hair the day of or before procedure.
- Please do not wear make-up or nail polish.
- Leave all valuables and jewellery at home – you may wear your wedding ring.



In accordance with the Department of Health policy, Chatswood Private Hospital is a smoke-free environment.



## PARKING & COLLECTION

- We have six 10-minute pick-up and drop-off bays in the basement parking underneath the hospital, accessible via a ramp from Albert Ave. An intercom at the ramp provides access to the basement. Carers may drive down the ramp, park their vehicle and then take the lift up to our ground floor reception area where they can leave their patient.
- Carers can then park at the Westfield car park on Albert Avenue next door to the hospital which has three hours free parking.
- Our nursing staff will call the carer when their patient is ready for collection. They can then park in the basement car park 10-minute bays and take the lift up to collect their patient on the first floor.
- For disabled patients or those using wheelchairs, we can arrange courtesy parking before your admission. A wheelchair is available at all times.
- Taxis may pick up and drop off in the basement car park.





## WHAT TO BRING

- Any relevant forms or other paperwork.
- Your health fund card will only be required if you have not already supplied us with your fund details prior to admission.
- Results of any relevant tests completed prior to admission.

*Our team will ensure that your care is respectful of and responsive to your preferences, needs and values.*

## WHAT TO EXPECT

- Our friendly receptionists will finalise your admission and account as well as other necessary details on your arrival at the hospital.
- Nursing staff will take your medical history and ask any relevant questions including covering any discharge requirements.
- Your privacy and confidentiality is retained and respected at all times.
- Chatswood Private Hospital is very proud of our approach to patient-centred care. Patient satisfaction and clinical outcomes inform all that we do.
- The Hospital is committed to and complies with the highest Infection Control and Australian Sterilisation standards and guidelines.



## PATIENT'S RELATIVES, FRIENDS AND CARERS



- Your carer is responsible for taking you home and caring for you after your surgery. Your carer may be your spouse, another family member or a close friend. It is important that you have arranged an appropriate carer well before your scheduled date of admission. If you have problems making this arrangement, please tell our nurse when they call you before your admission.
- For your convenience, a small carer's card which includes a map showing the location and address of our hospital, contact details, your admission date and time, and approximate pick-up time is provided at the back of this booklet. We suggest you give this to your carer to make things easier for them.
- Important information for your carer is also provided at the back of this booklet, adjacent to the carer's card.
- For carers accompanying a patient to hospital, you may wait in our reception lounge, which offers refreshments, relaxing music, television and reading materials.
- Alternatively, Chatswood offers plenty of shopping, dining and entertainment options that carers may do while waiting. Our hospital staff ring carers when the patient is ready to be discharged. It is appreciated if carers could arrive as close as possible to discharge time so that you are not waiting too long at the hospital.



**TO BE COMPLETED BY PATIENT**

**PRE-ADMISSION FORM**

Please indicate responses by crossing the appropriate box <input checked="" type="checkbox"/>	
Surgeon:	Date of Admission / /
Procedure:	
<b>PATIENT DETAILS</b>	
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Master <input type="checkbox"/> Prof <input type="checkbox"/> Dr <input type="checkbox"/> Sr <input type="checkbox"/> Fr <input type="checkbox"/> Gender M <input type="checkbox"/> F <input type="checkbox"/>
Given Name	Family Name
Street Address	
Suburb	State Post Code Date of Birth / /
Phone	Home Work Mobile
Email	
First admission to the hospital:	Please complete <b>both sides of this form</b> and return to the hospital with <b>the Consent Form</b> as soon as possible prior to your admission. Your responses are valuable to us in planning your admission and care. This form can also be completed online at <a href="http://www.cphospital.com.au">www.cphospital.com.au</a>
Subsequent admissions:	If your last admission was within the past three (3) months and there have been no changes to your personal details or medical condition since your last admission please cross here <input type="checkbox"/> and sign at the bottom of this page
Marital Status	Married / De Facto <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/>
Ethnicity	Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither <input type="checkbox"/>
Language Spoken	Country of Birth
<b>PRIVATE HEALTH INSURANCE / MEDICARE / DVA / WORKCOVER DETAILS</b>	
Medicare, DVA, Pensioner	Medicare No. Ref No: Expiry Date / /
	Dept of Veterans' Affairs File No. Gold <input type="checkbox"/> White <input type="checkbox"/>
	Pension No.
Private Health Fund	Are you in a Health Fund? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Health Fund Name Membership No.
Worker's Compensation	Admission covered by WC Claim Yes <input type="checkbox"/> No <input type="checkbox"/> Date of Injury / /
	Name of Employer Employer Phone No.
MVA Third Party	Admission covered by MVA Claim Yes <input type="checkbox"/> No <input type="checkbox"/> Claim No.
	Insurance Co. Contact No.
<b>NEXT OF KIN / CARER DETAILS</b>	
Next of Kin	Relationship Given Name Surname
	Address Post Code
	Telephone No. Home: Work: Mobile:
Do we have permission to speak to this person regarding your admission and care? Yes <input type="checkbox"/> No <input type="checkbox"/> or Carer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Will this person be your carer on the day of surgery (ie taking you home)? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Carer's Details (if not Next of Kin above)	Name Relationship
	Telephone No. Home: Work: Mobile:
<b>PATIENT PRIVACY INFORMATION FOR PERSONAL HEALTH INFORMATION</b>	
Chatswood Private Hospital (CPH) ensures that your information is collected, stored and used in compliance to the Australian Privacy Principles (APP) (Privacy Act 1988 & Privacy Amendment Act 2012). Chatswood Private Hospital is committed to ensuring that the individual's information is used only for the purposes consented to by the individual. We may communicate with you or your referrer electronically using the highest standards of information security and privacy e.g. online registration, discharge information, patient satisfaction surveys & eNewsletters. You may opt out of this at any time. Video surveillance camera's (CCTV) are used internally throughout our Hospital to improve the patient journey and for safety and security reasons. CPH complies with the APPs in respect of any personal information collected via its CCTV systems.	
I have carefully read all details on this form and confirm that all information given on the Admission forms is correct and true to the best of my ability. I have read the Patient's Rights and Responsibilities and Privacy information in the Patient Booklet, online at the website or on display in the hospital. I am aware that it is a requirement of my admission to have an escort home and a carer overnight following surgery	
Patient / Guardian Signature	Patient / Guardian Name Date ..... / ..... / .....



TEAR ON PERFORATION

PRE-ADMISSION FORM

MR2



Place ID Label Here

**TO BE COMPLETED BY PATIENT**

**MEDICAL ASSESSMENT FORM**

Patient's Name ..... Date of Birth ..... / ..... / .....

GP's Name ..... Phone .....

Referred to Surgeon by: GP  Optometrist  or Other Specialist   
Name ..... Suburb .....

**MEDICAL HISTORY** Please indicate responses by crossing the appropriate box.   
if yes, further information to be provided below.

	Yes	No		Yes	No		Yes	No
Heart Conditions	<input type="checkbox"/>	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	Recent Falls	<input type="checkbox"/>	<input type="checkbox"/>
Atrial Fibrillation	<input type="checkbox"/>	<input type="checkbox"/>	Stroke &/or TIA's	<input type="checkbox"/>	<input type="checkbox"/>	Skin Ulcers or Open Wounds	<input type="checkbox"/>	<input type="checkbox"/>
Pacemaker or Defibrillator	<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy / Fits or Faints	<input type="checkbox"/>	<input type="checkbox"/>	Cold Sores /Herpes Simplex	<input type="checkbox"/>	<input type="checkbox"/>
Persistent Cough /Breathlessness	<input type="checkbox"/>	<input type="checkbox"/>	Mental Health Illness	<input type="checkbox"/>	<input type="checkbox"/>	Contact Dermatitis	<input type="checkbox"/>	<input type="checkbox"/>
COPD / CAL / Emphysema	<input type="checkbox"/>	<input type="checkbox"/>	Dementia or Alzheimer's	<input type="checkbox"/>	<input type="checkbox"/>	Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Neurological Condition	<input type="checkbox"/>	<input type="checkbox"/>	Gastrointestinal Ulcers/ Bowel	<input type="checkbox"/>	<input type="checkbox"/>
Asthma or Wheezing	<input type="checkbox"/>	<input type="checkbox"/>	Blood Clots	<input type="checkbox"/>	<input type="checkbox"/>	Glaucoma / Cataracts	<input type="checkbox"/>	<input type="checkbox"/>
Current Chest Infection /	<input type="checkbox"/>	<input type="checkbox"/>	Bleeding or Bruising	<input type="checkbox"/>	<input type="checkbox"/>	Retinopathy	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Anaemia	<input type="checkbox"/>	<input type="checkbox"/>	Latex / Rubber Allergy	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis or HIV	<input type="checkbox"/>	<input type="checkbox"/>	Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>
Growth Hormone (pre 1985)	<input type="checkbox"/>	<input type="checkbox"/>	Arthritis or/ Limited Joint Movement	<input type="checkbox"/>	<input type="checkbox"/>	Do you Smoke?	<input type="checkbox"/>	<input type="checkbox"/>
Dura Mater Graft between 1972 - 1989	<input type="checkbox"/>	<input type="checkbox"/>	Paraplegia / Muscle Weakness	<input type="checkbox"/>	<input type="checkbox"/>	Overseas travel in last 3 months	<input type="checkbox"/>	<input type="checkbox"/>
Do you or your family have a history of Cruetzfeldt Jacob Disease (CJD)	<input type="checkbox"/>	<input type="checkbox"/>	Amputee	<input type="checkbox"/>	<input type="checkbox"/>	Do you drink Alcohol or take Recreational Drugs? Amount ..... per week	<input type="checkbox"/>	<input type="checkbox"/>

Have you, or your family, ever experienced any problems with anaesthetics? Yes  No

**LIST OF CURRENT MEDICATIONS - INCLUDING VITAMINS, SUPPLEMENTS OR HERBAL PREPARATIONS**

Please attach a GP Management Plan or list on a separate sheet if insufficient space.

I am not currently taking any medications  Is your surgeon aware that you are on all the medications listed? Yes  No

Warfarin Therapy Yes  No  If presently taking Warfarin, please provide below the details of the most recent INR test.

Date ..... / ..... / ..... INR ..... Date ceased ..... / ..... / ..... Plavix  Isocover

Drug	Dosage	Frequency

**ALLERGIES & ADVERSE DRUG REACTIONS** Nil Known  Please Use Extra Sheet If Insufficient Space.

Drug or Other	Reaction Type	Date

**ILLNESSES AND CONDITIONS** Please Use Extra Sheet If Insufficient Space.

**OPERATIONS AND APPROXIMATE DATES** Please Use Extra Sheet If Insufficient Space.

Height ..... cm	Weight ..... kg	Is there anything else you feel we should know?	
Patient / Guardian Signature		Patient / Guardian Name	Date ..... / ..... / .....



\* F A D M I T P R E 2 \*

MEDICAL ASSESSMENT FORM

MR2A

TEAR ON PERFORATION



Place ID Label Here

**TO BE COMPLETED BY SURGEON**

**RECOMMENDATION FOR ADMISSION**

Please indicate responses by crossing the appropriate box

This confirms the arrangements for .....  
(Patient Name)  
to be admitted to the hospital on ..... / ..... / .....

Provisional diagnosis

Proposed operation

Proposed anaesthetic    Topical     Regional     LA     GA

Specific medical history

Bariatric status    Height ..... cm  
Weight ..... Kg    Weight > 120 kg

**MEDICAL HISTORY**

I am aware of the patient's medical history, current medications and allergies     Yes     No  
Has the patient been seen by their GP in the last 12 months?     Yes     No  
If no, do they need to be seen preoperatively?     Yes     No

**SURGERY**

Procedure item numbers

Specific requirements

Patient requires overnight admission / 23 hour care    Yes     No

Reason for admission .....

Observation and ongoing care    Yes     No

Doctor's Signature.....

Doctor's Name..... Date ..... / ..... / .....

TEAR ON PERFORATION

RECOMMENDATION FOR ADMISSION

MR3





**TO BE COMPLETED BY SURGEON**

**CONSENT TO SURGICAL TREATMENT**

I, Dr (Doctor's Name) ..... have discussed with  
(Patient's Name) ..... whose date of birth is ..... / ..... / .....  
the need for him / her to have the following procedure.....

We have discussed what alternatives are available, the nature of the risks of the procedure, the risk that it may not give the expected result and the possibility of altered or additional procedures being required. We have also discussed the fact that the procedure may involve anaesthetics, medications and / or blood transfusions and that these all carry risks. On the basis of this understanding, we agree that I perform, and that he /she consent to this procedure.

Doctor's Signature.....

Doctor's Name..... Date ..... / ..... / .....

Patient's Signature.....

Patient's Name..... Date ..... / ..... / .....

Interpreter's Signature.....

Interpreter's Name..... Date ..... / ..... / .....

**CONSENT BY A RELATIVE OR LEGAL GUARDIAN TO SURGICAL TREATMENT**

I, Dr (Doctor's Name) ..... have discussed with  
(Legal Guardian / Relative's Name)..... the Legal Guardian / Relative of  
(Patient's Name) ..... whose date of birth is ..... / ..... / .....  
need for him / her to have the following procedure.....

We have discussed what alternatives are available, the nature of the risks of the procedure, the risk that it may not give the expected result and the possibility of altered or additional procedures being required. We have also discussed the fact that the procedure may involve anaesthetics, medications and / or blood transfusions and that these all carry risks. On the basis of this understanding, we agree that I perform, and that he /she consent to this procedure.

Doctor's Signature.....

Doctor's Name..... Date ..... / ..... / .....

Relative/Legal Guardian's Signature.....

Relative/Legal Guardian's Name..... Date ..... / ..... / .....

Interpreter's Signature.....

Interpreter's Name..... Date ..... / ..... / .....

CONSENT TO SURGICAL TREATMENT

MR3A



\* F R E C C O N G E N 2 \*

TEAR ON PERFORATION

## POST SURGERY

- All procedures require recovery time, the length of which depends on the individual. The average patient stay is approximately 3-4 hours depending on your procedure.
- Although some level of discomfort following your procedure is to be expected, please do not hesitate to address any concerns or ask any questions of our staff before your discharge. If you are unsure of anything, or concerned with any element of your care or condition, please ask.
- We offer patients light refreshments before leaving the hospital.
- Following anaesthesia, you should be accompanied home by your carer who should stay with you on the night after your surgery. We recommend that you travel home by private car or taxi, not on public transport.
- You will be given post-surgery instructions on discharge.
- You will receive a courtesy phone call from our nursing staff the following day or shortly thereafter to check on your recovery progress.

## PATIENTS STAYING OVERNIGHT

If you are staying overnight after your procedure please bring a small overnight bag containing your toiletries, pyjamas, slippers and other personal effects such as a CPAP machine or walking frame.

- The Hospital has four generous sized single rooms with ensuites. Our 23 hour licence allows patients to stay in hospital for their post-op night, and then be discharged in the morning.
- Visiting hours are from 12noon - 2pm and 6pm - 8pm. Discharge time is 10am. After hours access to the Hospital is via the Albert Ave forecourt entrance intercom.
- Enjoy Dietician approved nutritional meals tailored to your individual dietary requirements. Should you have any specific requirements or allergies, please let our nursing staff know in advance so that they may cater to your needs.
- Our rooms have ceiling-mounted televisions and comfortable electric operated beds. In-room telephones and wireless internet is available free of charge.
- Local calls are free. Phone cards are available for purchase for STD and mobile calls, otherwise mobile phones are permitted in your room.

*We are committed to ensuring you have the best experience possible!  
It helps us greatly when you complete our formal patient satisfaction survey.  
Your feedback enables us to continue to improve our services for future patients.  
Thank you for your time.*

<http://www.cphospital.com.au/survey/>

## GENERAL INFORMATION FOR YOUR CHILD

Children can find surgery and other procedures very intimidating. You can help minimise your child's worries or anxieties by telling them about their need for surgery using simple words to explain this so that they can understand. Do your best to answer your child's questions with a positive attitude and keep your tone-of-voice upbeat to reassure your child. If you have trouble answering these questions, your doctor or our nursing staff are happy to help.

Children should wear comfortable attire on the day of their procedure and may also wish to bring their favourite toy. If required, you can also bring nappies, formula, bottles, changes of clothing and a dummy.

## FASTING

- It is important to inform us if your child has taken food or liquid after the fasting time.
- If your child is on regular medication during the fasting period, please discuss this with our nursing staff.
- Before their admission time, children may have solids, breast milk and formula six hours prior, and clear fluids until two hours prior.
- Children may have up to 200 mls of clear fluid per hour until commencement of the fasting time.
- Children must drink/eat prior to the fasting time to avoid dehydration.







## **PRIOR TO YOUR CHILD'S SURGERY**

- Nursing staff will ask some questions and weigh your child.
- The anaesthetist will examine your child and can address any of your concerns.
- One parent is encouraged to stay with their child until anaesthesia is administered. The parent will be asked to wear a cap, gown and boots for sterilisation purposes.
- Nursing staff will escort you back to our waiting area after your child is asleep.

## **FOLLOWING SURGERY**

- Your child will be taken to the recovery room and you will be called when your child wakes. Your child will have a cannula (small plastic tube in the back of the hand or foot), which must be kept in until no further medication is required. You can remain with your child during their recovery. Children are offered clear fluids, icy poles, milk, juice and light refreshments. You are welcome to bring your child's favourite food and drink.
- If your child is staying overnight, one parent must stay with them for the duration of their admission. Each single room has a pull out sofa bed and all meals are provided for the parent.
- Children are given a Bravery Certificate on discharge.

# ANAESTHESIA AND YOU

Anaesthetists in Australia are specialised, highly-trained doctors expert at administering pain management drugs as well as managing resuscitation and other medical emergencies.

You can ask your anaesthetist any questions and air any concerns before your procedure. It is important that you disclose any information that may be relevant and to follow your medical and fasting instructions. Your anaesthetist will monitor you throughout your procedure as well as afterwards to ensure your smooth recovery.

New surgical techniques combined with modern anaesthesia means that the majority of eye, ear, nose, throat and facial surgeries are now performed during day surgery, which is preferable to overnight hospitalisation.

Various types of anaesthesia are commonly used in day surgery, including:-



## Topical Anaesthesia

Topical anaesthesia covers a small surface area only and may or may not include sedative drugs. The patient remains awake and recovery is fast.

## Local Anaesthesia

Local anaesthesia causes numbness to a larger area than topical anaesthesia. The patient remains awake but comfortable, and does not feel any pain.

## Regional Anaesthesia

Regional anaesthesia involves a nerve block to numb a particular part of the body, avoiding the need for general anaesthetic. Similar to the above methods, the patient is awake but comfortable.

## Intravenous Sedation

To make things more pleasant for the patient, an anaesthetist may intravenously administer sedation drugs. The patient feels very relaxed and a little drowsy. Advantages of intravenous sedation includes fast recovery times, with discharge typically within an hour.

## General Anaesthesia

General anaesthesia puts the patient into a state of unconsciousness for the duration of their operation. Anaesthetic drugs are injected through a needle placed in the vein and this is combined with a mixture of gases for inhalation. The anaesthetist monitors the patient's condition closely throughout the procedure. Recovery time is longer with a general anaesthetic.

## IMPORTANT MESSAGE

Anaesthetic drugs are given in the smallest effective doses, however they may take a while to be eliminated from your body due to different rates of metabolism. Even if you feel fully recovered, it is imperative that you do not drive, operate machinery or sign important documents for 24 hours following your procedure.

# PATIENTS' RIGHTS AND RESPONSIBILITIES

Chatswood Private Hospital is committed to providing the best possible health care and outcomes for each and every patient. We have a commitment to the Privacy Act and Principles and the Australian Charter of Healthcare Rights. An integral part of providing this standard of care is ensuring that patients are aware of their rights and responsibilities.

The rights of all patients at Chatswood Private Hospital are guarded by State and Commonwealth laws.

Patients of Chatswood Private Hospital have the right to:

- Privacy, dignity and respect
- Access to healthcare relevant to their needs
- Receive safe and high quality care
- Confidentiality of personal and medical information
- Be informed about our facilities, services, treatment, options and costs in a clear and open manner
- Comment on their care and have their concerns addressed
- Referrals to other services
- Participation in the planning of their care.

Patients of Chatswood Private Hospital have a responsibility to:

- Provide accurate and personal information
- Follow all instructions given by doctors and nursing staff
- Respect the rights of other patients
- Provide health fund details prior to admission
- Provide full payment on admission and settle any post-discharge accounts if applicable.

The following doctors have a pecuniary interest in the hospital:

Dr Allan Bank

Dr Niell Boustred

Dr Martin Forer

A/Prof Ian Francis

Dr Michael Giblin

A/Prof Alex Hunyor

Dr Bill Johnston

Dr Michael Jones

Dr Nik Kumar

Dr Shish Lal

Dr Ilesh Patel

Prof Raymond Sacks

Dr Diana Semmonds

Dr Inderjit Singh

Dr Geoff Wilcsek

Dr Thomas Woo

Dr Jay Yohendran

Chatswood Private Hospital is committed to being a standard bearer and centre of excellence. To ensure the highest standards of patient care, we have a culture of continuous quality improvement. We continually monitor our hospital's performance against our quality objectives.

As part of our commitment to quality care, we welcome all compliments, suggestions and complaints.

In the unlikely event that the care you received did not meet your expectations or go as planned, we are committed to communicating with you openly and honestly.

## COMPLAINTS PROCESS

- Please direct complaints to the Facility Manager.
- If you feel your complaint has not been adequately addressed, you can escalate your complaint to:

Health Care Complaints Commission,  
Level 4, 28-36 Foveaux Street, Surry Hills 2010  
1800 043 159 or the

NSW Department of Health,  
Private Health Care Unit  
(02) 9424 5955



## **WOULD YOU LIKE TO BECOME A PATIENT AND FAMILY ADVISOR?**

A patient and family advisor is someone who wants to help improve the quality of our hospital's care for all patients and family members by giving feedback on their experiences. This helps us plan changes and improvements.

Patient and family advisors volunteer their time to be a voice that represents all patients who receive care at our hospital.

Please contact our Clinical Manager on (02) 9413 4822 or email [reception@cphospital.com.au](mailto:reception@cphospital.com.au)

Thank you!

## **ONGOING COMMUNITY EDUCATION AND PROFESSIONAL DEVELOPMENT**

As clinical leaders we are committed to the ongoing education of our patients, staff and related health professionals. All of our staff and surgeons are abreast of the latest developments and technological advances in our field. We endeavour to provide up-to-date, useful and relevant information to patients and carers.

We run specialist health education programs in the community and also support local and international healthcare charities to bring critical surgery to those in need.

For latest news and developments on our facility and educational information, visit our website: [www.cphospital.com.au](http://www.cphospital.com.au)



## INFORMATION FOR YOUR CARER

### Please ask your nominated carer to read the following:

Your partner, relative or friend requires your full assistance during their recovery period.

Depending on the particulars of their surgery or procedure, they may have short-term, significant impairments to their vision, hearing or ability to eat, drink and talk.

Anaesthesia can affect their memory for a short period of time and they must avoid driving, operating heavy machinery or signing any important documents for at least 24 hours following anaesthesia. These drugs may also affect the balance so they may be unsteady on their feet.

## WAYS YOU CAN ASSIST AS A CARER

- Walk on the side of the covered eye and help them through doorways.
- Offer support in case they are unsteady on their feet.
- Help them identify steps and changes underfoot.
- Ensure they do not have anything important to do and can take time to rest and sleep.

Ideally, patients should go straight home and rest after their discharge from hospital.

Patients are given post-operative instructions prior to discharge. It is helpful if you can listen to the instructions too. All instructions will also be given in writing.

You may need to visit a pharmacy to purchase medications following discharge and prior to the post-operative visit to the specialist.

*We recommend that all patients have someone stay with them for 24 hours after they go home as the medications will still be in their system and they may not feel well.*



Use this Carer's Card (map on reverse)  
to assist your arrival, collection and contact details in case you need to call.



**Thank you for choosing our facility  
and allowing us to be part of your health care team.**

We are conveniently located in the centre of Chatswood, adjacent to the Westfield Shopping car park, where you can park for free for three hours.

There is plenty to do in Chatswood, which is a hub for Asian cuisines and quality shopping at Westfield and Chatswood Chase Shopping Centres.

Part of the PresMed Australia Group of Day Hospitals



***Coming from country NSW, interstate or overseas?***

We recommend staying at Quest Apartment Hotel – Chatswood, conveniently located in the same building complex. Relax during your admission knowing that your family members can be close by.

Suite 1, 38B Albert Avenue, Chatswood NSW 2067  
Telephone: (02) 9413 4822 Fax: (02) 9413 3845  
Email: [reception@cphospital.com.au](mailto:reception@cphospital.com.au) Web: [www.cphospital.com.au](http://www.cphospital.com.au)