

Department Of Obstetrics and Gynaecology

Laparoscopic Assisted/Vaginal Hysterectomy

Patient Diary And Satisfaction Questionnaire

Date of pre-operative assessment clinic	
Date of surgery	
Date of post-operative clinic	

This booklet has two purposes. Firstly to ensure that you recover as quickly as possible following your surgery and secondly to give you an opportunity to give us your comments on the standard of care you received.

1. Patient Diary

Before you are discharged from hospital there will be certain tasks or activities that you need to complete or be confident with. The diary will help you understand what these are and ensure that you are in control/empowered.

There are also tasks or activities that you will need to be able to complete once you are home. The diary will prompt you to ensure these are completed and reassure you that you are recovering as expected.

2. Patient Satisfaction Questionnaire

We would be grateful if you would take some time during your recovery to complete this diary, as it will help us improve our service.

Your comments will be valued and given consideration whether they are good or bad. We ask you to be frank and open about your experiences. We assure you that any information you give will remain confidential.

If you have any concerns in the **first 48 hours** after your operation please contact **Cley Ward** on **01603 287242**.

After this time please contact your GP.

1. Patient Diary

Before Leaving Hospital	Yes	No
Managed to drink something		
Managed to eat something		
Carried out deep breathing exercises		
Managed to move out of bed and walk		
Pain killers taken		
Pain controlled		
Given blood thinning (Dalteparin) injection under supervision, if prescribed.		
Received my discharge medication and paperwork		
On a scale of 0-10 how would you rate your pain? 0 = No pain, 10 = the worst pain that is imaginable		

At Home	Yes	No
Managed to walk		
Pain under control with pain killers		
Have passed urine without difficulty		
Have opened my bowels/passed wind		
Have given my own blood thinning injection (Dalteparin), if prescribed.		
Received a follow-up call from a health professional		
After 24 hours of being discharged from hospital on a scale of 0-10 how would you rate your pain? 0 = No pain, 10 = the worst pain that is imaginable		

2. Patient Satisfaction Questionnaire

Your visit to the pre-operative assessment clinic

How did you feel about the information you were given?	Too much	Just right	Too little
Comments			

Did you feel prepared for your operation at the end of the pre-operative clinic?	Yes	No
Comments		

Any comments you would like to add regarding all aspects of your care before coming into hospital
Comments

The day of your admission for your operation

Were you made to feel welcome and shown around the ward when you arrived?	Yes	No
Comments		

Was there a named member of staff looking after you during your stay?	Yes	No
Comments		

Did you know what was going on at every stage?	Yes	No
Comments		

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Immediately after your operation

Were you told about how the operation went?	Yes	No
Comments		

Were all your questions answered?	Yes	No
Comments		

Was the pain relief adequate?	Yes	No
Comments		

At discharge

Did you feel ready to be discharged?	Yes	No
Comments (if not why not)		

Did you know who to contact if you had any problems?	Yes	No
Comments		

Going home

Were you given enough information? If not, what information would you liked to have been given?	Yes	No
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Comments

If you required blood thinning injections, were you taught how to inject the Dalteparin and did you feel confident about this when you left hospital?	Yes	No
Comments		

General questions

If there is one thing you would have changed in how you were managed, what would that be?
Comments

If you could choose one thing that we did well, what would that be?
Comments

What is the one thing that sticks in your mind about your stay?
Comments

Any other comments that you would like to mention?
Comments

Thank you for completing your diary

