

Patient Guide to Surgery

SURGICAL CARE



DATE OF YOUR SURGERY:

Please remember to bring this booklet with you to your surgical procedure and to all follow-up appointments with your doctor following your procedure.



Welcome to Frederick Health Hospital Perioperative Services

As a patient, you are the most important part of healthcare. This guide was developed with you in mind and provides materials to help you make the most of your surgical care experience. It offers information about how to prepare for surgery, as well as what to expect during a hospital stay and after you are released from the hospital. The tools have been separated into sections so they can be used at the right times during your surgical experience.

This guide is part of a toolkit for you and all of the partners in your healthcare, including your family, doctors and nurses, hospital, health plan, and your employer, to help prevent Surgical Site Infection (SSI), the most common preventable complication from surgery. Each of these groups has a stake in your health and your healthcare. By working together, we will help you have the best surgical outcome possible.

This book was created for you by the Safe Surgery Initiative task force at Frederick Health Hospital (formerly Frederick Memorial Hospital), 2016



Pre-Admission Screening

Prior to surgery, you may need to speak with up to three Frederick Health representatives:

- The Registration department to pre-register (240-566-4150); you can also pre-register online at frederickhealth.org
- The Imaging Scheduling Center to pre-register (240-566-3400 or 800-995-1438)
- The Pre-Admission Screening Nurse (240-566-3918)



One of our Pre-Admission Screening nurses will call you 1–3 days before your surgery. The call usually takes 15-20 minutes. Calls are shorter if you have already set up an account on our patient portal and filled in your health history.

If we have your email address on file, our patient portal web company (ePREOP) will invite you via email to create a patient portal account. All patient information in the portal—including name, address, and contact details—is confidential and secured by industry-standard encryption technology. If we do not have your email on file, please visit frederickhealth.org to create your account. With your account you can complete your health history online. **You are not required to create a portal account, and our nurse will contact you either way.**

If you are not available when the nurse calls, we will leave a message for you to call back before a certain time with the phone number to reach us. If we are unavailable when you call, please leave a name and a number where we can reach you. If we do not speak with you before the day of your surgery, we will take your health information from your portal account or collect the information on the day of your procedure.

You will be asked to verify your name and date of birth. If you don't have a portal account set up, we will ask for your health history so we can document it in our system. Health history questions include height and weight; medication(s), including type (prescribed, over-the-counter, vitamins/supplements, or herbals), dosage, and frequency; and any allergies and associated reactions. Please bring a list of your medications and the last time/date you took them, including the day of surgery.

You may need tests performed prior to your surgery. You must request that the results be faxed to the hospital at 1-844-461-4690. The nurse will ask you to identify when/where you had preoperative testing or consultations with medical, heart, or lung specialists, so we can contact them to obtain the information if it has not been received.

It is important for you to know that you have patient rights, including the right to ask questions, to participate in your care, to refuse treatment, and the right to comfort, privacy, and safety.

Your surgical experience is important to us. We look forward to serving and engaging with you as active partners in your care.

Must-Knows Before Your Surgery

As you get ready for surgery, there are a number of things you must know. This tool will help you to be better prepared.

1. Control your blood sugar (if you are diabetic)

Blood sugar range should be between 140 and 180 mg/dL before meals, and less than 200 mg/dL two hours after starting a meal. The better your blood sugar is controlled in the days and weeks before and after surgery, the better you will heal and the less likely you will experience any complications.

2. Quit smoking—quitting helps you heal faster

The longer you remain smoke-free before surgery, the better you will heal. Quitting smoking before your surgery is an important step for a successful recovery. Smoking increases your chance of complications like infection, pneumonia and heart attacks, both during and after surgery. Most doctors recommend quitting smoking as soon as you decide to have surgery. This includes electronic cigarettes.

3. Know your medications

Know the names of your medications, the dose and how often you take it. Ask your doctor if you should take any of your medications before your surgery, even if you are told not to eat or drink anything.



4. Keep warm

Use clean blankets and heat in the vehicle that transports you to the hospital.

5. Take your pre-operative shower or bath (see page 7)

MUST-KNOWS BEFORE YOUR SURGERY

Enhanced Recovery After Surgery – patient education

Enhanced Recovery After Surgery (called “ERAS”) is a care plan that was made for you by your Surgery and Anesthesiology Teams at Frederick Health Hospital. This plan is called a clinical pathway. The pathway helps to prepare your body for surgery, recover safely, and return home as soon as possible after your surgery.

Enhanced Recovery After Surgery, or ERAS, is a patient-centered program for surgical recovery. The basic principles of this ERAS pathway are to ensure your strength before and after the procedure through diet and nutrition, to help provide appropriate pain relief after your procedure, and to encourage early walking and exercise. Most importantly, you will participate in every aspect of your care and you can help determine how your recovery occurs!

Why do we use the ERAS pathway?

The ERAS pathway helps you to recover quickly and lowers the chances of you having any problems after your surgery. This pathway helps you and your team work together to:

- Keep your hospital stay short
- Keep your pain level under control
- Help you get out of bed and walk within 24 hours
- Allow you to eat and drink as soon as it is safe for you
- Listen to your concerns and explain things clearly
- Make sure you are happy with your care at Frederick Health Hospital

What medications will be used to treat my pain?

The underlying cause of pain is inflammation. Medications that treat inflammation therefore become an important part of your pain management plan. It is important you take them even if you are not in pain. This will help cut down the amount of opioids you need, which slows down your recovery. Your surgical and anesthesia teams will work with you on which combination of medications will be best for you and your type of surgery.

MUST-KNOWS BEFORE YOUR SURGERY

What will happen after my surgery?

When you are ready, you will be moved to a post-operative surgical unit in the hospital for your recovery or discharged home. It is important for you to get out of bed, sit in a chair, and walk as soon as possible. Do this as often as you can. Your nurse will help you move around safely. If any bladder catheters or tubes are placed by the surgeon, they will be removed as soon as possible. Your Frederick Health surgery team will tell you when you can start drinking fluids and eating solid food. Your team will tell you when it is safe for you to go home.

Things to do now to prepare

Quit smoking. We encourage you to quit completely. Stop smoking 4 weeks prior to your surgery. If you feel this will be hard for you, please ask your primary care doctor, surgeon, or anesthesia team member for advice on ways to help you to quit.

Increase your strength and improve your recovery by walking at least 30 minutes a day before your procedure. You will be expected to walk after your procedure also. Exercise before surgery will help you recover after your surgery. Early mobilization is a core component of all enhanced recovery programs. The ability to be out of bed and to ambulate is a strong marker of successful early recovery and is believed to prevent complications, including pneumonia and blood clots. Common goals include sitting up on the side of the bed or in a chair on the evening of surgery and ambulating at least four times per day thereafter. Other programs prescribe a certain number of hours out of the bed per day.

At least a week before surgery, eat healthy foods to fuel your body with the nutrients that it will need during surgery. This leads to a faster recovery after your procedure, and a faster recovery may mean that you can go home sooner!

Getting Ready for Your Surgery

Checklist for your surgery Complete the checklist on page 9 and bring this entire booklet with you the day of your surgery.

Important reminders

- Follow the instructions on page 7 for showering. Use CHG and clean towels.
- Do not use lotion or conditioner on your skin or hair.
- We monitor your breathing using a device that is placed on your finger. If you have nail polish, the polish may have to be removed from one finger on the day of your surgery.
- Leave all jewelry and valuables at home.
- Do not wear makeup, perfume, or cologne.
- Make arrangements for someone to drive you home and stay with you after surgery.
- Stop smoking 4 weeks before surgery, and do not smoke after midnight the day before surgery. Do not vape, use chewing tobacco, smoke cigars, or use illicit drugs.
- Do not drink alcoholic beverages 24 hours before surgery.
- If you develop a cold, fever, or other health problem within 48 hours of your scheduled admission, please call and inform your physician.
- For children having surgery, at least one parent must be present at all times while the child is in the hospital.

Food & drink: reminders for adults

For pediatric patients up to age 18, please consult your doctor.

If you have been instructed by your surgeon to have nothing by mouth after midnight, follow those orders set by your surgeon.

6 hours prior to your report time, you may eat a piece of plain toast, with no butter, jam, or other condiments.

You may consume clear liquids, clear carbohydrate drinks, or water as described on the following list. These must be consumed 3 hours prior to your report time. You may consume lemon drops or peppermint rounds as part of clear liquids.

If you consume food, clear liquids, carbohydrate drinks, and/or water outside of the listed times, this could cause your surgery to be delayed or canceled.

Medications

If you are taking any medications, ask your physician in advance if you should take them the morning of surgery. If you are supposed to take medications the morning of surgery, take them 3 hours prior to your report time with clear liquids or water.

Contact your doctor for advice if you are taking any blood thinners, aspirin, anti-inflammatory medication, insulin, or diabetes medication.

GETTING READY FOR YOUR SURGERY

Important reminders, cont.

- Frederick Health is not responsible for money or valuables you bring with you. We strongly recommend that you leave all money at home, unless you have a copay. If it is necessary to bring valuables with you, a locker will be provided for you in the outpatient area. When you arrive for admission, notify your nurse and arrangements will be made.
- For patients being admitted after surgery: please leave your luggage in your vehicle until you have been brought to your post-op room. At that point a family member may bring it to your room.

If you have any questions, call your doctor's office or Pre-Admission Screening at 240-566-4970.

Starch

1 piece of plain toast

Clear Liquid

Water (plain, carbonated, or flavored)

Fruit juices (without pulp): apple, white grape juice, or lemonade

Decaffeinated coffee: 12 oz. (0 carbs)

Tea: 12 oz. (0 carbs)

Soft drinks: ginger ale, Sprite®, 7-Up®

Gelatin

Strained tomato or vegetable juice

Sports drinks (Gatorade®, Gatorade 2®, Powerade®)

Chicken or beef bouillon/broth, low sodium, fat free

Honey or sugar

Hard candy such as lemon drops or peppermint rounds

Popsicles without milk, bits of fruit, seeds, or nuts

GETTING READY FOR YOUR SURGERY

Instructions for bathing with chlorhexidine [CHG] wipes

What are CHG wipes?

2% chlorhexidine (CHG) wipes are antiseptic (germ-killing) cloths used to wash the skin. The living skin is a constant source of germs. CHG kills 99% of the germs on the skin to help prevent germs from getting into an open wound or your bloodstream and causing serious infection.

When should you NOT use these wipes?

Do not use on children under 12 years of age.

Do not use these wipes if you:

- Have an allergy to CHG
- Currently have severe skin breakdown, rash, or burns
- Are receiving radiation therapy
- Are receiving thiotepa (a chemotherapy drug)

When should you use these wipes?

Ideally, use the wipes following a normal bath or shower, but they may also be used instead of a bath/shower. It is important for you to use them before going to surgery. **Do not touch your eyes** until you wash your hands after you use the CHG wipes.

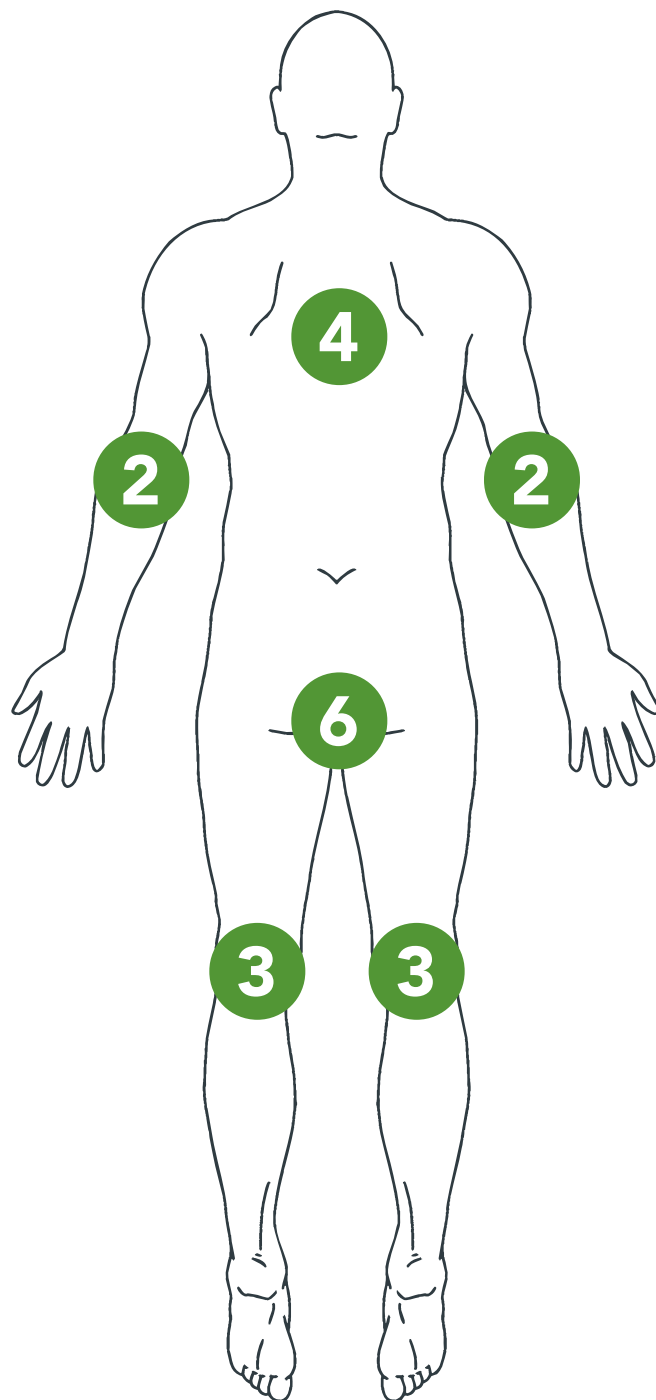
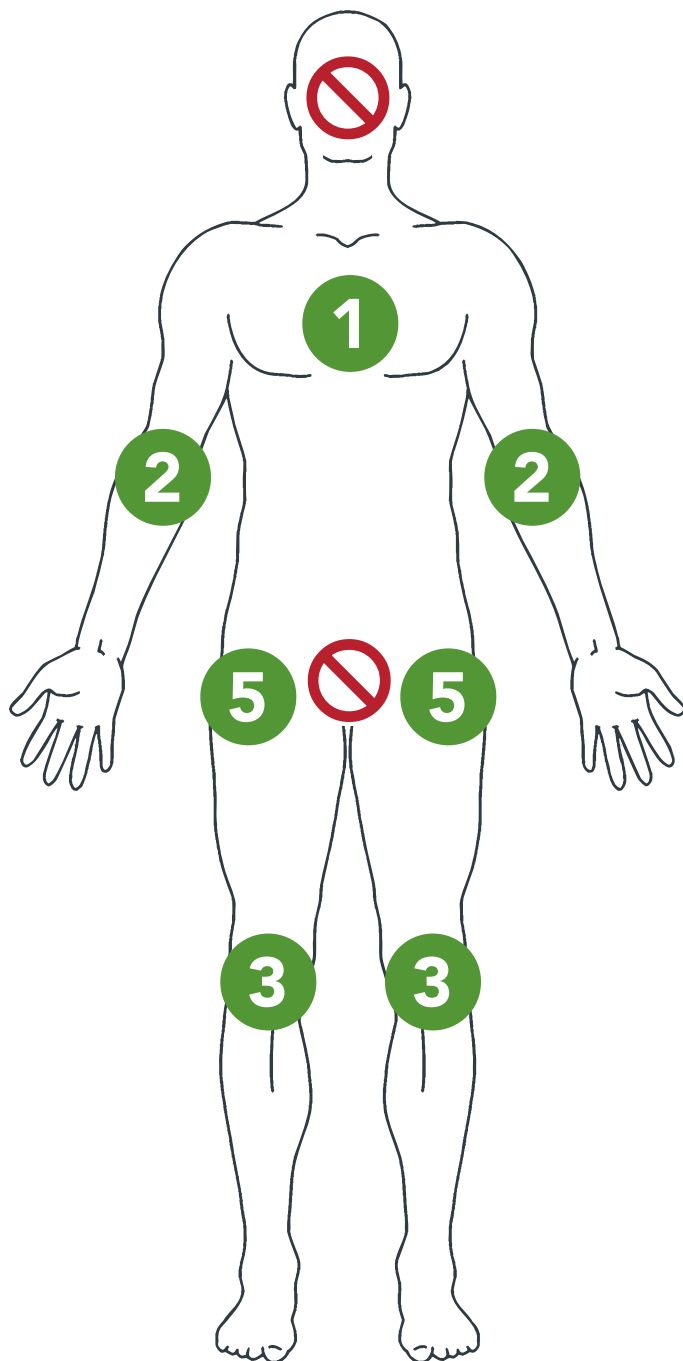
*How to use the wipes**

1. Wash your hands with warm soapy water or use hand sanitizer.
2. Wipe the cloths using a circular or back and forth motion over the surface to be cleaned. Wipe each area thoroughly but do not scrub. Do not use the cloths on the face, head, between the buttocks, or genitals.
3. Use a total of six cloths of CHG wipes.
4. Do not rinse or wipe off the skin after using the wipes. Do not apply lotions, moisturizers, or makeup. Let the skin air dry. Your skin may feel sticky for a short time as it dries—this is normal.
5. Put on a pair of clean pajamas after bathing. At the hospital, put on a clean hospital gown after bathing (do not put your own clothing back on).

***Do not attempt to do this bathing in the tub, as the bath water will wash off the CHG soap.**

Frederick Health will provide one (1) package of wipes to you for use **the night before your surgery**. You will perform another wash with one package of CHG wipes in the perioperative area **on the day of your surgery**.

GETTING READY FOR YOUR SURGERY



Use one package (6 cloths) of CHG wipes

- **Cloth 1:** Wipe the neck, chest, and abdomen.
- **Cloth 2:** Wipe both arms, starting with shoulder and ending at fingertips, then armpit areas.
- **Cloth 3:** Wipe both legs, starting at thigh and ending at toes; be sure to wipe behind knees
- **Cloth 4:** Wipe the back, starting at the base of the neck down to the waistline.
- **Cloth 5:** Wipe right and left hip, followed by the groin. Be sure to wipe folds of the groin area but avoid the genitals.
- **Cloth 6:** Wipe the buttocks. Then wash hands with soap or sanitizer.

Preparing for Surgery Checklist

PATIENT NAME _____

PATIENT DATE OF BIRTH _____

You must complete this checklist and bring it with you on the day of your surgery.

- ☐ Pre-surgical lab work completed DATE: _____
- ☐ Pre-registration completed DATE: _____
- ☐ Pre-screening with RN completed DATE: _____
- ☐ Pre-surgical MRSA test completed DATE: _____

Iodine allergy?

- ☐ Yes ☐ No

Latex allergy?

- ☐ Yes ☐ No

- ☐ MRSA results received DATE: _____ ☐ MRSA Positive ☐ MRSA Negative
- ☐ Patient Education Booklet received DATE: _____

Bathe with CHG Wipes (see page 7 for CHG Wipes Instructions)

- ☐ Night before: Shower, dry off with clean towel, and apply wipes DATE: _____
- ☐ Day of surgery in Pre-op DATE: _____
- ☐ Nasal antiseptic swab DATE: _____

Bring with you:

- ☐ A list of your current medications, including dose and time taken
- ☐ Photo ID
- ☐ Insurance card and co-pay, if needed
- ☐ Something to read or do while you are waiting
- ☐ A copy of your Advance Directives and Living Will if you have them
- ☐ CPAP or BiPAP Machine (sleep apnea)
- ☐ Eye glasses case/contact lens container and solution

Continued on next page

PREPARING FOR SURGERY CHECKLIST

Instructions for the day of surgery

- ☐ Wear clean comfortable, loose-fitting clothes that are easy to change and will not fit tightly over the area of your surgery.
- ☐ Remove all jewelry (including piercings), nail polish, and makeup.
- ☐ Take your medications as directed by your surgeon or prescribing provider with only a sip of water. If not sure, call your surgeon's office.
- ☐ Do not smoke or use electronic cigarettes or chewing tobacco.

On the Day of Your Surgery

3 hours before your report time, it is recommended to consume **50g of a complex carbohydrate**, such as maltodextrin, in a clear liquid beverage. It must be consumed three hours before your report time.

Carbohydrate Beverage	Manufacturer	Amount Needed	Total Carb (g)	Maltodextrin (g)	% Carb	Calories
Clearfast	BevMD/USA	12 oz	50	50	100	200
PREcovery	EMN Health	13.5 oz	50	50	100	200
Ensure Pre-Surgery	Abbott	10 oz	50	50	100	200

Beverages also used

Impact AR	Nestle	3 6 oz cartons	45	--	31	600
Ensure Clear	Abbott	8 oz	52	0		240
Boost Breeze	Nestle	8 oz	54	0	86	250
Pedialyte Classic	Abbott	60 oz	45	0	100	175
Powerade	Coca-Cola	20 oz bottle	34-35	0	100	130
Gatorade	PepsiCo	2 15 oz bottles	54	0	100	200
Gatorade Low Calorie G2	PepsiCo	7 12 oz bottles	49	0	100	210
Minute Maid Lemonade	Coca-Cola	12 oz can	42	0	100	150
Minute Maid Apple Juice	Coca-Cola	16 oz bottle	48	0	100	180
Welch's White Grape juice	National Grape Cooperative Association	11.5 oz	55	0	100	200

ON THE DAY OF YOUR SURGERY

Special notes

- You may have one (1) piece of plain toast 6 hours prior to report time.
- A number of studies show that patients do and feel much better if they're allowed to drink up to three hours before surgery. They use less IV fluid, have better metabolism, reduce hospital stay, and minimize protein loss through healing. It also reduces post-operative complications.

Contraindications for carbohydrate beverages include:

- Your doctor said you must have nothing by mouth after midnight.
- Having fluid in the abdomen (ascites) that limits the amount of fluid that can be consumed or if patients have been told to limit their fluid intake due to certain conditions including Congestive Heart Failure (CHF), End Stage Renal Disease (ESRD), or Addison's disease.
- People with Diabetes who use an insulin pump for glucose control or who is insulin deficient (Type 1 Diabetes Mellitus).
- Difficulty breathing due to fluid in the lungs.
- Difficulty swallowing or neurological disorders such as Parkinson's disease.
- Documented medical conditions including achalasia, severe gastroparesis in which the patient has been prescribed a prokinetic agent (e.g. metoclopramide), hiatal hernia or severe gastroesophageal reflux disease (GERD).
- Prior surgeries that involved the gastrointestinal system including total gastrectomy, partial gastrectomy and/or gastric resection.

Please check with your surgeon to ensure you qualify for the carbohydrate loading protocol based on surgical history.

This paperwork is NOT for Bariatric Surgery. Follow your doctor's specific plan.

Bowel Preparation: For those that have been prescribed a bowel preparation. Please follow your surgeon's guidelines for Bowel Prep, and include carbohydrate beverage (from the list) 3 hours prior to your report time.

Important

Remember to have your piece of toast completed **6 hours prior to your report time.**

Remember to have your carbohydrate load and/or clear liquids completed **3 hours prior to your report time.**

You may drink water anytime up until 3 hours prior to your report time!

Example: Your report time is 6 A.M. Your toast must be consumed prior to midnight and the clear liquids/carb load must be consumed prior to 3 A.M.

What to Expect When You Arrive

Arriving at Frederick Health Hospital

Patients admitted the morning of surgery should arrive at the hospital Main Entrance (#1 Green) two hours before the scheduled procedure (or as directed by the pre-admission screening nurse when calling on the day prior to your surgery). This ensures that there is adequate time to prepare you for a safe surgical experience.

Admission

You will be greeted by a Frederick Health staff member or an Auxiliary volunteer. They will check you in on the computer, and as soon as they receive your room number, you will be escorted back to the pre-operative area to meet the staff. A registrar will review your insurance documents, collect copay, obtain necessary signatures, and copy your ID and insurance cards.

A Surgical Waiting Room staff member or volunteer will explain the computerized patient tracking system to the person who has accompanied you and provide them with your confidential ID number. They will be able to follow your progress on the large computer screen in the waiting area as you prepare for surgery, move to the operating room, recovery area and discharge, or transfer to your room.

In Pre-Op

Once you are settled in pre-op, your nurse will again verify some basic information for your safety, perform a physical assessment, complete required documents, carry out any tasks ordered by your physician, and start an IV. You will be visited by your surgeon, your anesthesiologist, and your operating room nurse. They will answer any further questions you might have and will take very good care of you throughout your surgery.

One family member or friend may stay with you during your preparation. Once you are ready for the operating room, they will be directed to the waiting area when you go back for surgery.

Although our goal is to begin all of our surgeries on time, sometimes surgeries must be delayed due to unforeseen circumstances. If this happens, your nurse will keep you updated as to the status of a delay.



WHAT TO EXPECT WHEN YOU ARRIVE

Marking the surgical site and clipping hair

If indicated, your surgeon will mark your surgery site by writing directly on your skin the day of surgery. Don't be afraid to ask for this; it will remind the surgeon of your correct surgical site. Do not mark the site yourself. Do not shave the surgical site. Someone will clip the hair the day of surgery in Pre-op area, if needed.

Antibiotic treatment

Ask your doctor if you will be receiving antibiotic medication before surgery to prevent infection. Most people receive one dose of antibiotics at the time of the surgery and may remain on antibiotics for a day or two after surgery, depending on your surgical procedure.

Nasal antiseptic

Thirty percent of people carry bacteria in their nose. You are at higher risk to develop infections from the bacteria. Your healthcare providers will provide you with a nasal antiseptic one hour before surgery to reduce the bacteria in the nose and reduce the risk of you getting an infection after surgery. You will be given specific directions the day of your surgery.

Anesthesia

On the day of surgery, the anesthesiologist will discuss your anesthesia options. The type of anesthesia you receive will depend on the type of surgery you are having or any health conditions you have.

- **Regional anesthesia:** This is also called a "nerve block." Numbing medication (local anesthesia) is injected near the nerve to prevent feeling in an arm or leg.
- **Spinal or Epidural anesthesia:** Numbing medication is injected in your back to keep you from feeling anything in the lower body and legs during surgery.
- **General anesthesia:** This type of anesthesia makes you unconscious and unable to feel anything. The medication is usually inhaled through a breathing tube and injected through a vein in your forearm. Once the surgery is completed, the anesthesiologist will remove the breathing tube and wake you up. It is not unusual to have a sore throat for a day or two after the surgery if you had a breathing tube.

You will need to arrange for a responsible adult to take you to and from the hospital, since you may be somewhat disoriented from the anesthesia. We suggest that you have a responsible person stay with you the first night following your procedure. Adult patients with children should consider making child care arrangements for children for 24 hours following surgery.

WHAT TO EXPECT WHEN YOU ARRIVE

Medications

During your hospital stay, you may be asked to confirm the medications you are currently taking. This is meant to keep you safe and should occur during admission, transfers within the hospital, and when you are released from the hospital.

Some of your medications may be changed during your hospital stay and others may be added or eliminated. Be sure to ask your physician to explain these changes to you, and don't be afraid to ask any questions you may have about a new medication. Each time a physician or nurse reviews your medications with you is an opportunity to ask questions.

Source: U.S. Department of Health & Human Services. Agency for Healthcare Research and Quality. Build Your Question List. ahrq.gov/questionsaretheanswer/questionBuilder.aspx. Accessed July 27, 2010.

In the Operating Room

You will be wearing a special warming gown and transferred to the OR table for your procedure. Monitoring equipment will be connected and your anesthesiologist will begin administering medication through your IV. At the completion of your surgery, you will be transferred to the Post Anesthesia Care Unit (PACU) for your recovery.

A registered nurse will accompany you through your surgical experience, beginning with preparing you for the procedure, remaining with you through the procedure, and managing your care afterward.

Standard precautions are measures that are followed to protect both you and our staff against the transmission of communicable disease. These measures involve the use of protective equipment such as gloves, gowns, or masks in conjunction with good hand washing practice and appropriate disposal of contaminated needles and waste.

Visitor Guidelines

We want to reunite you with your family member or friend as quickly as it is safe to do so, and we understand that they are important to your recovery. Please share the following guidelines with the person accompanying you to the hospital.

- Outpatients can have one visitor in the PACU when the patient is approximately 20 minutes from being discharged. This person should be the individual who will be caring for you at home. Discharge instructions will be reviewed with them as well as with you.
- Clinical discretion will be used to determine readiness of visitors in all departments.
- ***No children of visitors or patients will be allowed in the PACU.***
- If the visitor is going to leave the surgical waiting area, they should inform the volunteer to ensure that they are present to speak with the surgeon after the procedure and available to go to the PACU when you are ready for discharge.

Information for visitors

Hours listed below may vary.

The Coffee Bean is located on the First Floor.

Monday–Friday 7 A.M.–8 P.M.

Saturday–Sunday 8 A.M.–4 P.M.

Hours may vary.

The Frederick Health Auxiliary Gift Shop is located on the First Floor.

Monday–Friday 9 A.M.–7:30 P.M.

Saturday 10 A.M.–4:30 P.M.

Sunday 1–4 P.M.

Hours may vary.

The Cafeteria is located on the lower level of the hospital and offers a wide variety of meal choices and vending machines.

Breakfast 6:30–10:30 A.M.

Lunch 11 A.M.–2 P.M.

Dinner 4–6:30 P.M.

Soup and Salad Bar 11 A.M.–5 P.M.

Grill Open 6:30 A.M.–8 P.M.

Pastoral Care Services are available 24 hours a day, 7 days a week. Please call the switchboard to connect.

Free WiFi is available throughout the hospital.

Immediately After Surgery

PACU/Recovery Room

After receiving anesthesia for your surgery or procedure, you will be transferred to the PACU (post-anesthesia care unit), also known as the recovery room. Here the anesthesiologist and operating room nurse will transfer your care to the PACU nurse for you to continue to recover and wake up. Every patient's length of stay in the PACU is different, but on average is usually one to three hours.

The PACU is a critical care unit where a registered nurse will closely watch you. You will have monitors attached to you to evaluate your blood pressure, heart rate and rhythm, breathing and oxygen levels, and temperature. You may have oxygen administered to you via mask or nasally. Intravenous fluids and pain medications will be given as needed. Your surgical site will be examined closely. Most patients remember very little of their recovery room experience.

Your comfort after surgery is important to us

- It is common to experience a sore throat, feel tired, and have aching muscles for up to 24 hours after surgery.
- You may encounter a very dry mouth. Ice chips and water may be given to you by your PACU nurse, if there are no contraindications, once you are alert. This feeling usually goes away in a few hours.
- You may experience shivering in the PACU. This will be controlled by your PACU nurse using warm blankets and/or your warming gown.
- Pain is common after surgery. It is important that you describe your pain using a 0 to 10 scale (0 means no pain, 10 means the worst pain you can imagine). Based on your level of pain, pain medication will be given to assist in making you more comfortable.
- Nausea and vomiting may occur. It is important that you share any previous history of postoperative nausea and vomiting or motion sickness with your anesthesiologist prior to surgery.
- Medications may be given to decrease the likelihood of nausea and vomiting symptoms. If nausea and vomiting occur in the PACU, your nurse will administer medications to help relieve it.

IMMEDIATELY AFTER SURGERY

When you are awake, stable, and comfortable

Outpatients will be assisted to a recliner chair, ambulated to the restroom if needed, and given something to drink. It is not uncommon for you to feel dizzy, lightheaded, or have brief nausea when first transferring from the stretcher to a recliner. At this point, we will call your family to be with you and review your discharge instructions and any prescriptions you may have. If your surgeon gave you prescriptions at your preoperative appointment, please have them filled before the day of your surgery. Frederick Health has an onsite pharmacy, should you need or want your prescription filled the day of your surgery.

Inpatients will be transferred to a hospital room from the PACU area when you are awake, stable, comfort is managed, and the room is ready. The nurse caring for you will call the waiting room to inform your family of your room number and where it is located.

Just for Children

When your little one is scheduled for surgery, you want everything to be as stress-free as possible—and so do we.

As a general rule, children under five years of age may have their IV started in the operating room after they are asleep. Young children may be accompanied into the operating room by one parent, who will be allowed to remain with their child until they are asleep.

When your child is awake and stable, you will be called directly back to be with them in the PACU. If your child is to be discharged, you may carry them out of the hospital, or they can have a ride in a wheelchair—most children love this part! You will be escorted to your waiting car by staff or volunteer.

Pain Management

Pain management starts immediately after surgery while you are in the recovery room. It is important for you to remain comfortable after surgery. Good pain management will help you recover faster and allow you to get out of bed more quickly. This is important to prevent complications, such as pneumonia and blood clots.

In order to know how much pain medication to give you, the nurses will often ask you to rate your pain on a scale of 0 to 10, with 0 being “no pain” and 10 being the “worst pain you can imagine.” Be honest when you answer. Bearing the pain may limit your ability to move around and increase your risk of complications.

For the best pain management during your hospital stay:

- Rate your pain on a scale of 0 to 10 when asked about your pain level using the reference scale described above.
- Ask for pain medication as soon as the pain begins.

Different pain-control treatments will be used at different times during your hospital stay. Pain medication may be delivered by IV or by mouth.

ICOUGHSM

ICOUGHSM: Preventing Respiratory Complications after Your Operation

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Incentive Spirometer Exercises

Deep breathing exercises will help keep your lungs healthy.

- Place the mouthpiece in your mouth and seal your lips around it.
- Breathe in (inhale) slowly and deeply.
- Remove the mouthpiece from your mouth and breathe out.

This breathing exercise needs to be done 10 times each hour while awake.



Cough and Breathe Deeply

After surgery, taking deep breaths and coughing will help to clear your lungs. This helps the lungs do the vital job of delivering oxygen to the tissues in your body.



Oral Care

In addition to brushing your teeth, use mouthwash twice daily to keep your mouth clean from germs.

You should brush your teeth and use mouthwash several days before your surgery and then continue after you are discharged from the hospital.



Understand ICOUGH Practices

It is important for you and your family to take an active part in your recovery from surgery.

We want your pain to be controlled to help you take deep breaths and cough, do breathing exercises, and make sure that you get out of bed, sit in a chair, and walk.



Get Out of Bed and Walk the Hallway

Getting out of bed and walking at least three times per day will help your recovery after surgery and help prevent complications.

Walking will help clear secretions from your lungs and improve your circulation so that you may regain your strength.



Head of Bed Elevation

It is important to keep the head of your bed elevated 30-45 degrees. Being in an upright position after surgery will help your breathing.



ICOUGH Checklist

INCENTIVE SPIROMETER EXERCISES

Repeat 10 times per hour.

AM																			
PM																			

COUGH AND BREATHE DEEPLY

Take deep breaths often.

ORAL CARE

Brush your teeth and use mouthwash twice daily.












AM																			
PM																			

UNDERSTAND ICOUGH PRACTICES

Do you understand why you are using ICOUGH?

Yes:		No:		Not sure:	
------	--	-----	--	-----------	--

Rate your pain on the scale below:

No Pain	Moderate Pain										Worst Pain
0	1	2	3	4	5	6	7	8	9	10	
											
0	2	4	6	8	10						

GET OUT OF BED AND WALK THE HALLWAY

Walk at least 3 times per day.

Morning																			
Afternoon																			
Night																			

HEAD OF BED ELEVATION

Is the head of your bed elevated greater than 30 degrees?

Yes		No	
-----	--	----	--

After Surgery

Preventing Blood Clots

Nearly half of all blood clots are diagnosed after a recent hospital stay or surgery. Other risk factors include having major surgery, sitting or lying too long, cancer, pregnancy, obesity, family history, smoking, birth control, and older age. Blood clots can form in the veins of the legs and move to other locations in the body, such as the lungs.

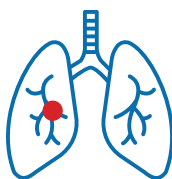
Symptoms of a blood clot in the leg include:

- Swelling of your leg(s) or arm(s).
- Pain or tenderness not caused by injury.
- Skin that is warm to the touch.
- Redness or discoloration of the skin.



Symptoms of a blood clot in the lung include:

- Trouble breathing.
- Lightheadedness or passing out.
- Chest pain that worsens with a deep breath.
- Coughing, or coughing up blood.
- Faster than normal or irregular heartbeat.



Alert your hospital care team immediately if you're experiencing any of the above symptoms.

Blood clots are life-threatening but preventable! ***We will help you reduce your risk with:***

- **Medicines:** taking blood thinning medicines, often in the form of a shot, helps prevent blood clots during your hospital stay. A common side effect of these medicines is bruising and mild discomfort at the injection site. Please let your nurse know if you notice symptoms of bleeding or more severe bruising.
- **Sequential Compression Devices (SCDs):** these devices wrap around your legs and squeeze every few seconds to improve blood circulation while you are in bed.
- **Walking:** get up and walk as much as possible, if allowed by your provider.

Let's Get Moving! ***Frederick Health*** ***Hospital's Mobility Initiative***



There are many benefits of walking and moving around safely:

- Increased muscle strength and flexibility
- Preventing blood clots
- Reduce risk of pneumonia
- Stress reduction
- Improved sleep

We want to ensure that we are assisting you in maintaining your strength, balance, and level of independence while you are staying with us. In the hospital, the risk for falls is higher because your body may not be functioning as it normally does due to illness, medicines, surgery, pain, equipment, etc. We will work with you on developing a safe mobility plan.

There are many ways we will help you stay active while you are recovering in the hospital based on your ability to move safely. For example, we will assist you in getting up to the chair for meals and, if safe, encourage you to walk in the hallway.

Follow-up and discharge

If you are discharged directly from the PACU, you will receive a phone call from one of our Perioperative Services nurses within a few days of going home. The nurse will ask how you are feeling and answer any questions you have about your discharge instructions. In the meantime, if you have any questions concerning your instructions, please call your doctor's office.

Avoiding problems after surgery: Speak Up

Let your doctor know if you are concerned about a medication, your IV fluids, or if you are experiencing pain. Doing so may make all the difference in your care. Let your doctor know what is on your mind, whatever it is. Don't be afraid to speak up. It can help save your life!

Set a follow-up appointment with your doctor

Before you leave the hospital, you will be given instructions on when to follow up with your doctor. If possible, try to schedule the appointment before you leave the hospital.



Expected activity—do's and don'ts

Make sure you know how active you are allowed to be after discharge. Ask your doctor when you may:

- Lift anything (and if you are permitted to lift, how many pounds?)
- Drive a vehicle
- Exercise
- Have sexual relations

AFTER SURGERY

Medication safety

It is important to keep an up-to-date list, including over the counter medicines, supplements, herbals, and essential oils with you and share it with your doctor at each visit.

There are four main elements that should be included on your medication list:

1. What you are taking (name)
2. The strength (for example, number of milligrams) and how much you should take (dose)
3. When to take it (frequency)
4. What it is used for

Wound care

In order to avoid wound infection after surgery, you need to be diligent about wound care and hand washing. By following these tips, you will be less likely to get a wound infection:

- Keep the dressing clean and dry.
- Wash your hands thoroughly before changing a dressing or emptying a drain.
- Do not remove the dressing and don't let anybody touch the dressing or the wound unless otherwise instructed by your physician.
- Do not probe, pick at, or squeeze your wound.
- Follow your doctor's instructions for wound care.
- Contact your doctor immediately if you experience any symptoms that may indicate an infection, such as unexpected pain, chills, fever, excessive wound drainage, increasing redness, or swelling of the surgical area.

AFTER SURGERY

Whom should I call after my surgery?

Call your Surgeon's office at

SURGEON'S OFFICE NUMBER

for:

- Increased redness, drainage, bleeding, or odor around the incision site
- Increased redness and/or warmth of the lower leg with increased pain
- Severe pain that is not lessened with rest, cold therapy, elevation, or medicine
- Break in the incision
- Fever above 101°F and/or shaking chills
- New rash on your body without difficulty breathing or swallowing
- A fall that did not result in hitting your head
- Refills for pain medicine or medicines prescribed by your surgeon
- Worsening nausea or vomiting
- Constipation



Call your Primary Care Provider or Urgent Care for the following:

- Treatment of illness, including:
 - Colds, coughs, and upper respiratory infections;*
 - Sore throat;*
 - Flu and flu-like symptoms;*
 - Suspected urinary tract infection;*
- Adult IV hydration
- Abscesses
- Sprains or suspected minor broken bones
- Musculoskeletal injuries
- Back pain or joint pain
- Eye irritation and redness
- Laboratory and blood work
- X-Rays
- Refills for home medicines
- Illness that is not related to your surgery
- Sore throat
- High blood pressure
- Sinus pain
- Increased feelings of depression or anxiety



AFTER SURGERY



Call 911 or visit the Emergency Department (ED) for the following:

- Chest pain or other heart attacks symptoms, such as:
 - Pressure, fullness, squeezing/pain in the center of your chest*
 - Tightness/burning/aching under the breastbone*
 - Chest pain with lightheadedness*
- Shortness of breath
- Head injury or eye injury
- Sudden and severe headache or loss of vision
- New rash on your body with difficulty breathing or swallowing
- Heavy bleeding that won't stop
- Signs of a stroke, such as:
- Sudden weakness or numbness of the face/arm/leg on one side of the body
- Sudden dimness or loss of vision
- Loss of speech or trouble talking
- Sudden severe headaches with no cause
- Dislocated joints
- Deep cuts or severe burns
- A fall that results in hitting your head or causing extreme pain
- Severe abdominal pain
- Severe asthma attack
- Loss of consciousness
- Severe or worsening reaction to an insect bite, sting, or medications
- Constant, severe/persistent vomiting
- Coughing up or vomiting blood
- Poisoning Call Poison Control at 1-800-222-1222 and ask for immediate home treatment advice
- Domestic violence or rape
- Feelings of suicide

If you believe a life is in jeopardy, always call 911!

AFTER SURGERY

Post-discharge care and rehabilitation

Discharge planning starts when you are admitted to the hospital. A case manager will visit you during your hospital stay if you are not able to be discharged home to your own care. Your insurance and your physical restrictions will also play a role in your discharge planning. Depending on your surgery, rehabilitation may be recommended.

Nutrition

If you are discharged to recover at home, you should be aware of the food you should eat to aid your recovery. Eating well after surgery can affect how quickly you heal; increasing your water intake and eating more protein can aid the healing process. Foods rich in protein include:

- Meats, poultry, and fish
- Legumes (dry beans and peas)
- Tofu
- Eggs
- Nuts and seeds
- Milk and milk products
- Grains, some vegetables, and some fruits (provide only small amounts of protein relative to other sources)
- Yogurt, especially if you have received antibiotics

For more information about nutrition, visit [cdc.gov/nutrition](https://www.cdc.gov/nutrition).

Billing

You may need to pay co-insurance or co-payments at registration. We accept cash, personal checks, and credit cards.

You will receive additional bills for professional services you received from physicians who are contractors and not Frederick Health Hospital employees. You may receive additional bills from:

- Anesthesiologist/CRNA practice
- Surgeons
- Pathologists
- Radiologists



Notes

[illegible]

We value your opinion...

Our mission is to positively impact the well-being of every individual in our community. You may receive a survey about your stay with us, and we would value your input. Please take a few moments to fill out the survey and return it. Our goal is to be the best, and that means being consistent and always providing a level of service that exceeds your expectations.

Thank you for allowing us to give you very good care!

In accordance with state law and hospital policy, smoking is banned in all areas of Frederick Health Hospital.



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