6 Preoperative Preparation

Explanation

Clearly, the patient must be prepared for what is going to happen in theatre and must give her consent. She must be informed about the length of postoperative stay, the duration the catheter will be kept in and the restrictions on her activities. Those who operate on difficult cases would be wise to warn the patient of the limitations of surgery to achieve a cure.

Bowel preparation

It is best to have the rectum empty during the operation in case there is any leakage though the anus. In ideal circumstances, the patient would have an enema the day before – but in reality, enemas are forgotten or given at the last minute, often leading to contamination during the operation. It is much better to give no enema at all and simply to be sure that the patient has been asked to open her bowels before coming to theatre. In the unusual event of troublesome anal leakage, I insert a temporary anal pursestring suture.

Hydration

Left to her own devices, the patient will come to theatre dehydrated, as she will be trying to reduce the amount of wetness. This is a bad thing for a number of reasons:

- She will be hypotensive under spinal anaesthesia.
- Dehydration increases the difficulty in identifying the ureteric orifices in those cases where this is necessary.

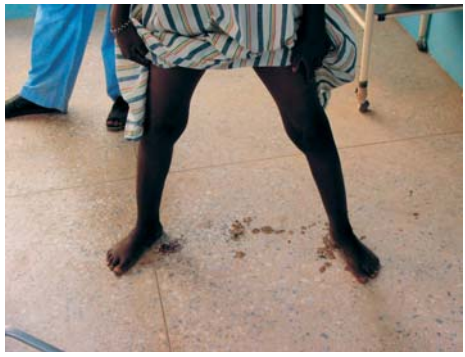

Figure 22 Preoperative hydration: if a patient has been drinking sufficiently, urine should drip when she stands with legs apart.

- Urine output will be poor after the operation, predisposing to catheter blockage. More intravenous fluids will be required during and after the operation.

Therefore, as soon as the decision has been made to operate, the patient should be asked to start drinking large volumes of any fluids, only stopping 4 hours before the operation. If she has been drinking sufficiently, urine should be seen dripping when she stands with her legs apart (Figure 22).