



PREPARING FOR YOUR SURGERY

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Our Goal is to Provide You with **Excellent Care**

- This booklet will help you better understand what to expect during your surgery and recovery.
- If your doctor’s instructions are different from those described in this book, be sure to talk with your nurse or doctor **before** you leave your preoperative visit.
- It is important that you understand your home care instructions, prior to having surgery.
- Use the note pages to write down questions for your nurse or doctor.

A Special Note from Our Staff to You

Please do not hesitate to ask any questions or express your concerns to our staff as you are preparing for surgery. Our staff is happy to answer your questions and offer any encouragement, reassurance and support you need throughout your surgery experience.

I. Your Surgery Information

Contact Information:

Patient’s Name _____

Primary Care Doctor _____ Phone Number _____

Surgeon’s Name _____ Phone Number _____

Preoperative Visit Appointment

Location _____ Date _____ Time _____

Day of Surgery

Location _____ Citizens Memorial Hospital report to the Radiology Department

_____ Kerry & Synda Douglas Medical Office Building- Ambulatory Care Center (Suite 1A)

Date _____ Time of Arrival _____ (call the day before to confirm)

Procedure _____

Postoperative Appointment

Location _____ Date _____ Time _____

This guide will be useful during each of your hospital visits. Please bring it with you.

Notes:

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II. Your Preoperative Visit/Call

The preoperative visit provides the opportunity for you to visit with a nurse about preparing for your surgery. The RN will update your medical information in the Electronic Medical Record (EMR). Please bring a complete list of medications you take at home with you on the day of your pre-op visit. Your history will be reviewed and any preoperative tests (lab tests, EKG, urine analysis, etc.) will be completed as indicated by your surgeon and the anesthesia provider. The consents required for your surgery will be reviewed and signed. Medical records may be requested from your primary physician and/or specialist. Based on your past medical history a medical clearance may be requested from your primary care physician or a specialty physician. All the information obtained for your surgery record will be kept confidential. You may eat and drink normally on the day of your preoperative teaching visit. Some surgeries don't require a face to face preoperative visit in this instance a nurse will call to obtain the necessary information over the phone to prepare your record for the day of your surgery.

What Should I Bring to My Preoperative Visit?

Make a list of any questions you have concerning your surgery. Bring it with you. Our staff will be happy to obtain the answers to any and all of your questions.

- Your medications or a list of current medications including the dose and when you take them (Include all over the counter/vitamins/herbs/aspirin/inhalers).
- The name and phone number of any institution in which you have had any recent blood tests, EKGs, stress tests, chest X-rays, etc.
- If you have recently seen your cardiologist, a letter regarding your cardiac status and copies of any current test results. Please bring the name and phone number of your physician.
- Implant information, cards for such devices as a pacemaker or a defibrillator.
- All current insurance cards.
- Your advanced directive or living will if you want it placed in your hospital record.
- If applicable, the paperwork showing power of attorney, guardianship, or adoption for the patient. Consents will be obtained at this visit, the guardian or responsible person should be present or we need information on how to contact them to obtain consent.

Important Preoperative Instructions

You will be given a Preoperative Instruction Sheet with important guidelines to follow as you prepare for your surgery. Keep these instructions where you will be able to refer to them. We recommend that you review these instructions one-two days before surgery to ensure instructions are followed properly. They are for your safety and will help prevent circumstances that could require your procedure to be canceled on the day of surgery.

Medicines to Discontinue Before Surgery

Please tell your surgeon about any medication you are taking for any reason including prescription drugs, over the counter medication, and/or herbal supplements.

Typically you will be asked to stop taking certain medications at least one week before surgery because certain drugs and herbs can increase your risk of bleeding and affect how well you will heal.

If you are taking blood thinners, be sure to talk with your physician regarding special instructions for stopping these medications before surgery and when to restart them afterwards.

Phentermine must be stopped two weeks prior to surgery; this medication when combined with medication given by anesthesia can cause irreversible hypotension.

III. Day of Your Surgery

CHECKING IN:

On the day of your surgery, you will check in at the Ambulatory Care Center located inside the Kerry and Synda Douglas Medical Office Building or Main Registration at the Hospital located inside the Radiology Department as instructed. This time could be as early as 6 a.m. Plan your travel accordingly. Our goal is to minimize your wait time between being ready and beginning your surgery. You will be instructed to arrive one-two hours prior to the anticipated start time of your surgery. Emergencies and procedures requiring additional time for completion could contribute to the delays in our surgery schedule. In the event of a delay, our staff will keep you, your family and friends informed. If you are required to go to a holding area until your surgery can begin, our staff will help make arrangements for a family member or friend to be with you while you wait.

Preoperative Area/Before Surgery

After you have completed registration, you will be brought to the preoperative area. Your family and friends will remain in the waiting room while our preoperative staff helps you get ready for surgery. You will change from your clothing into hospital garments. You may receive medications by mouth to reduce the risk of nausea and vomiting post-operatively. An IV is started to provide you with the fluids and medication required before, during and after surgery. The only exception will be for pediatric patients: An adult may accompany the child until he or she is taken to the operating room.

When it is time to begin your surgery, you will be taken to the operating room in a wheelchair or on a stretcher by our surgical staff. Your family and friends will be directed to a surgery waiting room. A nurse, an anesthesia provider, and other clinical providers will interview you and perform a short physical examination. You will be asked many questions and you will find that each team member may ask some of the same questions. Repetition of some questions is an important part of the precautions we take to ensure that your surgery is performed accurately and safely. At this time you will sign various consents for surgery, anesthesia, and blood products if you have not done so already. They will also answer any questions you have concerning your care and procedures to be performed.

IN THE OPERATING ROOM:

After speaking with the Anesthesia staff and surgeon, you will be taken to the surgery room. Our staff will assist you onto a surgery bed and help you get properly positioned for your surgery. You will be placed on monitors to measure your heart rate, blood pressure, respirations, and oxygen levels throughout your surgical procedure.

Anesthesia

You will meet with our Anesthesia staff before you enter the Surgery Department. At this time, they will discuss any questions concerning your health history and perform a short physical exam. They will speak with you about your anesthesia options and answer any questions that you might have about your anesthesia. If you receive general anesthesia, you will be asked to take deep breaths of oxygen using a mask that fits over your nose and mouth. Medications will then be injected into your IV so that you enter into an unconscious state. If you receive a regional or local anesthetic, you may receive oxygen from a nasal canula (a small plastic tube fitting just inside your nose). The administration of oxygen assures that you remain well oxygenated during general anesthesia or IV sedation. Your surgery can be performed under one of four types of anesthesia.

If you have been placed on antibiotics within two weeks of your surgery date, your surgery will be cancelled.

Please notify your surgeon or the pre-op nurse of this.

- **General anesthesia** affects the entire body. You are in a totally unconscious (unaware) state. This is achieved using IV medications, inhalation anesthesia (gas), a breathing tube, and a ventilator. Techniques that support your breathing may also be used.
- **Regional anesthesia** also known as a nerve block, epidural or spinal, involves an injection that will numb specific areas of the body. This may be the lower limbs, part of the torso, or only an arm or leg. There is a temporary loss of feeling and/or movement. This involves an injection of local anesthetic and may include IV medications. Spinals and epidurals are examples of regional anesthetics. You will be able to hear activities and conversation in the room. You should not experience any pain or discomfort.
- **Local anesthesia** affects only the immediate area that is to be operated on and provides loss of pain sensation over the area where surgery will be performed. This involves an injection of local anesthetic and possibly IV medications. You will be able to hear activities and conversation in the room. You should not experience any pain or discomfort.
- **Monitored Anesthesia** consists of local injections as well as medications to make you drowsy. You will be able to communicate during this type of anesthesia.

RECOVERY IN THE POST ANESTHESIA CARE UNIT (PACU):

After surgery, you may go to the Recovery Room. The nurse in the Recovery Room will monitor you closely as you are recovering from your surgical experience and anesthesia. The nurse may give you medications for nausea or pain relief through your IV. It is important for you to tell the nurse when you are experiencing any pain or nausea after your surgery. Staff may place sequential compression devices (SCDs) on your legs in the operating room. These devices inflate with air every few seconds. This increases blood flow to help prevent blood clots. The PACU is a very busy area and it is important to maintain confidentiality and safety. Your family will be updated on your condition and will be allowed in the PACU at the ASC prior to discharge to discuss discharge instructions. You will need someone to remain with you for 24 hours after surgery if you are discharge home.

You must meet the following **Criteria for Discharge** before going home:

- Your blood pressure, pulse, respirations, and oxygen level remains stable.
- You are able to tolerate small amounts of clear liquids.
- You may be required to urinate depending on the type of surgery you had and your surgeon's preferences.
- Your pain after surgery is **controlled** by oral medications. Your pain most likely will not be completely gone, and you will be sleepy. Our goal is to make you as comfortable as possible.

The nursing staff will help you make arrangements for your follow up appointment with your surgeon. New prescriptions will be sent to your pharmacy electronically or a printed prescription will be given to you.

Our postoperative care staff will also provide you with a discharge instruction sheet. They will review these discharge instructions with you and the responsible adult that is with you before you are discharged. Due to the medications that you have received, you will probably not remember the instructions. That is why it is important to have a responsible adult available to receive these instructions with you. These instructions outline your medications, diet, level of activity, and any wound care that will be required following your surgery. They give guidelines about what signs and symptoms should be reported to your surgeon after your surgery. Your discharge instructions will include your follow-up appointment date and time. After you have been discharged, you may receive a phone call from one of our staff to follow up on your surgical experience and see if you have any questions or concerns we can address.

If you will be discharged from the hospital at a later date than your surgery you will need an adult to accompany you home. We recommend you arrange this prior to your admission.

Please note that **inpatient discharge time is 11 a.m.**

You will not be able to drive a car, operate electrical equipment, make important decisions, return to work, or drink alcoholic beverages for at least 24 hours after your surgery. The anesthetic you received stays in your system for 24 hours and the pain relief medications contribute to drowsiness and disorientation as well as alter your ability to make decisions. Arrange to have a responsible adult available to **remain** at the hospital with you while you are in surgery, **drive** you home at the time of discharge and **stay with you** the first 24 hours after surgery.

IV. Pain Management

CMH is committed to recognizing and treating your pain using medication and other treatments that will provide the best level of relief. The staff will strive to get you as comfortable as possible, but that does not mean that you will be pain free. The goal is to make your pain tolerable and at a level that you are comfortable with. This is not only for your comfort, but pain relief also has been shown to reduce postoperative complications. As the patient, you have valuable information to give the staff regarding your pain. Remember that you know your pain best. It is normal to experience some pain and discomfort post-operatively. CMH uses a Pain Scale of 0-10 when evaluating pain after surgery and the extent to which pain is being controlled. We encourage our patients to report their pain before it reaches the upper limits of the pain scale. The nurses and doctors will ask questions about intensity (how strong), location, and the type (throbbing, burning, aching, etc.) of pain you may be experiencing. We often ask you to rate the intensity of pain using a pain scale. The pain scale is used in evaluating the pain and also the effectiveness of pain medications or treatments.

Always tell your doctor, nurse, or other staff member when you are having pain. Do not be afraid to ask for pain medicine. Medication is more effective if it is given while your pain level is in the small to moderate range (3-6 on a scale of 0-10). At these levels, smaller doses of medication achieve pain management over a shorter period of time. Your doctor may prescribe you a prescription medication or instruct you to take over the counter medication to manage your pain once you go home. You may benefit by taking your pain relief medication as often as your doctor's order allows during the first 24-48 hours after your surgery. Good control of your pain allows you to conserve energy, get adequate rest, minimize stress and enhance oxygenation and circulation to the tissues affected by the surgery, which promotes healing.

In addition to standard therapies for pain “injection, infusion, pills, etc.” there are other methods that can assist in the relief of pain that don’t involve medicines at all such as:

- Hot or cold packs;
- Rest;
- Relaxation techniques and deep breathing exercises;
- Proper positioning in the bed or chair; and
- Distraction techniques such as music, television, and visitors.

No matter which pain management therapy you use, remember some important facts:

- Discuss pain management therapy with your health care providers. Let them know your allergies, previous experience with pain medications, other medications you are taking and your health history.
- Tell the staff how strong or severe that your pain is. Let them know what makes it better and what makes it worse.
- Ask for pain medication when you need it or before doing an activity that may cause pain. Don’t wait until the pain is too strong or out of control.
- Give the pain medication time to work. Ask the staff when you can expect to feel some relief from the pain.
- Use rest, deep breathing and other non-drug pain treatments to help your pain.
- Tell the staff how you are feeling. Let them know the effectiveness of the pain management therapy. Tell them if you are experiencing any unexpected or unwanted effects from your pain management therapy.

V. Planning for Discharge & Continued Care after Your Surgery

Due to anesthesia, most patients do not remember what their surgeon discusses with them following their surgery. With your permission, the surgeon will speak with your family following your surgery. Your surgeon will discuss your surgery and answer any questions you have concerning your surgery at the time of your follow up appointment. If you have questions or concerns prior to the follow up appointment with your surgeon, you may contact the surgeon’s office.

Recovery After Discharge/After You Have Left the Hospital

- Contact your surgeon if you have any questions about your discharge instructions.
- Make sure you go to your scheduled follow up appointment at your surgeon’s office. They will evaluate your incision and adjust your pain medications if needed.
- Take things slowly until your surgeon says you can resume your usual routine.
- Keep the wound clean and dry.
- Follow your surgeon’s instructions as to when you can swim or take a tub bath.
- Infection is always a concern. If your incision becomes red, hot or swollen or drains, or if you experience a temperature greater than 101 degrees, please call your surgeon’s office immediately.
- Should any difficulties arise following your discharge, call your surgeon immediately. If your surgeon is not available go directly to the Emergency Room.
- Your physician may want you to use an ice pack. It is important that you do not use it longer than 20 minutes at a time, and it should never directly touch your skin.
- Your physician may want you to elevate your operative extremity to prevent swelling, follow specific discharge instructions.

VI. Reducing your Risks for Complications after Surgery

If You Smoke

It is strongly advised that you decrease the amount you smoke or stop smoking completely. It is a well-documented scientific fact that smoking causes a delay in healing and increased the chance of infection after surgery. (Smoking increases your risk for infection by up to 50%). Not smoking for four weeks reduces that risk. For this reason you should make every effort to stop smoking before and after surgery. It is in the interest of your continued good health to quit smoking entirely. Additionally, inhalation of smoke irritates the breathing passages and may lead to respiratory problems during and after surgery. CMH offers smoking cessation programs and if you are interested in these you may contact our Cardiac Rehabilitation Department at 417-328-6574.

Alcohol/Drug Use

It is important that you provide the staff with an accurate description of your alcohol/illegal drug intake prior to your surgery so your medications can be adjusted appropriately. It is best to try to cut down or limit your alcohol intake during the days prior to your surgery as significant alcohol consumption can affect your postoperative recovery. Illegal drugs can cause deadly cardiac rhythms, it is very important to share this information with your nurse, anesthesiologist and physician.

Preventing Respiratory Infections and Pneumonia after Surgery

Following surgery, it is recommended that you take deep breaths and cough at regular intervals. This will help to expand the lungs and keep any mucous or phlegm from remaining in your airway causing respiratory infections or pneumonia. A cycle of 10 slow, deep breaths followed by a strong cough to break loose any mucous or phlegm from your airway every two hours while you are awake is recommended for four to five days after your surgery. In the case of abdominal surgeries, pain in the abdomen may make it difficult to tolerate deep breathing and coughing effectively. It will help to elevate your head, support your back, elevate your legs slightly and support your abdomen with a pillow. If your pain relief medication is due, you may want to take it about 20 to 30 minutes before initiating deep breathing and coughing.

Preventing Wound Infections

Frequent and thorough hand washing is the single most effective way to prevent the spread of illness. Wash or sanitize your hands often and encourage your visitors to do the same. Ask your caregivers if they have washed their hands before contact with you.

Things you could do to prevent infection:

1. Wash your hands -- Before performing wound care or changing your dressing, After using the toilet, Blowing your nose, Coughing and Sneezing, and Whenever they are dirty.
2. Make sure you have clean bed linen.
3. Change your clothing daily or when soiled.
4. Avoid having close contact with animals (including house pets).
5. If you are prescribed an antibiotic -- take it as directed.
6. If you have diabetes -- High blood sugar is associated with risks for poorer wound healing and increased susceptibility to infection. Proper management of your diabetes is necessary for wound healing. It is recommended that you monitor your glucose according to your pre-surgical routine. If your glucose is uncontrolled >250 contact your surgeon and the physician that manages your diabetes.

Prevention of Blood Clots after Surgery

When you are awake and able, paced activity such as short walks and sitting up in a chair with knees level or slightly lower than your hips for 20 to 30 minute intervals can help prevent the formation of blood clots. Short walks could include ambulating to the bathroom, kitchen, or other areas inside your home. While resting in bed or sitting in a recliner, there are simple exercises you can do to increase the circulation in your legs. Alternate pointing your toes toward your nose and extending them, draw large circles using your ankles. This enhances the blood return from your legs to your heart preventing pooling of blood in your legs and the formation of blood clots in the deep veins of your legs. Your physician may order the use of knee or thigh high length TED hose (stockings) to help with circulation in your legs after surgery. Be sure to follow the instructions you are given on how long to wear these stockings each day. TED hose may be removed 30 minutes during the day for washing of the feet and legs. Wash hose by hand in warm soapy water, then rinse and hang to dry.

Risk of Constipation

Constipation after surgery is a common occurrence, especially when taking pain medication. Depending on the type of surgery you have and post-operative medications may increase your risk for constipation. There are a few things you can do to reduce your risk. Drink plenty of water (8-10) 8 oz glasses daily, vary your diet by eating easily digested proteins, (steamed vegetables, and fresh fruit), and stay active, take several short walks throughout the day. If you experience nausea/vomiting, diarrhea, or severe abdominal pain notify your surgeon immediately. Your surgeon may recommend an over-the-counter stool softener, write a prescription medication, or want to schedule an appointment.

VII. Helpful Tips While Planning for Your Surgery

Take the time to plan for your care after surgery. Make a list of whom and what will be needed to assist you. Include a list of who will be available to drive you home from the hospital and assist you with travel to and from follow up appointments. Your list should also include plans for home care, meals, and rehabilitation after discharge.

Meals

You may want to prepare meals ahead of time to have available after surgery. Consult your surgeon for any special dietary restrictions you may have after surgery. It may be a good idea to freeze the prepared food in containers that can be easily transferred from the freezer to the microwave.

Furniture

Pick a comfortable moderate height chair or sofa to sit on. Sofas or chairs that are too low can cause problems of needing to bend too much to get into them or too much strain while getting up. Your knees should be level or slightly lower than your hips when seated. Foam cushions may be used on chairs and sofas that are too low in order to achieve the proper height. Sturdy recliners that are the proper height are good chairs to use at home.

Getting Comfortable

Make sure the things you need such as a telephone, TV remote control, newspaper, magazines, books, writing tablet, etc. are easily within your reach. You may want to place a small table for these items near the chair or sofa where you will be sitting after surgery.

Household Pets

If you have indoor or outdoor pets, please be sure that someone will be available to help care for them. You will need assistance with their care while recovering from surgery and/or using a walker, cane or crutches. Consider the safety factor of functioning in home with an indoor pet. Remember you will always want a clear pathway and your balance may be impaired if your pet gets under your feet. Please don't sleep with your pets.

Clothing and Bedding

Most patients use hospital garments the first day or two after their surgery. If you prefer bringing your own clothes, be sure that they are comfortable and loose fitting. They should allow easy access to the operative site so that your physician and the nurses can check and make sure that there are no problems developing after your surgery. Shorts are a popular item for Physical Therapy sessions. Avoid gowns or any other clothing made of nylon. Nylon tends to make people perspire and become uncomfortable when in bed for any length of time. Please make sure that all of your bedding has been changed prior to getting in bed after surgery. It is a necessity that you wear clean clothes and have clean bedding.

Packing for the Hospital

Our advice at CMH is to pack lightly for your surgery. If you will be staying in the hospital, CMH supplies you with a hospital garment, non-skid foot wear, and a small personal hygiene pack with toothbrush, toothpaste, tissue, soap and a comb.

Footwear

Any closed back flat shoe or slipper with a non-skid sole is appropriate for the postoperative period. Tennis shoes are ideal and inexpensive.

Toiletries

If you prefer your own deodorant, brushes, tooth brushes, etc., you may bring them to the hospital with you as desired.

Jewelry and Valuables

It is best to leave your jewelry and items of importance at home. This eliminates the risk of them being lost while you are in the hospital. **Jewelry is not allowed in surgery.** Jewelry is removed to prevent burns from arcing with electrical equipment in surgery and to prevent infections. Jewelry can be a possible source of contamination. A stud from a pierce tongue could be in the way while a tube is being placed in your airway to provide your body with oxygen it needs when a general anesthetic is administered. There is also a risk of the stud from a pierced tongue becoming dislodged entering your airway.

Medication and Equipment from Home

Bring any medication the pre-op nurse has instructed you to bring with you to the hospital on the day of your surgery including any inhalers you use. You should also bring any special equipment you use at home such as a C-Pap machine for sleep apnea, a wheelchair, walker, cane, or crutches etc. to be available if needed.

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