



Patient Information Pack



Welcome to the Mobile Surgical Unit - Te Waka Hauora

Welcome to Mobile Surgical

This pack is to help you prepare for your visit to the Mobile Surgical Unit. We want to make your experience as comfortable as possible so please take some time to read through this information. We look forward to seeing you soon!

Checklist:

- ☐ Phone and confirm your appointment time with the site contact
- ☐ Fill out and return the pre-admission form
- ☐ Arrange transport to and from surgery
- ☐ Stop eating according to the instructions provided
- ☐ Do not send your child to school/childcare on the day of surgery
- ☐ Bring all current medications

Admission Instructions:

PATIENT'S NAME

DATE OF YOUR SURGERY:

ARRIVE AT:

SITE:

ADDRESS:

CONTACT NAME:

CONTACT PHONE:

Should you have any questions regarding your appointment please phone the above contact.



IMPORTANT MESSAGE!

Eating & Drinking Instructions:

Please pay close attention to these instructions. If you or your child are not adequately fasted then the surgery will not be able to go ahead. For some surgeries you may be given more specific instructions from your local hospital.

ENDOSCOPY

Eating & drinking:

Follow the eating and drinking instructions in your endoscopy information sheet

ALL OTHER SURGERY

Eating:

For appointments in the morning (before midday) the last food eaten should be the evening before the surgery.

For appointments in the afternoon (after midday) the last food eaten should be a light breakfast on the morning of the surgery, no later than 7am.

Drinking:

You can have sips of water up to when you arrive for your appointment.



Routine Pre-Admission Questionnaire

To help us provide the best care possible, please take the time to answer the following questions about yourself/your child. Please return to the sender.

Affix Patient Label Here

Title: _____ First Name: _____ Last Name: _____

Date of Birth: _____ Gender: _____ NHI Number (if known): _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Work Phone: _____ Alternative Phone: _____

Email address (Please print clearly): _____

Proposed Operation: _____ Date of Operation: _____

Surgeon: _____

GP: _____ GP Phone No. _____

GP Address: _____

Personal Details (Please tick the appropriate Box)

Ethnicity? ☐ NZ Māori ☐ NZ European/Pakeha ☐ Samoan ☐ Tongan ☐ Cook Island Māori
☐ Chinese ☐ Indian ☐ European ☐ Other _____

Contact person who will accompany you during your visit?

Name: _____ Relationship to you: _____

Address: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

Do you have any specific needs you would like us to consider?

Physical/behavioural/disability/cultural/spiritual/communication/interpreter (please state)

Planning for Discharge

Do you live alone?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Have you arranged responsible adult company for 24 hours after surgery?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Who will take you home? _____

Are you going to your home address? If no, where will you be going? _____

Address: _____ Phone: _____

I understand that I must not drive for 24 hours after my anaesthetic (or sedation)

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

I understand that I must not operate heavy machinery or undertake major decisions for 24 hours following my procedure

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

I understand that I will have to make arrangements for alternative care for children and pets for 24 hours following my procedure.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>



Affix Patient Label Here

WE NEED YOUR HEIGHT AND WEIGHT BEFORE YOU CAN HAVE SURGERY

Weight: _____ Kg / Stones (please circle) Height: _____ cm or ft. (please circle)

Yes/No

- ☐ ☐ Are you a diabetic? ☐ Type 1 ☐ Type 2 ☐ Unsure
- ☐ ☐ Do you smoke/vape? If so how many per day? _____

Please list all your current medications: _____

Have you suffered from any of the following symptoms or medical conditions?

Yes/No

- ☐ ☐ Heart condition
☐ ☐ Chest pain/angina
☐ ☐ High Blood Pressure
☐ ☐ Asthma
☐ ☐ Shortness of breath
☐ ☐ Persistent Cough
☐ ☐ Other lung problems
☐ ☐ Rheumatic fever

Yes/No

- ☐ ☐ Ankle Swelling
☐ ☐ Migraine
☐ ☐ Hepatitis/Jaundice
☐ ☐ Heartburn/reflux
☐ ☐ Stomach Ulcers
☐ ☐ Vomiting Blood
☐ ☐ Epilepsy/fits
☐ ☐ Stroke blackouts

Yes/No

- ☐ ☐ Depression/Nerves
☐ ☐ Anaemia
☐ ☐ Bleeding disorders
☐ ☐ Blood clots
☐ ☐ Kidney disorder
☐ ☐ Alcohol related problems
☐ ☐ Motion sickness
☐ ☐ Arthritis

Have you ever had an operation and / or anaesthetic? If yes list operations and dates.

Have you or a close relative ever had any problems with an anaesthetic? (please explain) _____

Are you allergic to any medicines or other substances (e.g.: iodine, food, cosmetics) _____

Have you worked or been a patient in a hospital in NZ or overseas in the last 2 years? _____

Do you have an artificial joint/heart valve/pacemaker? _____

Have you had a recent cold, sore throat, or flu? _____

Are you, or could you be pregnant? _____

Medical/Student Teaching - Medical staff on board the Mobile Surgical Unit are actively involved in the teaching role. This means that at times additional medical staff will be present. We ask for your permission should this situation occur. If you DO NOT wish to have additional medical/student staff present for teaching during the operation, this will in no way affect the treatment you receive.

I give my permission Yes ☐ No ☐ Signature: _____

I acknowledge that the above information is correct.

Signed (Patient/Legal Guardian) _____ Date: _____

Before you come for surgery

Important notice: Pre-surgery health check

If you have any of the following conditions we suggest you visit your general practitioner prior to your planned procedure to make sure you are fit for surgery:

- If you are a smoker
- If you have diabetes
- If you take any medication
- If you have any heart conditions
- If you have asthma
- If you have any severe allergies
- If you are overweight

If you take aspirin, stay on it unless told by someone representing your specialist.

If you take **Warfarin** it will almost certainly be temporarily stopped or replaced. This is very important and needs to be discussed with your specialist. Phone the contact provided in the cover of your information pack.

Your GP will assess your overall health and provide any necessary advice or treatment to help ensure a safe and successful surgery.

Driving:

You must have a responsible adult to drive you home after surgery. You will not be permitted to drive after general anaesthetic or sedation.

Preparation at home:

Please carefully read and follow the instructions written inside the front cover of your information pack about when you can and can't eat and drink. If these instructions are not followed correctly your surgery may have to be delayed or cancelled.

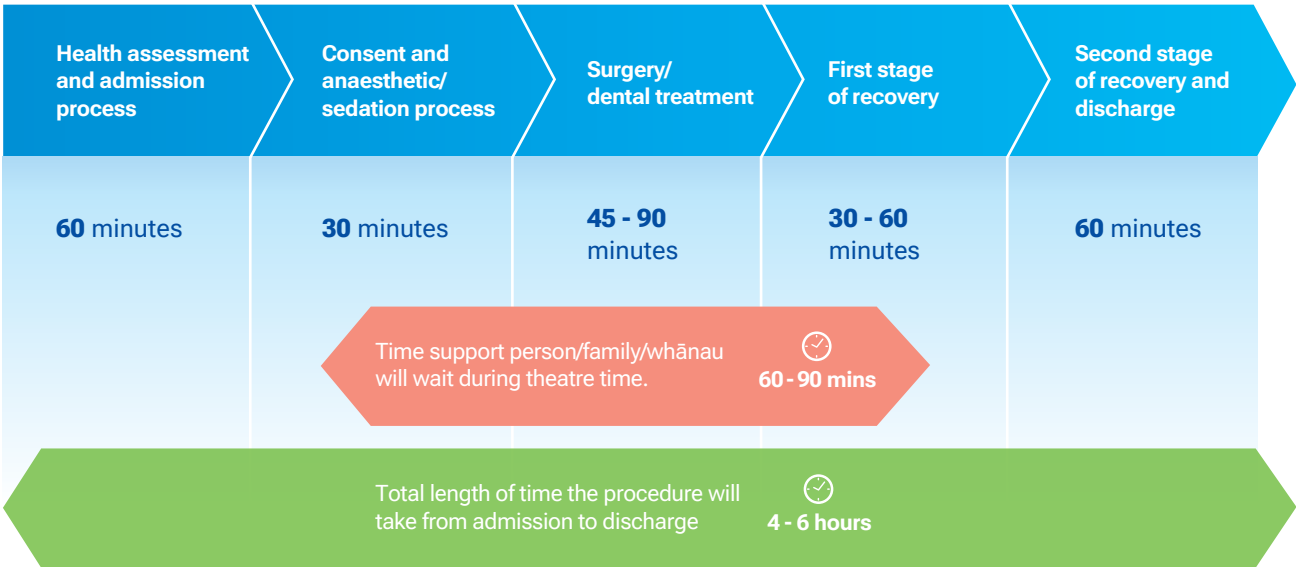
- If a tamaiti/child is having surgery and is nervous we tell them that "the bus is here to make you better." Talk to them and let them know that you will be there with them. Tamariki/children are often very keen to look around the truck and in the cab.
- Make sure to wear comfortable, loose clothing and leave jewellery and ear studs at home. Remove nail polish.
- Bring a book, game or something to keep you or your tamaiti/child occupied while you wait for their surgery.



Appointment time:

On the day of your appointment, make sure that you keep the whole day free. The time in your admission pack is the time we need you to arrive at the health facility. You may have to wait for a while before surgery but staff will keep you informed.

We appreciate and understand that this may be difficult, especially if you or your tamariki/children have not eaten. Although we try to minimise the wait, it can be hard to estimate how long operations will take.



Note: Times are approximate and may change on the day

Admission and consent:

On arrival at the health facility you will be shown to the waiting area where you will be introduced to one of the nurses on the team. They will admit you for your surgery and after that you will be seen by your surgeon and anaesthetist. They will discuss your surgery and anaesthetic with you, and give you the opportunity to ask any questions.

Once this is done they will ask you to sign the consent form which means surgery can then go ahead.

Surgery:

The clinical team will come and get you when it is time for your surgery. A support person is welcome to accompany you onto the surgical unit.

Parents or guardians may stay with their tamaiti/child onboard while they go to sleep, but once they are asleep, the caregiver present will be asked to leave. This is to ensure the safety of both the patient and the caregiver during surgery and also ensures there is enough space for the clinical team to complete the operation safely.

Who is my anaesthetist?

An anaesthetist is an experienced specialist doctor. They administer your anaesthetic, make sure you are safe during your surgery and comfortable afterwards. Your anaesthetist will talk to you before the surgery and let you know everything that will happen that day.

The anaesthetist looking after you is going to ask you some questions about your history so they can give you the best care. Anything that you tell the anaesthetist, the surgeon or the nurses will remain completely confidential.

They will ask you about:

- Any history of drug allergies or problems with anaesthetics that you or your whānau/family may have had.
- Any illnesses or medical conditions in your whānau/family.
- Any illnesses that you have or medications that you are on. If you regularly take medication or use an inhaler, please bring them with you and show the anaesthetist if required/requested.

They will stay with you throughout your operation, maintaining your medication and keeping an eye on you.



What do I do before my anaesthetic?

There are instructions about when you can and can't eat and drink written inside the cover of this pack. Please make sure that you follow them. It is vitally important that you have an empty stomach before your surgery.

What will happen?

Once your anaesthetist has spoken to you and you feel comfortable you will wait to be taken into the theatre on the surgical unit. Your anaesthetist and the theatre team will help you to lie down on the operating table while they connect you to the anaesthetic machine. You may also be asked to breathe through an oxygen mask while the anaesthetist gives you your anaesthetic.

There may seem to be a lot of people in theatre but everyone has a job to do and it is all about looking after you.

Types of anaesthetic:

On the mobile surgical unit we use a number of different types of anaesthetic. The type of anaesthetic you receive depends on your surgery.

1. **General anaesthesia (GA)** – this anaesthetic will put you to sleep for the whole operation.
2. **Regional anaesthesia** – the anaesthetist makes a region of your body numb so you won't feel anything during your surgery, even though you will be awake.
3. **Local anaesthesia (LA)** – the anaesthetist will numb a small area where you will receive surgery.
4. **Monitored sedation** – your anaesthetist or surgeon uses a special range of drugs to keep you comfortable and sleepy but still able to respond to questions if needed.

Waking up

You will wake up in our recovery area where one of our nurses will look after you and monitor you.

When you feel well enough and are more comfortable you will be taken into the health facility where we will give you sips of water and a cup of tea or coffee.

You will stay in the day ward until you feel well enough to be discharged.

When can I go home?

After surgery you will be taken to a quiet area inside the health facility to recover. You will be discharged once the doctor or nurse says you can go home.

Discharge information

After surgery we will give you a copy of your operative record. Take this with you if you need to visit your GP. The nurse may give you some specialist post-operative instructions and will tell you if you need an appointment for a follow-up.

We may also give you a prescription for medication to take after your surgery. It is important you collect your prescription quickly and follow the instructions closely. If you are unable to get the medication, please let the staff know.

The hospital or Health NZ - Te Whatu Ora district may contact you the following day. You may receive a follow-up text from Mobile Surgical four weeks after surgery.

Getting home after your operation

Please ensure you have arranged for someone to drive you home because you are not allowed to drive after anaesthesia or medication. If you live alone you should try and stay with someone overnight, in case you feel unwell. We recommend you have an adult stay with you for 24 hours after surgery.

Taking care after your operation

Remember: If you have had a general anaesthetic or sedation you must not operate any machinery, drive or make important decisions or sign legal documents for at least 24 hours.

Pain relief

If the nurse has given you a prescription take this as directed for pain relief. Otherwise, take paracetamol (Panadol/Pamol) to control pain, and follow the directions on the packet.



IMPORTANT:

If you are concerned following surgery, contact your GP, after hours or dial 111.

If you need to speak to a surgical unit nurse, please call 0800 733 677.

SEEK ASSISTANCE IF ANY OF THE FOLLOWING OCCUR

- Severe pain, increased or excessive swelling.
- Persistent discharge or excessive bleeding.
- Progressive heat and redness of the skin around the wound with increased pain and chills or fever.
- Difficulty moving.
- Pain, swelling or tenderness in calf or thigh.

Your rights

We strive to uphold your rights as outlined by the Health and Disability Commissioner.

If you feel your needs haven't been met, please contact us on 0800 544 111.

For independent and confidential support, reach out to the Nationwide Health and Disability Commissioners Advocacy Service at 0800 555 050.

Your information

You can access your patient notes anytime by contacting us. For further information, you'll be directed to the relevant Health New Zealand district.





NAME: _____ NHI: _____

GENDER: _____ DOB: _____ HOSPITAL: _____

(Attach Patient Label or Complete Details)

PATIENT CONSENT AGREEMENT

PROCEDURE

I, (patient's/guardian's full name) _____

agree to have the following procedure: _____

Specify side _____ performed on myself/my child (please circle) _____
(name of patient, if patient not signing form)

I also agree to such further or alternative operative measures as may be found necessary during the course of the procedure.

I have read and understood the information and implications for mesh surgery.

NA ☐Yes ☐No ☐

Dr _____ (print) (Designation) _____ whose signature appears below, has explained to me the reasons for, and the possible risks of the procedure, and I have had adequate opportunity to ask questions and have received all the information that I want. I understand that I am welcome to ask for more information if I wish.

Sedation / Anaesthesia / Proposed Anaesthesia: Local ☐ General ☐ Conscious Sedation ☐ Regional Block ☐**Staff Exposure to Blood or Body Fluids** - I understand that should a member of the healthcare team be directly exposed to my blood or other body fluids, I agree to blood samples being taken. These samples will be tested only to identify such transmissible diseases as are considered of significant risk, eg. Hepatitis and HIV. I understand that I will be informed of such testing and the results, if I request them, and of any appropriate treatment. The results of these tests are confidential to me and the health professionals involved.
Yes ☐ No ☐**Body Tissue/Body Parts** - Do you have any specific requirements for the return or disposal of body tissue/body parts?Yes ☐ (Complete form)No ☐N/A ☐**Data Collection** - We retain information for our confidential Patient Care System for clinical purposes and to improve patient care. I have been advised that I / my child / my ward may have clinical data recorded and shared among the surgical team.**Medical/Student Teaching** – Our Medical staff are actively involved in a teaching role, and we ask for your permission to have additional medical/student staff present for teaching during the procedure. I give my permission:Yes ☐No ☐

SIGNED: _____ (PATIENT/PARENT/GUARDIAN) DATE: _____

SIGNED: _____ (DOCTOR) DATE: _____

The Mobile Surgical Unit provides services in rural communities, and this carries a greater risk which is not present in an urban based hospital. The skilled healthcare team in charge of your care have managed this risk by assessing you as appropriate for treatment on the unit. However, if you have any questions or concerns relating to the risks being managed by the Mobile Surgical team then please don't hesitate to contact us prior to your procedure or talk to a staff member on the day.

ANAESTHESIA

Dr _____ (print) (Designation) _____ whose signature appears below, has explained to me the reasons for, and the possible risks of the anaesthesia, and I have had adequate opportunity to ask questions and have received all the information that I want. I understand that I am welcome to ask for more information if I wish. I agree to anaesthesia being administered to me / my child / my ward.

I acknowledge that I / my child / my ward should not drive a motor vehicle, operate machinery or potentially dangerous appliances, drink alcoholic beverages, or make important decisions for 24 hours after having had a general anaesthetic and/or opioid or sedative agents administered. I have read and understood the Mobile Health pre-admission information about surgical procedures and anaesthesia.

SIGNED: _____ (PATIENT/PARENT/GUARDIAN) DATE: _____

SIGNED: _____ (ANAESTHETIST) DATE: _____

Making a difference

Mobile Surgical works in partnership with Health New Zealand - Te Whatu Ora and your local health professionals to provide low risk, elective day surgery for rural New Zealanders.

Since March 2002, our service has provided care to more than 35,000 patients, with a strong focus on reaching rural communities across Aotearoa New Zealand.

EQUITABLE ACCESS TO HEALTHCARE

The Mobile Surgical Unit – Te Waka Hauora, provides patients with the opportunity to receive treatment in their own community, close to their family/whānau and their support people. This has many benefits including removing the burden of travel and accommodation.

"I was truly blown away by the care my son received from the nurses, dentist, and anesthetist. I have never encountered a team of individuals who could make him feel comfortable and at ease. From the moment we arrived, their kindness, patience, and genuine compassion shone through in everything they did." - Napier parent



Website:
mobilehealth.co.nz



About us

Mobile Health Group operates a fleet of specialised healthcare vehicles, making health services accessible in Aotearoa New Zealand. We believe every New Zealander deserves access to quality healthcare, no matter where they live.



Mobile Surgical
Day surgery for rural New Zealand
mobilesurgical.co.nz

In addition to the surgical unit we also operate:



Mobile Medical
Non-invasive kidney stone treatment
mobilemedical.co.nz



Mobile Imaging
PET-CT imaging for regional communities
mobileimaging.co.nz



My Health Hub
Education for rural health professionals
myhealthhub.co.nz

Mobile Health Group
Suite 4, 6H Sir William Pickering Drive
PO Box 39188, Christchurch 8053
03 977 4524
info@mobilehealth.co.nz
mobilehealthgroup.co.nz



mobile surgical

Day Surgery for Rural NZ

The Mobile Surgical Unit
Te Waka Hauora



What we do

We provide low risk elective day surgery in rural communities which do not have local access to a full operating theatre.

Patients are referred by their local GP to their district hospital who place them on the mobile surgical unit operating list where appropriate.

The unit is equipped for a wide range of specialties including:

- General surgery
- Dental
- Plastic surgery
- Orthopaedics
- Endoscopy
- ENT
- Gynaecology



Virtual tour:
mobilehealth.co.nz/tour

Our team

The surgical team includes nine clinical staff:

surgeon +
anaesthetist



Surgeon and anaesthetist

anaesthetic
tech +
clinical nurse



Anaesthetic technician, clinical nurse leader, and support nurse

4 x
local
nurses



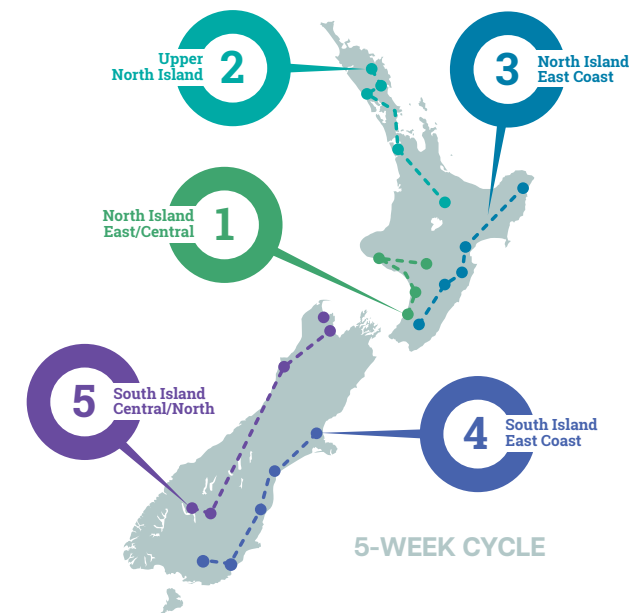
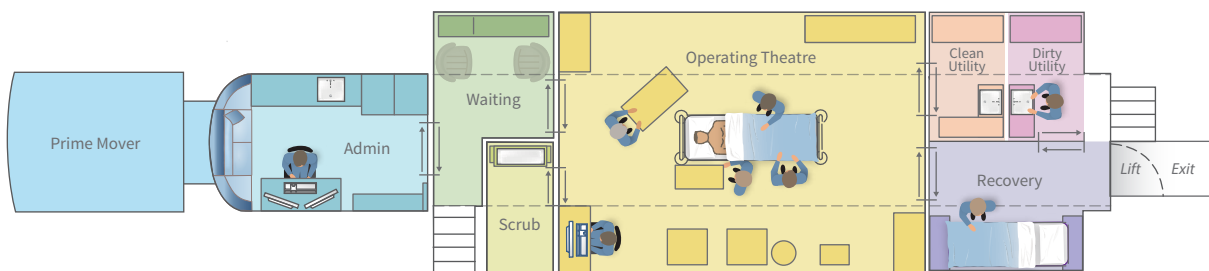
Four local nurses from each site work as a scrub nurse, circulating nurse, recovery nurse, and discharge nurse.

The team is supported by a steerologist (driver) who sets up and oversees the surgical unit.



Where we go

The surgical unit travels to 25 rural locations on a 5-week cycle which includes three weeks in the North Island and two weeks in the South Island. Each evening the surgical unit is packed up and driven to the next town.



1

Kapiti
Levin
Hāwera
Taihape

2

Kawakawa
Dargaville
Whangārei
Pukekohe
Rotorua

3

Te Puia
Wairoa
Waipukurau
Dannevirke
Featherston

4

Rangiora
Ashburton
Ōamaru
Balclutha
Gore

5

Dunstan
Queenstown
Westport
Tākaka
Motueka