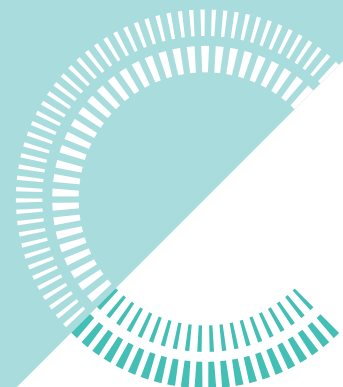


CADOGAN CLINIC

Important Information
for Your Day Case
Procedure



Important Information for Your Day Case Procedure



Welcome to The Cadogan Clinic.

We are a CQC-registered, specialist day case hospital in Chelsea, London, and are delighted that you have chosen to have your treatment with us.

This pack contains guidance to help prepare you for your upcoming procedure and to ensure your visit is as safe and comfortable as possible. Please take your time to read through this booklet which contains assistance for all stages of your visit. Including how to prepare for your procedure, what to expect on the day of your procedure and post-procedure planning.

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Section 1

Ahead of your visit

Pre-operative assessment

Consultation

During your initial and any further consultation(s) your consultant will assess your suitability for your procedure, and you will have discussed the advantages and disadvantages of your chosen surgery. You will have discussed other alternative options, including the option of no surgery.

Pre-operative medical questionnaire and psychological screening

We have sent you an email with links to our pre-operative questionnaire and psychological screening questionnaire. Please follow these links and fill out the forms. They cover your previous medical history, medication, motivations for surgery and anything else that may affect your stay with us. They are for your safety and must be completed immediately after receiving them. The time urgency is because we may need you to take further tests or assessment and therefore failure to do so may mean a delay in your surgery

They can be completed online, or if easier by request on paper form by post or in person.

Further assessment and tests

Your surgeon, anaesthetist and our nursing team will review your pre-assessment information, based on our pre-assessment criteria. You may receive a telephone call to clarify points or arrange a visit to the Clinic for blood tests, ECG, psychological assessment discussion of your medical history. This is for your safety and to ensure your suitability for surgery.

MRSA Screening

Methicillin-resistant *Staphylococcus aureus* (MRSA) is an antibiotic-resistant bacteria, which lives harmlessly on the skin of around 1 in 30 people. MRSA is more prevalent in hospital settings, where it is also more dangerous as it can contaminate a wound, burn, IV drip, or urinary catheter and amongst other things can cause delayed healing.

Healthy people, including children and pregnant women, are not usually at risk of MRSA infections.

As a day case hospital, The Clinic has an extremely low rate of post-surgical infection (around 1 in 1000) and screens for high risk patients in the medical questionnaire. If you fall into this category you will be offered a simple decontamination regime including antibacterial cream and shampoo to be taken at home for between the three and five days before surgery, completing on the day of surgery itself.

Information about your allergies and intolerances

You will need to tell your doctor and nurse if you have any allergies or intolerances – for example, to medicines, food or latex. We want to know what sort of reaction you have had and what helped the reaction. We will give you a red name band to tell staff that you have an allergy. If you are not given a red name band, please tell your nurse.

Informed Consent

Our doctors and nurses will ask you to agree to any form of examination, treatment or care. It is important that you feel you have been given enough information before you agree to a procedure. Sometimes we will assume implied consent, as for instance, when you roll up your sleeve to have blood taken. You are always free to say no, change your mind or to ask for more information.

Your doctor must take a formal written consent for higher risk procedures, explaining the risks and benefits not only of the proposed treatment, but also any available alternative procedures and of choosing to do nothing. This is why we, or your doctor directly, will share a paper copy of the information discussed during consultation. It is important that you understand the information you have been given. Ask questions if you don't understand or if you want more information. The person, who seeks your consent, will be able to perform the procedure and will have had special training in taking consent.

It is important to remember that once you have decided about treatment, you can change your mind at any time, even after you have signed a consent form.

Payment of your balance

You will have paid a deposit to secure your surgery date. We will call to collect the remaining balance 28 days before surgery (or at the time of booking). We do this to allow us enough time to offer the slot to a patient on our waiting list should you do not wish to proceed. Our bank details are below:

Coutts & Co
440 The Strand
London WC2R 0QS

Account name: Personal Health Service Ltd
Sort code: 18-00-02
Account number: 07666373
International swift code number: GB73 COUT 1800 0207 6663 73
International swift code: COUTGB22
Payment reference: Please put your FULL NAME

Section 1

Preparing for your procedure

Items to bring with you on the day

- Any tablets, medicines or inhalers that you are currently taking (tablets in their original boxes please)
- Something to help you pass the time such as a book, magazines or your Kindle or iPad. Guest WiFi is available.
- Spectacles /contact lenses
- You will have a small locker next to your bed for personal possessions. Storage space is limited so please only bring essentials.

Surgery Preparation Checklist

- ✗ DO NOT drink any alcohol 24hrs prior or post-surgery
- ✗ DO NOT smoke or take recreational drugs prior to surgery. This should stop a minimum of 2 weeks before surgery
- ✗ DO NOT apply anything topically to your skin after showering including deodorant
- ✗ DO NOT apply any moisturiser to your skin for a period of 24hrs prior to your operation
- ✓ DO advise your nurse before surgery if you think there is any chance you may be pregnant
- ✓ DO remove false eyelashes or nails including acrylic and gel overlays and varnish of at least one finger, makeup and piercings before you arrive at clinic
- ✓ DO shower either the evening before or the morning of your operation
- ✓ DO tie your hair up if it is long
- ✓ DO wear loose fitting clothes to clinic so that you can change easily both before and after your procedure
- ✓ DO refrain from applying fake tan for a period of 7 days prior to your operation date

Fasting before surgery (nil by mouth)

Do ensure you are well hydrated the day before your surgery, and if your procedure is in the morning please try and have a snack in the evening before going to bed.

The email confirming your surgery date will inform you of your admission time and scheduled time of procedure – it is essential that you follow the fasting instructions below – If you are not fasted we may have to postpone or cancel your procedure.

Why do you need to fast? It is essential for your own safety during sedation or general anaesthetic that your stomach is empty. There is a risk of stomach contents coming back up into your throat and down into your lungs.

Section 1

YOU MUST FOLLOW THESE FASTING INSTRUCTIONS FOR ALL GENERAL ANAESTHETIC AND SEDATION PROCEDURES

You should not take ANY solid food or milky drinks in the 6 hours before your procedure. However, you will be able to continue to take any prescribed medicines and drink water freely until 2 before your admission.

6 HOURS BEFORE YOUR ADMISSION TIME	
Stop	Continue
<ul style="list-style-type: none">✗ Solid food✗ Sweets✗ Chewing Gum✗ Milk✗ Tea/coffee with milk	<ul style="list-style-type: none">✓ Water✓ Tea/coffee without milk✓ Prescribed medication
2 HOURS BEFORE YOUR ADMISSION TIME	
Stop	
<ul style="list-style-type: none">✗ Water✗ All tea/coffee✗ All Medications (unless instructed to by nurse or consultant)	

If you have diabetes or have concerns about fasting please contact your Consultant or the clinic Nursing Staff who can advise you. Your diabetes must be stable.

If you are having a local anaesthetic

You do not need to fast before your procedure, so have a light meal up to two hours before your admission time and continue to drink fluids.

Flying before/after surgery

There is an increased risk of blood clot in one of the deep veins in your body, usually in your legs (deep vein thrombosis) if you are flying before or after surgery. Factors that may also increase your risk of DVT are if you

- have had DVT before
- have had blood clots already
- have a family history of blood clots
- are overweight
- are pregnant

The risk of developing a travel-related DVT in day case surgery is low, even if you're classed as moderate to high risk. However, to minimise this risk, we recommend that you

- Do not fly for two weeks before surgery
- Do not fly for four weeks after surgery

If you do plan on flying before or after recent surgery, then please discuss this with your anaesthetist and surgeon. You can take steps to reduce your risk of DVT, such as drinking plenty of water and moving around on the plane, taking an aspirin before departure and wearing the TED compression stockings, which we supply for you to wear during and after surgery.

Section 1

Stopping Smoking

Smoking before and after surgery increases the risks of anaesthesia and significantly constricts blood vessels to tissues, thereby reducing healing and producing poor scars. Smokers will be advised by their consultant to stop smoking at least 2 weeks before their procedure. If your consultant or anaesthetist needs to postpone your surgery because you are still smoking, you would be subject to rescheduling fees as per the Terms and Conditions you have received.

Money and valuables

Please don't bring very expensive items or large amounts of money with you when coming to the hospital.

If you do need to bring valuables or money with you, please tell a member of the nursing team. They will arrange for your valuables to be collected and taken for safekeeping. Unfortunately, we cannot accept responsibility for loss or damage to personal property of any kind, including money and laptop computers, regardless of how the loss or damage may occur.

Arranging help and support

You must arrange to be looked after for the first 24 hours by a responsible adult this can be a relative or friend. If you are taking a taxi home your 'responsible adult' must accompany you. If you have children at home you must ideally arrange childcare for the first 24 hours. This may be longer, depending on the type of procedure you are undergoing.

Hotel support

After your surgery you should stay approximately one hour's drive the Clinic so we are able to provide care should there be any complications from surgery.

If this is not possible, you may stay in a local hotel on the first postoperative night before travelling to their final destination the following day. This is still a better and more cost-effective environment than keeping the patient in a hospital bed unnecessarily.

We have preferential rates with The Belmond Cadogan Hotel, and No.11 Cadogan Gardens. These are both excellent hotels, under 5minutes walk from the Clinic.

Should you wish, we can send a carer to stay with you overnight in a hotel. There is an additional charge for this.

Please notify us of any special requirements

We want your stay to be as relaxed as possible so please let us known in advance if you have any special requirements. This can include

- A disability
- Hearing or sight difficulties
- Need of an interpreter
- Dietary allergies or intolerances

Section 1

Learning about your procedure

The Cadogan Clinic

The Cadogan Clinic was established in 2008 as the UK's pioneer in day case cosmetic surgery. Day case surgery has since become the standardized option for the majority of cosmetic surgery procedures due to the reduced infection risk, reduced patient costs and social and health benefits of recovering at home instead of a hospital ward. As per national best practice, day surgery should be undertaken in a dedicated unit, discreet from inpatient activity, allowing for specialist staff and protocols to maximise patient comfort and surgical outcomes.

Anaesthesia

Your surgeon can help you choose the type of anaesthesia, which suits you best. Your anaesthetist will have reviewed your medical history ahead of your surgery and will call you in for further test and assessment if required.

General anaesthetic (TIVA) - Under general anaesthetic, you are unconscious and unaware of the procedure. We use Total IntraVenous Anaesthesia (TIVA) which is given by computerised IV drip has a very short active duration. Consequently return to cognitive function is rapid and allow early discharge. You avoid the nausea and malaise so common with non-IV anaesthetics (gases and opioids).

Conscious sedation ('twilight') - sedation is medication that makes you feel drowsy, comfortable, sleepy and relaxed, but you remain conscious throughout the procedure

- **Lighter sedation:** you are calm and relaxed. Local anaesthesia will control pain
- **Deeper sedation:** you are calm and the level is adjusted so that you are asleep throughout potentially painful parts of the operation.

Local anaesthetic - local anaesthesia involves numbing an area of the body using an injection or gel or a combination. It may be long or short acting. You will still feel some pressure or movement. Full sensation will return when the medication has worn off a few hours later.

- **Regional anaesthetic** – a local anaesthetic is given to specific nerves to fully anaesthetise a region of your body. Typically, this would be the arm for hand surgery or the back for an epidural for the legs.
- **Peripheral nerve blocks** - a nerve block is an injection of a local anaesthetic to numb specific nerves supplying a particular part of the body, such as a finger, teeth or section of the face.

Different types of anaesthesia can be used in combination. For example, a regional anaesthetic can be used with a general anaesthetic to relieve pain after an operation. Fortunately, our surgery is generally not painful.

Scarring

Patients vary with the quality of scars which they make naturally, independently of quality of surgery. It is now possible at The Cadogan Clinic to take a genetic test which will determine the likelihood of poor scarring or keloid. We recommend this where you have concern.

Section 2

Visitors and Chaperones

Relatives, friends and escorts will not normally be allowed to remain with you during your stay, once your nurse has met you for your admission.

Translators, however, should be with you in your pre-operative room to ensure you are fully informed during the consent process and may also be allowed into the Recovery Unit as you wake up at the discretion of the Lead Nurse. Your wishes will be balanced with the needs of the other patients present.

All patients, male or female, may request a chaperone at any point of the journey. In many instances, a chaperone is mandatory.

Arrival time

You will be advised of your arrival time, and procedure time, by email, 1 week before your procedure. Your arrival and procedure times are subject to change and times will be confirmed the day before by email and by telephone call. Arrival is usually 1 hour ahead of your general anaesthetic procedure and 30 minutes ahead of your local anaesthetic procedure.

Hospital Admission

When you arrive at the clinic a member of the reception staff will greet you and your personal details will be checked and confirmed. You may spend a little time with your escort in the reception area before being admitted.

A nurse will meet and escort you to your pre-operative room and will complete a checking/safety questionnaire.

Before your procedure at The Cadogan Clinic you will be cared for by your Consultants and our nursing team.

You will be given a hospital identity bracelet bearing your name and details and marked red with any allergies to food, medication or latex. You will be weighed, your temperature taken and your blood pressure checked.

You will be asked to wear a cotton procedure gown and, in some cases, disposable underwear.

Please let the staff know if you wish to keep your head covered, or you have any other requirements

Only essential items will be allowed in the operating theatre and all jewellery, body piercings and contact lenses must be removed before entering theatre. You may however keep your wedding ring on – this will be covered with tape. To ensure the safety of your belongings please ensure you leave the rest of your jewellery at home.

Hearing aids and dentures will be left in place.

Your Anaesthetist and Surgeon will explain your proposed procedure. Your surgeon may mark the skin and take photographs in a separate room.

Your procedure

When theatre is ready, your nurse will repeat checks and walk with you to one of the Cadogan Clinic's three fully equipped operating theatres for your procedure.

Section 2

Recovery

You will wake up in a dedicated primary recovery room. There is no minimum time duration for primary recovery. Once you are more awake you will be taken to the secondary recovery, or ambulatory care, room, where you will be able to relax and have something to eat and drink.

This recovery period varies from individual to individual, and on the length of type of procedure, and could take anything from one to four hours.

The Surgeon and Anaesthetist may visit you in the secondary recovery room to let you know how things went during your operation and to check how you are recovering.

A nurse will check your vital signs and general welfare.

This ambulatory care area is open plan with individual bed areas screened off ensuring your privacy and confidentiality. If you would like to discuss your treatment privately with your Consultant this will be arranged in a separate room. Please make the Nurse caring for you aware.

Discharge & Going Home

You will be discharged on the same day as your surgery. Your Nurse will advise you when it is safe for you to leave. It is likely to be 1-4 hours following your procedure. This will depend on how you feel and when your consultant is satisfied you are comfortable enough to return home. Your admitting nurse will estimate timing so that your escort can plan your transport home. It is vital, for your own safety, that you have a responsible adult to take you home and spend your first night with you, unless previously agreed.

Your nurse will ensure you are fit to go home

- Checking all your vital signs
- Check your wounds
- Check your pain control
- You may also be reviewed by Consultant, who will, either way, be in close contact with the nursing team throughout

Your nurse will explain

- What you need to do at home
- When to come back for dressings and consultations
- Signs of infection explained
- Sutures / clips (delete as applicable) due for removal
- Risks and symptoms of DVT
- Home wound care instruction
- It is beneficial for your responsible adult to be present at this point as they will be helping care for you during your recovery

Section 2

You will be given a discharge pack of written information, which includes:

- Your surgeons phone number and an emergency number for the Clinic
- Procedure specific written discharge instructions
- Follow up wound care appointment required
- Summary of your treatment

The discharge pack will also contain

- VTE stockings (if appropriate). These are also useful for long flights
- Medications to take home

Going home

- Your nurse will discharge you in to the care of a responsible adult
- Your responsible adult must then accompany you home by car or taxi – public transport is not suitable.

You will only be discharged when you are ready to walk out. If you would like transport home, our private ambulance provider can provide a medically-customised car that can accommodate a stretcher or wheelchair and comes with a medically trained driver. Please enquire for cost.

Patient Comments and Questionnaire

We strive to offer the best possible care at The Cadogan Clinic, and to ensure any issues are dealt with immediately. To help us to maintain and improve our level of care, we will ask you to complete a questionnaire about your visit and treatment at the Clinic. We would be most grateful if you can take the time to complete this and provide honest feedback.

We also collect outcome measures (called PROMS or Patient Reported Outcome Measures) as part of an anonymised national data submission. You will be asked to fill in a questionnaire before your surgery, and again several months after it, both describing how you feel about yourself. You do not have to take part.

Post-procedure pain relief

Patients vary with the amount of pain they experience. Some have a moderate amount and some none. You will be prescribed tablets for pain relief should you need them. Your nurse will explain how to take them. Routine antibiotics are generally not required, except where there are grafts or implants.

**Severe pain may warrant a phone call to our
24/7 hour on call nurse telephone line on
[07899 964893](tel:07899964893)**

Section 3

After your visit

When You Get Home

Please follow the procedure specific advice discussed with your consultant and nurse, and given to you in written form after your procedure. [This is general advice only](#)

- You may feel tired; so only do as much as you feel comfortable doing
- Do not operate machinery or drive a car or motorbike for 24 hours due to your anaesthetic – specific guidance based upon the surgery you have had will apply
- You must not take sole care of any children.
- Rehydrate yourself – You have starved for many hours. Drink plenty of fluids and eat light meals to raise blood sugar levels. Do refrain from drinking alcohol for at least 24 hours.
- Please follow specific Nursing and Consultant advice when taking prescribed medication – including painkillers.
- Do not take any sleeping tablets, or recreational drugs
- Do not make any important decisions for at least 24 hours after a general anaesthetic

Pain relief at home

After surgery you should expect to experience a little discomfort which can be easily managed with painkillers. You may even be prescribed a combination of painkillers depending on your operation and level of comfort (which is typically hard to predict). Each of the below drugs can be taken together effectively and do not interfere with one another. Please note, if you do experience any side effects, you must stop taking that painkiller.

- **Paracetamol:** Often the most effective painkiller and provides satisfactory pain relief with very few side effects. Paracetamol can be combined well with other drugs but advice provided on this must be followed. Use of any drug must be discontinued if you feel unwell or experience any unusual or undesired side effects.
- **CoDydramol:** When taking this medication, you must not take addition paracetamol – it is a combination of Paracetamol and Dihydrocodeine. This is quite a strong painkiller and can sometimes cause constipation after taking it for a few days. If your discomfort is moderate or low we would recommend switch to just paracetamol.
- **Ibuprofen:** This is an anti-inflammatory drug which works similarly to aspirin. If you have or suffer with stomach ulcers or gastritis due to excessive amounts of stomach acid we would advise you avoid this medication. It is a very effective drug but can increase bleeding and bruising in the first 24hrs after breast surgery so we would advise to avoid taking it until the next day.
- **Tramadol:** This is classed as a medium strength painkiller. A small number of patients can experience a little excess sweating, anxiety or nausea after taking it. It is usually reserved for more painful or extensive surgeries. It can be particularly useful, when neither codrydamol and ibuprofen are not enough.

Section 3

Advice for Carers (Responsible Adult)

You must be escorted by a friend or relative home by either taxi or a car. Public transport is not appropriate following surgery. The type of care your friend or relative will need depends on the type of procedure they have had.

General responsibilities for carers are:

- Escort the patient home by car or taxi (not public transport)
- Stay with them for the 24 hours following surgery in your or their home
- Help with household activities, such as cooking and cleaning
- Offer the patient plenty of fluids to drink (no alcohol)
- They may need help with washing/bathing and getting dressed
- Ensure they take regular painkillers or medication as prescribed/advised
- Ensure that you and the patient are aware of the common complications of the procedure, such as bleeding, oozing, pain, redness, sign of infection, swelling and temperature – and what to do if they occur
- After 24 hours the patient should be feeling considerably better and will need less support and help. You might not need to stay overnight, but further daytime support is recommended, such as shopping, cooking or child minding.

Follow-up telephone call

The morning following your surgery, you will be called by a member of our nursing team who will check how you are feeling after your first night, to confirm you are following the instructions correctly and to answer any questions at all that you may have to ensure you are at ease and fully informed. If they cannot reach you after three attempts they will leave a voicemail and send a text.

Emergency contacts

In the case of an emergency please contact your consultant in the **first** instance.

If you are unable to reach your consultant please call the out of hours nurse numbers on: **07899 964893** and speak with a senior member of staff.

If you have any questions or concerns regarding your procedure or recovery please feel free to contact the Cadogan Clinic and speak with the nursing team who are available from 7am – 8pm Monday to Friday on: **0207 901 8500**.

Section 3

You have been discharged with procedure specific discharge instructions that will be explained to you and your chaperone. If you have a concern please call within clinic hours (07.00-20.00) unless there is an emergency.

	Situation	Response required	Patient to contact	Contact details
1	Emergency	Now	999	999
2a	Urgent clinical concern – first instance	Within 2 hours	Your surgeon	Details given on discharge sheet
2b	Urgent clinical concern – surgeon not available – 7.30am-8pm	Within 2 hours	Clinic nursing team via Clinic Switchboard	0207 901 8500
2c	Time urgent clinical concern – surgeon not available – 8pm-7.30am	Within 2 hours	Nurse emergency phone	07788 500731
3	Non-urgent Clinical concern	2-6 hours	Wound Care Nurse	nurses@cadoganclinic.com oncall@cadoganclinic.com
4	Non-clinical concern	Same day	Your patient advisor or Clinic Switchboard	0207 901 8500

In all cases please leave the following information

- Your name
- Your contact number
- A detailed description of your concern

What is day case surgery?

A surgical day case is defined by the Royal College of Surgeons of England as “a patient who is admitted for investigation or operation on a planned non-resident basis and who nonetheless requires facilities for recovery”. Day case surgery is distinguished from ‘out-patient cases’. These are minor procedures performed under a local anaesthetic which do not generally require postoperative recovery time. Day cases account for nearly 80 per cent of all UK elective procedures each year (British Medical Journal 2015) and should be considered as the default option for cosmetic surgery.

What are the benefits of day case surgery?

Day surgery allows for a quicker, more comfortable recovery with less disruption to you and your home life. It reduces the risk of hospital acquired infections (UK National Day Surgery Delivery Pack, 2020), including Covid 19, and thromboembolism (blood clots). Research shows the earlier you get out of bed and start walking, eating and drinking after your operation, the better the outcome (NHS).

How long will the effects of the anaesthetic last?

We use TIVA anaesthetic, not anaesthetic gases which can make you feel ill. You should feel back to yourself within hours after your surgery.

What are the side effects of general anaesthesia (TIVA)?

We exclusively use a type of anaesthesia and sedation called ‘TIVA’ (Total Intra-Venous Anaesthesia). The only gas used is oxygen and anaesthetic drugs are given by IV drip. We have no need for those anaesthetic gases, which tend to make you feel unwell and nauseous. With TIVA you should feel back to yourself within hours after your surgery. Occasionally patients have a sore throat from the anaesthetic tube, but usually this is avoided by using a laryngeal mask instead.

What will I feel like after the operation?

You may feel hazy or groggy as you come round from the general anaesthetic. This is short lived. You may feel discomfort, but any pain will be controlled. You are very unlikely to feel nauseous or vomit.

How long will I spend in recovery?

A patient may expect to remain in primary recovery for 5-30 minutes postoperatively, before a 1-4 hour stay in secondary recovery. These are the normal day case surgery guidelines, but each individual case is different, and your stay may be longer than this. You will only be discharged when safe to do so.

What are the visiting arrangements?

We are a day case-only hospital so visitors are encouraged for drop-off and pick-up only

Section 4

Frequently asked questions

When can I expect to go home after the operation?

As soon as you are alert, pain controlled and able to walk. You should take water without nausea. This will generally be 1 to 4 hours after your procedure has finished.

Why do I have to wear the surgical stockings?

The special support stockings are to help your blood circulation and minimise the risk of any blood clots. If you are given the stockings you will be required to wear them until you are at least as mobile as you were before you came into hospital.

How will my pain be managed after the surgery?

It is normal to experience pain following a procedure. Your pain journey is unique to you; no-one else knows what you are feeling unless you share your experience. To help you get back to normal activities as soon as possible you will be given regular painkillers. Many patients are surprised that they do not need it.

Why will I have to take regular paracetamol?

You may not need painkillers. Paracetamol will cover most pain. It works well, if taken regularly, and can be used to improve the effects of stronger painkillers, so that you need less overall.

What should I do, and who should I tell, if I'm in pain at home?

When at home, your surgeon would want to know particularly about increasing pain, as this may indicate that we need to do something to help.

Will I have side effects from the pain medications?

We don't use opiates that cause unpleasant side effects, such as a heavy head, sickness or drowsiness. They are not needed in our procedures and with the use of TIVA. The strongest drug we use is tramadol and this sparingly. Just share what are feeling with a nurse and we can help support.

Will I become addicted to strong pain medication?

No, we do not use opiates, as they are not required with our techniques. You must only take painkillers for pain, not for helping your sleep or relax.

Will I receive a sick certificate?

Please request a certificate that covers your admission to hospital if you would like one. Your GP can give you a certificate to last until you return to work.

When will my stiches be removed?

Many sutures are dissolving, but permanent ones are removed 7-14 days later when your wound is checked. Your surgeon may also wish to see you the next day, depending on the procedure.

When will I be able to return to normal daily activities?

Your consultant will advise you based on your procedure and situation.

When will my appetite return?

Your normal appetite will return in time. Keep your diet light and drink plenty of nourishing fluids.

When will I see my surgeon after discharge?

For certain cases, your surgeon will see you the day after surgery. You will be booked in for a one-week follow-up for nurse stitch removal, which your surgeon may attend, and approximately a six week follow-up with your surgeon

Useful telephone numbers

Cadogan Clinic Main Number – 0207 901 8500 – explain you have had a procedure and would like to speak to a nurse. This number is manned 24/7 and a nurse will get back to you first thing in the morning

Theatre Bookings Team (for any pre-operative questions) – 0203 105 8408

Out of hours (emergency only) - 07899 964 893

Your surgeon – you surgeon's telephone number will be on your discharge sheet

Section 5

How to find us

Most of our patients will have already visited the clinic prior to their surgery date during consultation. We are easy to locate just minutes from Sloane Square tube station – the map below may be helpful should you need any assistance on the day. We ask that you arrive at the clinic in good time to allow for full and relaxed admission.



The Clinic is located at the Sloane Square end of Sloane Street easily accessible by both car and public transport.

Taxi

Our postcode is SW1X 9BW

Underground

District & Circle Lines to Sloane Square (5 minute walk), or Piccadilly Line to Knightsbridge (10 minute walk) or South Kensington (10 minute walk)

Bus Routes

11, 319, 211, 22, 19 to Sloane Square, 425, 137, 19, 22, C1, 11, 137, 211 and 360 to Sloane Street.

Car Parking

Parking is available at Cadogan Place (NCP), meter parking at Cadogan Gate, Cadogan Place and Pavilion Road, Royal Borough of Kensington & Chelsea Residents Parking also available.

cadoganclinic.com

A private clinic in the heart of Chelsea, with a team of specialists dedicated to providing world-leading private healthcare.