



ANDREW ONG FRACS

Breast & Endocrine (Thyroid/Parathyroid) Surgeon
Laparoscopic General Surgery
Gastroscopy & Colonoscopy (GESA-accredited)

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Information for patients admitted into the public hospital through the emergency department under the care of Dr Ong.

This information sheet was written as a guide for patients who have been admitted into the public hospital while Dr Ong is the general surgeon on-call. It aims to demystify some of the aspects of your care.

Who is Dr Ong?

Dr Ong is a general surgeon who serves in South Western Sydney Local Health District (SWSLHD). General surgeons are specialists who manage patients presenting with problems related to their abdomen (“tummy”), breast and/or neck and may require an operation.

Below are *some* examples of conditions commonly managed by general surgeons:

- Tummy pain on the right (appendicitis)
- Gallbladder attacks (cholecystitis)
- Inflamed “pockets” or “pouches” in the bowel (diverticulitis)
- Blocked bowel (bowel obstruction)
- Hernia pain or obstruction
- Breast infections
- Tummy pain with no clear cause (undifferentiated abdominal pain)
- Abscesses – in the anus, buttock, thigh, abdomen, neck, arm, etc.
- Trauma – fall ladder, car accidents, kicked by horse, assault, etc
- Ulcers in the stomach
- Passing blood in the stools

Who are the doctors looking after me?

Dr Ong will have a registrar on-call that you would have spoken to. Registrars are fully-qualified doctors who are surgeons-in-training. Their experience can vary from a few years of post-graduate experience, to those that are a few months away from being fully-qualified surgeons in their own right. The registrars work rotating shifts and you may meet more than one registrar during your stay in hospital. There will also be interns/residents who are junior doctors in their 1st or 2nd post-graduate year after graduating from medical school. You will be communicating mainly with the registrars and interns during your hospital stay.

I have been booked for an operation as an emergency. When will I get my operation?

Patients booked for emergency operations are prioritised on a waiting-list. It is NOT first-come-first-serve. The sickest patients are operated on first. Patients with problems that “can wait” are prioritised lower. Lower priority patients can occasionally wait hours to days for their operation.

Why do I have to fast (“nil by mouth” or NBM) for my operation?

Surgery often requires an anaesthetist to insert a breathing tube into your mouth. If you have a full stomach, there is a potential for stomach contents to be vomited back up and enter your lungs when the breathing tube is inserted or taken out. This is a serious complication.

I have been waiting all day for my operation on an empty stomach and was finally told at 5/6/7/8pm that my operation is not going ahead!! What now??

Emergency patients are kept fasted during the day as there is always a chance their operation may be done when the opportunity arises. This may involve waiting until the evening for this “gap” or opportunity. Occasionally, despite all the waiting, more serious cases come into the emergency department at short notice that will “bump” your operation. If your operation is “bumped” and the clock is moving past 10 or 11pm, your operation will likely be postponed until the next day.



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Why won't you do my operation at 9/10/11pm/midnight?

Surgery must be conducted safely. Complications increase if staff are tired or lack concentration due to the time of the day, or if they have been working for long hours. If an operation has been deemed suitable to be postponed until the next morning for safety reasons, there are usually sound reasons to do so. Sometimes, patients are indeed very sick, and operations will be carried out in the early hours of the morning (e.g. 2am) – this is a rare event.

I have private health insurance. Can I be transferred to the private hospital for my operation?

This can be discussed with Dr Ong's team and in certain cases, a transfer is possible. You may incur an excess charged by your health fund. Dr Ong does not charge a gap payment for private patients admitted through the emergency department who need surgery.

I have been waiting for my scan (ultrasound, CT scan, etc.) for such a long time! They told me it will happen today, but nothing has happened...

The doctors/nurses can only estimate the time scans will be done. They generally obtain this information from the radiology department. Like an operation, scans are prioritised and are not conducted on a first-come-first-serve basis. Sickest patients are scanned first. Patients who are less sick are scanned later.

I have had some tests done while in hospital but no one has told me anything...

Please ask Dr Ong's registrar or intern for an update on your care. If Dr Ong is conducting a ward round, he will try and update you with your progress in hospital.

I have had one doctor/nurse tell me this and another doctor/nurse tell me that. One doctor/nurse told me I did not need an operation, and another doctor/nurse said I needed it. One doctor/nurse said I was going for scan, and another doctor/nurse said no scan. I am so confused...

Modern medical care is complex; doctors and nurses care for patients over rotating shifts. Information may not always be conveyed to patients in a timely manner and sometimes, information may be conveyed to patients with the doctor's opinion added into the mix.

If you are confused with what is happening or been told different things by different people, it is best to either wait for Dr Ong to personally discuss your care with you himself, OR ask the registrar to liaise with Dr Ong to "get the right story".

I have been discharged from hospital after my emergency admission. What do I do now? Must I see my GP?

It is often helpful to see your GP to "touch base" and to debrief. GPs are helpful in explaining some aspects of your care which may have confused you. GPs can also contact Dr Ong to clarify certain aspects of your hospital care.

Dr Ong recommends you call his rooms (02 46290900) to make an appointment to see him for follow-up after you have been discharged from hospital. The appointment can be made 1-6 weeks following discharge.

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