

Preparing for Surgery



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Patient: The information presented in this booklet is based on current standards of practice. Consult your physician if you have questions or concerns.

What To Do First: Pre-surgical Screening

Your doctor has scheduled you for surgery. This booklet helps you prepare for your surgery and for your recovery at home. A nurse will perform a pre-surgery interview, either by phone or in person, depending on your surgeon's preference. The nurse will ask you about your health history and medications, review your preoperation instructions with you and answer any questions you might have. If you have not been scheduled for this phone interview, please call (509) 474-3190 to schedule one.

Preplan For Your Trip Home

The best time to plan for your care after discharge is before you enter the hospital. Discuss with your family or friends any needs you will have and how these needs will be met when you return home.

1. Many patients are advised not to drive for a time after surgery. Who will drive you home from the hospital? How will you get to the doctor or shop for groceries?
2. Can you stock your freezer with easy-to-prepare foods before your surgery? Will you need help with meals?
3. Will you need help bathing or showering?
4. Do you have stairs in your home that might cause a problem for you?
5. Can someone help you with household chores if you tire easily or cannot lift for a time?
6. Will you need someone to stay with you temporarily? Can you stay with a family member or friend for a time? **If you need help, but have no one available, let your doctor or nurse know.**

Inpatient discharge time is 11 a.m.

Instructions and Reminders:

1. **DO NOT** chew gum, eat hard candy, use cough drops or chew tobacco after midnight.
2. **DO NOT** eat solid food after midnight the night before surgery.
3. Some patients may have up to 8 oz. of clear liquids up to two hours before surgery (water, soft drinks, apple juice [no other juices], tea and coffee. No milk, cream, cream substitutes, lattes or cappuccinos). Verify with your doctor whether this is true for you.
4. The morning of surgery, take your usual medication, including pain medication, with a sip of water. However, **DO NOT** take *coumadin, aspirin or oral diabetic medications*.
5. **DO NOT** smoke the morning of surgery. Try to decrease or not smoke the day before surgery.
6. **Shower or bathe** and brush your teeth the morning of your surgical procedure. **DO NOT** wear make-up (especially mascara), perfume or hair products.
7. Leave all rings, jewelry (all piercings) and large sums of money, credit cards or other valuables at home.
8. If your insurance requires a co-payment, you will be asked for it at the time of admission. Bring your insurance card and photo ID.
9. Wear casual, loose-fitting clothing that can be folded for easy storage. Please limit your belongings to what can fit in one bag.
10. Valet parking is available for you and your escort. Valet parking is \$3 and no tips are accepted.
11. If you need transportation to the hospital for surgery, call **Northwest MedVan** at 473-6377.

Please Note:

- You may jeopardize your safety if instructions are not followed.
- Your operation may be canceled if these instructions are not followed.
- Anesthesiologists or physicians may modify the above guidelines based on the procedure, patient characteristics or clinical situation.

Day of Surgery

Please report to:

- Sacred Heart Surgery Center–Main floor, West Tower*
- Sacred Heart Doctors Building Day Surgery–5th floor*

on _____ at _____ a.m./p.m.

Your surgery is scheduled for _____ at _____ a.m./p.m.

*See map on back cover for appropriate area.

What to Expect

Admitting Unit

Your nurse will prepare you for surgery. A special plastic tube called an “IV” is placed in a vein in your hand or arm to give you medications and fluid during the time you cannot eat or drink. Before you go to surgery, you should remove eyeglasses or contact lenses, dentures, removable bridgework and all jewelry (including body piercings). Once you leave for the operating room, have your family or friends check in at the surgery waiting area. Volunteers are available to assist them while you are in surgery and recovery.

Surgery

Your surgeon and anesthesia provider will visit you before you are taken into the operating room.

- In the operating room, nurses help you onto the operating table.
- The anesthesia provider might give you medication through your IV.
- You might be sedated, have a portion of your body numbed or be asleep for your surgery. Your anesthesia provider will discuss the appropriate plan for your care with you.
- Nurses in a special unit called the Post-anesthesia Care Unit (PACU) care for you while you awaken from anesthesia.

The Post-Anesthesia Care Unit (PACU)

- Your nurse gives you medication to help manage your pain.
- Your blood pressure and dressings are checked often.
- Depending upon the type of surgery you have had, you may have some drainage tubes.
- Some people feel chilly after surgery. Let your nurse know if you want another blanket.
- You will hear others near you, as other patients are observed in the same large room.
- If you need to use a bedpan/urinal, just ask. We will provide for your privacy.
- The nurse will work with you to help manage your pain.

Inpatients:

1. After surgery, you will be in the PACU for 1–2 hours and then you will be admitted to your room on a surgical unit for continued care.
2. We suggest you bring the following into the hospital with you: slippers, robe, toothbrush/toothpaste, comb/brush, razor and other personal care items.
3. Family members may check with the nurses for instructions regarding where to wait to talk with the surgeon.

Outpatients:

1. If you have been given a sedating medication or anesthetic, you will **NOT** be allowed to drive yourself home after surgery. Please make arrangements for someone to drive you home.
2. Arrange for a capable adult to check on you after surgery and to be sure you can follow your post-op instructions.



Sacred Heart
Medical Center is a
smoke-free facility.

Information About Anesthesia

Your Role

You are an important member of the health care team, along with your doctors and nurses. After reading this information, please ask questions about anything you don't understand. You will have the opportunity to talk with an anesthesia provider during a visit before your surgery or on the day it takes place.

Types of Anesthesia

There are three main types of anesthesia:

- **General anesthesia**—You are unconscious and unaware of the surgery or other sensations. There are a number of general anesthetic drugs. Some are gases or vapors inhaled through a breathing mask or tube and others are medications introduced through a vein.
- **Regional anesthesia**—A medication is injected near a cluster of nerves to numb a part of your body that requires surgery. You may be awake or sedated (very drowsy). You do not see or feel the actual surgery take place. Regional anesthesia includes spinal blocks, epidural blocks and arm and leg blocks. An advantage of regional anesthesia is that it often provides some pain relief for a period of time after your surgery.
- **Local anesthesia**—You receive an injection into the skin to numb a specific area. Other medications may be given to make you drowsy.

You need to let your anesthesia provider know your wishes regarding anesthesia. He/she and your surgeon will decide the best anesthesia for you, allowing for your desires whenever possible. These options will be discussed with you before surgery.

The Anesthesia Team

Anesthesia is given by anesthesiologists and certified registered nurse anesthetists (registered nurses with specialized training in anesthesia). They will ensure your safety and comfort during your surgery.

- Anesthesiologists are physicians who have completed a residency program in anesthesia. They are in charge of your care during surgery and recovery. If any medical problems arise during your surgery, your anesthesiologist will diagnose and treat the problem.
- Certified registered nurse anesthetists (CRNAs) are nurses who have graduate education in anesthesia. Sacred Heart offers a training program for these nurse specialists and students who are receiving their clinical experience. They may be involved in your anesthesia, under the close supervision of anesthesiologists.

Before Surgery

Anesthesia and surgery affect your entire body, so it is important for those providing your anesthesia to know as much about you as possible. Before your surgery, you may be scheduled for a visit with an anesthesiologist to review your medical history and your physical condition. This visit might be scheduled by the nurse who performs your pre-surgery phone interview.

You should bring a *list* of all medications you take on a regular basis or have taken recently with you to the preoperative visit and/or on the day of your surgery. Include over-the-counter medications such as pain relievers, too. It is best to include the dose information from the medication label on your list. The dose is commonly shown in milligrams (mg). For example, “100 mg” stands for 100 milligrams. Do not bring the actual medications with you.

Sharing your detailed medical history and drug list with your anesthesia provider is very important. This information and the laboratory data from your tests is the basis upon which many anesthetic decisions are made.

Cigarettes and alcohol affect your body just as strongly and sometimes more than any of the medically prescribed drugs you may be taking. Because of their effects on your lungs, heart, liver and blood, cigarette or alcohol consumption can change the way an anesthetic drug will work during surgery. It is crucial to let your anesthesia provider know about your consumption of these substances.

This is also true for “street drugs”—marijuana, cocaine, amphetamines, etc. People are sometimes reluctant to discuss such things, but all conversations between you and your doctor and nurse are confidential. Your anesthesia provider’s only interest in this subject is to learn enough about your physical condition to provide you with the safest anesthesia possible. Honesty is the best—and safest—policy.

Your surgery and the types of anesthesia and their benefits and risks are explained to you during this visit. Laboratory tests and prescriptions for medications, if needed, are ordered.

If you haven’t met with your anesthesia provider before coming to the hospital for surgery, you will have that opportunity immediately before your surgery.

Risks and Benefits of Anesthesia

Your anesthesia provider will discuss the risks and benefits of different types of anesthesia. While uncommon, complications or side effects can occur. Based on this discussion, a decision is made about which anesthetic you will receive.

Be assured that during your surgery, you are carefully monitored and measures are taken to avoid any complications from the anesthesia.

During Surgery

Your anesthesia providers are responsible for your comfort and well-being before, during and after surgery. If you have medical conditions like diabetes, asthma, high blood pressure, arthritis or a heart condition, your anesthesia providers are well prepared to monitor and treat these during surgery and after.

After Surgery

Your anesthesiologist is responsible for your care in the recovery room, (the PACU). Specially-trained registered nurses monitor your condition and vital signs as the anesthesia wears off. It is important to let your nurse know if you are having post-operative pain (using the 1-10 scale) so you can receive medication to control your pain.

Important Things To Remember

Notify your surgeon of any change in your health, such as a cold, flu, bronchitis or an infection of any kind that develops before you come for surgery. Your surgeon may decide to delay your surgery until after you have recovered.

Many people worry about anesthesia and surgery. If you know what to expect, you may be more relaxed. Talk with your anesthesiologist and CRNA. Ask questions about any concerns you have.

Billing

You will receive a bill from both Sacred Heart and your anesthesiologist. The bill from the Medical Center includes the charges for the CRNA, the operating and recovery rooms, medications and equipment used. The bill from your anesthesiologist covers his or her professional services just as any other physician involved in your care at the hospital.

If you have questions or concerns about finances, the business office at the Medical Center can help.

Understanding Pain

What is pain?

Pain is a sensation that hurts. It may cause discomfort, distress or agony. Whether it is steady or throbbing, stabbing, aching or pinching, only you can describe it or define it. **If you think you are in pain, you are in pain.**

Pain Management Goal

Pain can be managed! You can manage pain before it controls you.

Communicate

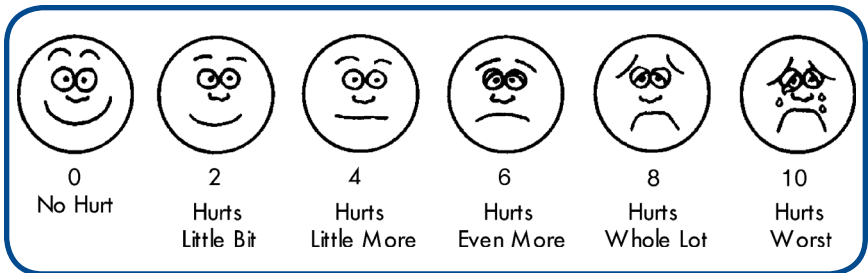
If you hurt, say so! Pain management requires good communication. Never assume physicians or nurses know you are in pain. Report any new pain or changes in your pain.

If You Have Chronic Pain

If you have chronic pain and take pain medications at home, please inform your nurse, anesthesiologist and surgeon. You may need a different pain management plan to deal with your pain after surgery.

Use a Pain Scale

Help others understand by rating your pain on a scale of 0 to 10. If "0" is no pain and "10" is excruciating pain, what number would you give your pain?



© Wong-Baker FACES Pain Rating Scale

In Your Room

Your nurses continue to check your blood pressure, dressings and tubes. This is **routine**; it does **not** mean that anything is wrong.

Feel Better and Recover Faster

Because activity helps your strength return, your nurse helps you to turn, sit up and get out of bed very soon after surgery. Activity also helps prevent complications such as blood clots and pneumonia.

Exercises To Do in Bed

(unless otherwise directed by your physician or nurse)

To improve circulation and prevent blood clots in your legs, perform the following exercises every two hours while you are in bed:

- With heels resting on the bed, point your toes toward the wall, then point them toward the ceiling.
- Make circles with your feet by rotating each foot in all directions.



Walking

Walking is good for you, but remember to start slowly! Use pain medication as needed so you can move more easily.

- For your safety, allow your nurse to assist you the first few times you get up; medications can affect your balance.
- Everyone is weak after surgery. Plan to go only as far as you can walk AND still walk back to your room.
- Stand erect, eyes ahead; don't look down.

Take Care of Your Lungs

Inactivity and anesthesia increase the risk of pneumonia. Smoking is also very bad for your lungs, especially after surgery. The following steps will help prevent breathing problems and speed recovery.

- **DON'T SMOKE!**
- Breathe deeply.
- Every hour or so:
 - Take several slow, deep breaths to fill the bottom of your lungs.
 - Then, support abdominal or chest incisions with a pillow while you **COUGH.**
- It is important to use your pain medication so you will be able to cough forcefully and breathe deeply.

Things Other Patients Tell Us They Wish They Had Known

“I was afraid my incision would come open.”

You don't need to worry about your incision. Your stitches will support your wound. Let your nurse show you how to get up and move without straining.

“I didn't want to use pain medicine. I was afraid I might get addicted.”

Addiction almost never occurs in the few days pain medications are used after surgery. Studies show that patients who prevent pain by using regular, small doses of medication need *less* medicine than those who try to “tough it out.” So take your pain medicine! It is important to your recovery that you are comfortable.

“I was afraid to move. I thought moving would make my drain tubes fall out!”

Even if you have a drain tube after surgery, it is **alright** for you to move and to get out of bed. Your nurse will show you how.

“I didn't know I might have trouble urinating after surgery.”

Not everyone has trouble urinating after an operation, but some people do. Surgery is stressful and some medications make it harder for you to urinate. This is usually a **temporary** problem. Tell your nurse so he/she can help!

“I was weak after surgery. I thought something else was wrong with me!”

Everyone feels weak after surgery. Your body is working very hard to heal itself. Activity can help your strength gradually return. Do a little more each day without overdoing it. Rest is important, too.

“I was embarrassed when they asked me if I was passing gas. I was raised to be discreet about such things.”

Embarrassing or not, passing gas is a good sign after surgery. It means that it is okay for your doctor to allow you to eat.

Your nurse will also ask you about bowel movements. Constipation is common after surgery because you are not as active as usual. Pain medicines can also cause constipation, so be sure to take stool softeners as directed.

Advance Directives

By federal law, hospitals must document if you have an Advance Directive and offer you information about them. Advance Directives are legal documents that allow you to state your choices for health care and to name someone to speak in your behalf if you become unable to express your wishes.

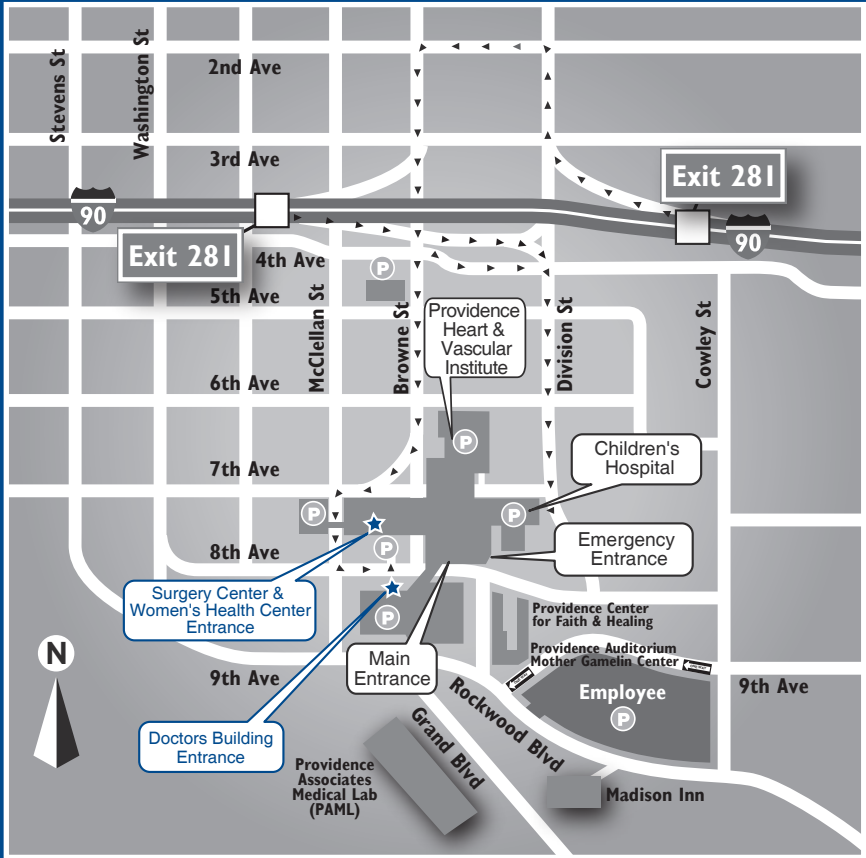
What choices do you have?

You have an Advance Directive—We would like to have a copy to put in your chart. If you do not have it with you now, your family may bring it later. You can tell us generally what your Advance Directive says and we will document your wishes in your chart. (If you already have given us one on a previous visit, let us know and we will add it to your current chart.)

You do not have Advance Directives, but are interested in knowing more—You may even wish to complete one. Let us know; we have forms available and experts who can help answer questions.

You do not have Advance Directives and you do not wish to think about or deal with it now—This is all right too; just tell our staff your wish.

Thank you for reading and understanding this requirement. This is a sensitive topic with many important choices. Please ask us if you need more information or just wish to talk about Advance Directives.



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