

**Before
and After
Your
Surgery**

RiverView Health



All Surgical Patients Helpful Reminders

You are scheduled for surgery on:

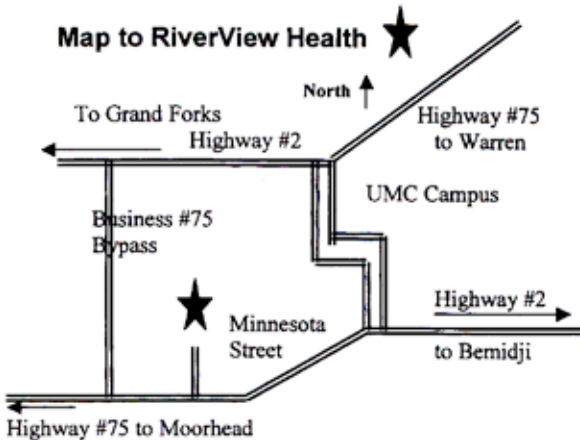
Please arrive at the hospital at _____

Your doctor is _____

His/Her phone number is _____

His/Her special instructions for your surgery day are:

His/Her medication instructions:



Please Read

1. Please read this booklet thoroughly and share it with your family or other persons who will be with you the day of surgery.
2. Please bring the following items with you to the hospital the day of surgery:
 - Insurance cards/Medicare cards/Medicaid cards/Social Security cards
 - Any medical test results you have at home
 - Something to store contact lens or glasses in
 - A favorite toy or blanket if your child is having surgery
 - Devices used to assist your breathing while sleeping
3. A nurse from RiverView's surgery department will call you prior to your surgery. If no one has called you by the afternoon before your procedure, please call 218-281-9280 or 1-800-743-6551 ext. 280 weekdays until 4 p.m. Evenings, weekends and holidays call 218-281-9450 or 1-800-743-6551 ext. 450.

Preparing for Your Surgery

Being informed and prepared for your surgery is important in helping you recover quickly. We hope that through reading this booklet, you will gain information that will help you know what to expect as a surgical patient.

Your Admission

Arrive at RiverView Health the day of surgery at your scheduled arrival time. Register for your surgery at the admissions desk, which is located at the hospital main entrance. This is the south entrance to the hospital. The person bringing you to the hospital may park in the south parking lot. (See map for directions to hospital on page 1).



Family/Visitor Information

Your family and friends are welcome to be with you during your hospital stay. A surgical family room is located on the first floor near the O.R. Department. Following your surgery, your physician will visit with your family in an adjacent room, unless you are told otherwise. Your visitors are welcome to dine in our hospital cafeteria that is located on the hospital's first floor. Coffee and tea are provided in the waiting room. Smoking and other tobacco products are not permitted on hospital property in consideration of everyone's health. We thank you and your family for supporting this effort to keep our environment clean.



Same Day Surgery Patients Home Preparations

1. DO NOT eat or drink anything (including water, coffee, tea, juice or pop) or suck on candy or chew gum after midnight before your surgery. Not following these directions could mean that your surgery would have to be canceled.
2. Call your doctor or RiverView Health at 218-281-9450 or 1-800-743-6551 ext. 450, if you get a fever, cold, cough, or sore throat any time before you are scheduled for surgery.
3. Take heart, blood pressure or anti-seizure medications as you normally do on your surgery day.
4. If you smoke, stop smoking 24 hours before surgery.
5. Shower or bathe the evening and/or morning before surgery, making sure the surgery site is very clean. Do not use lotion or powder after bathing. Do not use deodorant if surgery is on chest or upper arm.
6. Remove all makeup, nail polish, and hair pins before your admission.
7. Leave all items, such as cash, jewelry, credit cards, and other valuables at home. This includes wedding rings. Rings that can't be removed will be taped.
8. Make arrangements for an adult to drive you home after surgery. If you ride home in a taxi, another adult must accompany you.
9. Wear loose casual clothes and low-heeled shoes.
10. Do not bring small children with you.

The Day of Surgery

1. After you are admitted to the hospital, you will be asked to sign a form giving permission for the surgery or examination, if you have not already done so during a clinic visit.
2. You will change into a hospital gown and an identification bracelet will be put on your wrist.
3. Your blood pressure, pulse, temperature, respirations, height, and weight will be recorded. The nurse will ask you important questions about your health history, allergies, and medications.
4. Other preparations may include cleansing the area where surgery will be performed and starting an IV line for fluids and medications.
5. You or a designated family member will be asked to verify each surgical site in the presence of a nurse and marked appropriately. (eg. left or right foot)



Safety in the Operating Room

You play an important role

We are committed to making surgery safe for every patient, every time. This means making sure that the right surgery is done at the right place on the right person. If you are having surgery, here are some things you can do to help us make sure your surgery is done safely.

Many people make up your surgery team. You are a member of this team as well. It is very important that you speak up if something doesn't seem right.

Timing of Step	What we do	What you can do
Before your surgery	Informed consent form this is the document you sign which says the name of the procedure and the risks related to it.	Read the form carefully. Make sure the type of surgery listed is correct.
	Double checking - We may ask you the same questions many times. We may ask your name, the kind of surgery you're having and the place on your body where the surgery will be done.	Answer the questions every time. This is an important safety step. Speak up if anything doesn't seem right.

Timing of Step	What we do	What you can do
	<p>Marking the surgical site - In Minnesota, surgeons sign their initials with a marker on the surgical site (the place on your body where the surgery will be done). This is an important step for any surgery where there is a risk of operating on the wrong part of the body.</p>	<p>Make sure that the correct site is marked.</p>
<p>In the operating room</p>	<p>“Time out” - In the operating room, before beginning the surgery, the entire surgery team pauses. The team reviews the patient’s name, procedure, and surgical site. You might not be awake when this step happens.</p>	<p>If you are awake, listen carefully to what is said. Speak up if anything doesn’t seem right.</p>

Anesthesia

You will meet your nurse anesthetist before you are taken to the operating room. You will be asked about your recent health history, chronic medical conditions, prescriptions, and over the counter medications you may be taking, allergies, past experience with anesthesia, your use of alcohol, tobacco, or illegal drugs. (What you say in a medical interview is confidential. Be honest about your habits for your safety's sake.)

Your nurse anesthetist will explain the type of anesthesia you will have. For a description of the different kinds of anesthesia, read the section **Anesthesia** in this booklet.

During Surgery

The operating room will be brightly lit. In the operating room you may notice some noise and activity. Monitors will be placed on your upper body. These will monitor your blood pressure, heart rate and breathing rate. All these procedures are routine. You will be covered with warm blankets. Ask for more warm blankets if you are cold.



After Surgery

After your surgery you will be taken to either the recovery room (PACU) or the outpatient surgery area where nurses will observe and care for you. You will be observed closely while you recover from the medications or anesthesia that you were given in surgery.

The recovery room is located adjacent to the operating room. No visitors are allowed in the recovery room, but family members will be notified when you arrive in the PACU.

You will probably stay in the recovery room one to two hours, depending on the type of surgery and type of anesthesia you have had.

You may receive oxygen through a mask while you are waking up. The recovery room nurse will ask you to take deep breaths to help rid your body of the anesthesia. You will be given warm blankets, because it is not unusual to feel cold while you are waking up after surgery.

A recovery room nurse will always be with you. The nurse will be checking your blood pressure, pulse, and temperature regularly. The recovery room nurse will try to make you as comfortable as possible. Medication, which has been ordered by your doctor, will be given for any discomfort you might have.

When you are awake and ready to be moved, the recovery room nurse will transfer you on a transfer cart to either 3rd floor or to the outpatient surgery department.

Pain Management

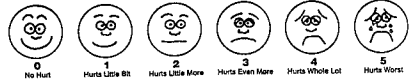
Pain relief is an important part of your healthcare. There are treatments and medicines that work well in controlling pain, but your doctor or nurse cannot help unless you tell them about the pain.

Before your surgery, discuss with your doctor and nurses, past experiences, beliefs about, and preferences for pain assessment management. Ask your doctor about what type of pain to expect. You may be asked to describe your pain, where it's located, how long it lasts, what makes it better or worse, and if it affects activities of daily living. Doctors and nurses should not only be informed about postoperative pain, but should be informed of chronic painful conditions. It is not practical or desirable to eliminate all post-operative pain, but techniques now available make pain reduction to acceptable levels, a realistic goal.

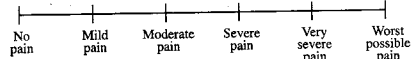
Doctor's and nurses have different ways to measure pain. One way is to simply describe the pain. It is important to honestly report your pain, neither exaggerating nor minimizing the pain. Your reports of pain are the most important indicator of it's existence, intensity and resultant distress.

Pain intensity scales are useful tools to help communicate pain intensity and guide treatment.

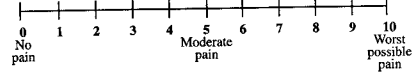
Wong-Baker FACES Pain Rating Scale



Simple Descriptive Pain Intensity Scale¹



0-10 Numeric Pain Intensity Scale¹



Management options include drug and non-drug therapies. Medications may be administered by mouth, IV, PCA (patient controlled analgesia), injection, spinal analgesia, etc. Non-drug therapies include, but are not limited to: music, activity, relaxation, imagery, positioning, splinting, breathing techniques, massage, cold, heat, distraction.

Pain management can be most effective when drug and non-drug therapies are used together. Communication between you and your doctors and nurses is very important in order to successfully control pain.

If you are going to be admitted to the hospital, you will be taken to the Medical/Surgical/Pediatrics Department on 3rd floor of the hospital where your care will continue until you are discharged.

If you are going home the same day as your surgery, you will remain in the outpatient surgery department on the first floor until you are ready to be discharged. You will be given home care instructions, necessary medications and a follow up appointment at this time.

Length of Hospital Stay

How long you stay in the hospital following your surgery will depend on several factors; the type of surgery, how long your surgery lasts, and the kind of anesthesia or medication you are given. Generally you can expect to stay in the hospital 2-4 hours after your surgery is finished.

If unexpected problems occur during your surgery, your doctor may recommend that you be admitted to the hospital. You and your family will be informed of this, if this recommendation is made.

Going Home

When you are ready to leave the hospital, you may still feel a little drowsy. Be sure to have an adult available to drive you home.

Before you leave, a nurse will give written instructions on what to do when you go home. If possible, have the person who will help care for you hear the instructions too.

The anesthesia and medications you've received may affect your ability to do normal daily activities. They may make you feel dizzy, sleepy, light headed, or have decreased coordination.

It is important to follow these instructions for 24-48 hours after your surgery.

- Do not make important decisions. Your ability to think clearly may be impaired because of the anesthesia or medications you received.
- Do not work with machinery or power tools.
- Do not drink alcohol.
- Do not drive.
- Use stairs with caution.

Keep in mind that same day surgery does not mean same day recovery.

Recovering at Home

Your recovery will continue at home. For the first day or two, have someone around who can help you and watch for problems. Make sure this person knows what your home care instructions are.

Incision Care

If you leave the hospital with a bandage or dressing, the nurse will tell you when the doctor wants it removed or changed. Keep the dressing clean and dry. A small amount of bleeding and leakage from the incision is normal but if the bandage soaks through, call your doctor. You will be given instructions on when you can bathe or shower.

Eating and Drinking

Follow your home care instructions regarding what you can eat or drink.

Activity

Being active will help you heal. Your home care instructions will tell you what you can and cannot do. If you have been shown deep breathing and coughing exercises, do them as instructed. These exercises will help keep your lungs clear and improve blood flow after surgery.

Medication

Take your pain medication as directed. If the medication doesn't relieve your pain or it gets worse, call your doctor. Pain medications can upset your stomach. Taking them with a little food can help.

When to Call Your Doctor

Call your doctor or the hospital emergency room if you notice any of these signs:

1. Shortness of breath
2. Chest pain
3. Vomiting lasting longer than 4 hours
4. Large amounts of bleeding or swelling
5. Smelly discharge from the incision
6. Red, hard, hot or painful area around your incision or on your legs
7. No bowel movement within 3 days
8. Fever over 101 degrees F

Patients Admitted to the Hospital Before Surgery Day

The Night Before Surgery

To prepare for your surgery you will probably be asked to take a bath or shower the night before and/or morning of surgery. Nail polish will need to be removed.

If you have not already done so, you will be asked to sign a surgical consent form. This form confirms that you have not withdrawn permission for your doctor to do surgery and states that you understand the nature of your operation. If you have any questions be sure to discuss them with your nurse or doctor.

A nurse anesthetist will visit with you to discuss the type of anesthesia they feel is best for you.

The night before surgery you will be told not to eat or drink anything after midnight. This is for your safety and comfort. An IV will be started in a vein in your arm to provide your body with fluids. The IV may be continued for a few days after your surgery, or until you are drinking fluids again.



A staff member will be teaching you the proper way to turn, cough and deep breathe after surgery. This helps keep your lungs clear following your operation. (Directions page 18)

The Morning of Surgery

In the morning you may wash your face, hands and brush your teeth before surgery. Your nurse will instruct you to remove dentures, hearing aids, glasses, etc. if it is necessary to do so.

Shortly before you go to surgery, you will be asked to empty your bladder (urinate). When it is time for your surgery, an operating room nurse will transport you by your bed or cart to the operating room. Your family may come with you. They will be asked to wait in the Family Room on first floor. Following your surgery, your physician will visit with them.

After surgery you will go to the recovery room. Here a nurse will watch you closely as you recover from your anesthesia. The staff will take many readings of your vital signs until they are sure you are ready to return to your room.



Back in Your Room

Once you are back in your room, the nurses will continue to take frequent readings of your blood pressure, pulse and temperature.

Many people feel uncomfortable after surgery. Your doctor will order pain medication as needed. If you are still feeling uncomfortable after receiving this medication, be sure to inform your nurse. Occasionally, some people feel nauseated after surgery. If you feel like vomiting, please tell your nurse.

After your surgery you may find tubes attached to your body. The reasons for these depend on the type of surgery you have had.

You may have:

1. An IV line to carry fluid and medication to your body
2. A catheter to drain your bladder
3. A wound drain near your surgical incision
4. A tube entering your stomach through your nose to keep your stomach empty.

After your surgery your nurse will help you with exercises you learned before surgery. Your doctor will decide when you can get out of bed. Your nurse will teach you the proper procedure and assist you with your activity.

Exercises

You may or may not be asked to do the following exercises. Your nurse will assist you in exercising as directed by your doctor.

Deep Breathing

1. Hold both hands over your lower rib cage.
2. Breathe in as deeply as possible through your nose, moving your rib cage out as you breathe.
3. Breathe all the air out slowly through your mouth, pursing your lips as if you were blowing out a candle. You should feel your ribs move in.
4. Repeat five times with a short rest between each breath.

Do these exercises every 2 hours while you are awake.

Coughing

1. Complete the deep breathing exercises listed above.
2. Hug a pillow or blanket over your incision to lessen any discomfort you might feel.
3. Take a slow, deep breath into your lungs, through your lungs, making "Ha, Ha" sounds with your mouth slightly open.
4. Repeat this every 2 hours while you are awake.

Turning

1. Lie flat on your back
2. To turn onto your right side, place your right hand on your incision, bend your left knee, hold on to the siderail with your left hand and turn.
3. Reverse to turn to the left.
4. Turn from each position every 2 hours while you are awake.

Leg and Foot Exercises

1. Lie on your back with your legs flat on the bed.
2. Push the back of one knee into the mattress. Hold for the count of five. Relax. Repeat this with the other knee.
3. Still lying flat on your back, point feet toward the end of the bed, then up toward your head. Repeat 10 times and relax.
4. Trace circles with your feet. Repeat several times with each foot.
5. Repeat these exercises every two hours while you are awake.

Walking

1. Walk as directed by your doctor and nurse.

Sample Relaxation Exercise

1. Breathe in slowly and deeply.
2. As you breathe out slowly, feel yourself beginning to relax; feel the tension leaving your body.
3. Now breathe in and out slowly and regularly, at whatever rate is comfortable for you. You may try abdominal breathing. If you do not know how to do abdominal breathing, ask your nurse for help.
4. To help you focus on your breathing, breathe slowly and rhythmical:
 - Breathe in as you say silently to yourself, "in, two, three."
 - Breathe out as you say silently to yourself, "out, two, three."
 - Each time you breathe out, say silently to yourself a word such as peace or relax.
5. You may imagine that you are doing this in a place you have found very calming and relaxing, such as lying in the sun at the beach.
6. Do steps 1 through 4 only once or repeat steps 3 and 4 for up to 20 minutes.
7. End with a slow deep breath. As you breathe out say to yourself "I feel alert and relaxed."

Additional Points: If you intend to do this for more than a few seconds, try to get in a comfortable position in a quiet environment. You may close your eyes or focus on an object. This technique has the advantage of being very adaptable in that it may be used for only a few seconds or for up to 20 minutes.

Anesthesia

What is Anesthesia

Anesthesia is a painless state brought about by various drugs. (anesthetics)

There are three main types of anesthesia.

1. General: affects the entire body, makes you completely asleep.
2. Regional: numbs one region of your body, such as an arm or everything below the waist.
3. Local: affects only the area involved in the procedure.

More about General Anesthesia

General anesthesia is used for major surgery. The nurse anesthetist will administer the anesthesia. He or she will use one or both of these methods:

1. **Intravenous:** anesthetic drugs are injected into the blood stream through a thin tube placed in a vein in your arm or hand.
2. **Inhalation:** you will breathe an anesthetic gas through a facemask. Your lungs transfer the gas to your bloodstream. Once you are unconscious, an endotracheal tube may replace the facemask. It's gently inserted through your mouth into the windpipe.

As the anesthetics travel to your brain, you'll start to feel numb. Sounds may seem louder and you might feel dizzy and drowsy. Throughout your surgery, your nurse anesthetist may give you more drugs to keep you unconscious and free from pain.

When your surgery is finished, other medications will be given to help you regain consciousness. General anesthesia does involve some risks, but your nurse anesthetist will monitor you carefully, and with today's modern equipment, general anesthesia is safer than ever before.

More about Regional and Local Anesthesia

Regional and local anesthesia numb only part of the body. They may be used for less complex procedures. The anesthetic will be injected by the anesthesiologist. You will feel numbness in the affected area almost immediately. This happens because the anesthetic stops the nerves from sending signals to the brain. Your brain is not affected by these medications. However, in addition to the local or regional anesthetic, you may be given medication to help you relax or sleep.

There are four types of regional anesthesia, including nerve blocks, epidurals, spinals and Bier blocks. Your nurse anesthetist will discuss these with you to determine what type of regional anesthesia that will be used during your surgery.

Local and regional anesthetics have few risks, but reactions can happen. Your anesthesiologist will discuss any possible risks with you before your surgery takes place.

Questions and Answers

Can I choose my anesthesia?

In some cases, yes. Your anesthesia specialist will present the options at your pre-op interview. In other cases, you may not have a choice. When time is important, for example, general anesthesia may be used because it works faster than regional.

Why can't I eat before surgery?

Because it's a matter of safety. It's possible that you'll vomit during or after surgery. If your stomach is empty, you'll avoid choking on undigested food or fluids. (In emergency surgery, an endotracheal tube can protect you from choking.)

What if I don't want to be awake during my procedure?

Discuss this with your anesthesia specialist. You may be given sleep medication to keep you comfortable during surgery.

What about discomfort after my procedure?

Tell the recovery room staff about any discomfort. Your anesthesia specialist can provide additional medication, or suggest other ways to help you manage discomfort.