As an organization with a strong reputation for superior medical technology, expert staff and an unwavering commitment to compassionate patient care, St. Peter’s Hospital is dedicated to making our patients feel as comfortable as possible. At St. Peter’s, we know having surgery can be an uneasy time for you and your family. This booklet may help answer some of the questions you have and relieve some anxiety. We encourage you to ask questions of your physician, surgeon, nurse or other health care providers.

This booklet outlines important instructions to follow before your surgery, and information on what to expect during and after your surgery, including anesthesia care, pain management and recovery tips. This information is intended to help you understand what to expect from your surgery so you can play a more active role in the recovery process. Patients who are well-prepared for surgery often recover more quickly than those who are not.
PREPARING FOR YOUR SURGERY

PRE-ADMISSION TESTING

A secretary will contact you to schedule an appointment for any tests your physician or anesthesiologist has ordered. You will be given directions to the pre-admission testing office. The secretary will also schedule a health assessment telephone interview with you and a registered nurse. This telephone interview is a very important part of the preparation for your surgery. Please have the following information ready for this interview:

- A list of all medications, vitamins and herbal supplements you are taking (both prescription and over-the-counter), including the dose and spelling of each medication.
- The name and phone number of your primary care physician.

The nurse will review your medical and surgical history, and tell you what medications to take the morning of surgery.

CONFIRMING YOUR SURGERY

You will need to confirm the time of your surgery so that you know what time to arrive at the hospital. If your surgery is on a Monday, you need to call the operating room scheduling office on the Friday before the surgery. If you are having surgery Tuesday through Saturday, you need to call the day before your surgery. The number to call is 525-1113, between 1 and 4 p.m. If you are unable to call during that time, you may call the pre-admission testing office at 525-1545 between 4 and 6 p.m.

You must arrange for someone to drive you home from the hospital. (Your driver may have his/her parking ticket validated for free parking the day of surgery.)
IMPORTANT FOR YOUR SAFETY

There are also some instructions you need to follow before your surgery. For your safety while under anesthesia, it is very important that you follow these instructions carefully.

If you develop a cold, cough or fever a few days before surgery, it is important that you notify your surgeon.

It is necessary to have an empty stomach so that you do not vomit during anesthesia. Vomiting during anesthesia may cause food or fluid to enter the lungs and increase your chances of developing pneumonia.

• If your surgery is scheduled before noon, DO NOT eat or drink anything (including water, gum, candies, etc.) after midnight the night before your surgery.

• If your surgery is scheduled after noon, you may have 4 ounces of water, 7-UP, Sprite or ginger ale six hours prior to surgery. DO NOT drink juice.

• DO NOT chew gum, eat candies, etc. If your pre-admission testing nurse told you to take certain routine medications with a small amount of water during your fasting time, it is OK to do so.

• If your surgeon has asked you to do a “bowel prep,” follow the surgeon’s instructions for diet restrictions.

Your surgery will be cancelled if the fasting instructions are not followed. Please call the pre-admission testing office at 525-1545 between 8:30 a.m. and 4:30 p.m. if you have any questions about what medications to take the morning of surgery.

DO NOT smoke tobacco products or drink any alcoholic beverages after 6 p.m. the night before surgery. Tobacco products and alcohol have various effects on the lungs, heart, liver and blood. It is important to tell your nurse or physician if you have used these substances. Please request information on smoking cessation programs if you are interested in quitting smoking.

DO NOT wear hair spray or hair gels the day of surgery. These products may be fire hazards in the operating room.

Remove all makeup, and finger and toenail polish before surgery. The anesthesia care team needs to see your skin and nails to make sure your blood circulation is good.
BEFORE YOUR ARRIVAL

Take any medications your physician or nurse told you to take before surgery. The instruction sheet you received in your pre-admission testing packet will tell you where to report the day of your surgery.

- Please arrive two hours before your surgery. However, if your surgery is at 7:30 a.m., please report at 5:45 a.m.
- **Special note for patients with insulin-dependent diabetes:** if your surgery is scheduled after 10 a.m., report to the hospital no later than 8 a.m. DO NOT take your insulin the morning of surgery.

WHAT TO EXPECT

After you are admitted, you will change into a hospital gown. A nurse will complete a health assessment and you will sign your surgical consent papers. Intravenous infusion (an IV) will be started by putting a needle in your hand or arm. You will receive fluids, nourishment and medications through the IV.

Your family/friends may accompany you on the day of surgery. We request that there be no more than two visitors at your bedside. Please do not bring small children. Your family/friends may stay with you until you leave for the pre-operative area. At this time, they will be directed to the surgical waiting room. The receptionist will inform them of your condition and permanent room assignment. The surgeon will also speak with your family in the waiting room.
**DOs and DON’Ts**

There are some DOs and DON’Ts patients need to follow the day of surgery:

- **DO NOT** bring valuables (jewelry, money, credit cards, etc.) with you the day of surgery. Any personal belongings you do bring should be left with a family member until you have a permanent room assignment.

- **DO NOT** bring electrical appliances (radio, hair dryer, portable TV). Battery operated appliances may be used. Men may use electric razors to shave their faces.

- **DO NOT** use cell phones in the hospital. Cell phones interfere with the electrical systems within the hospital. Hospital staff use special zone phones that do not interfere with this system.

- **DO NOT** smoke inside St. Peter’s Hospital. Smokers may use only the designated smoking areas outside of the building.

- **DO** take a shower with antibacterial soap as instructed in your pre-admission testing interview. Wear clean clothes following this shower.

- **DO** remove all jewelry, eyeglasses, hearing aids, wigs and toupees to avoid loss or damage while in the operating room.

- **DO** remove contact lenses to prevent damage to your eyes while under anesthesia.

- **DO** remove dentures before going into the operating room. This is because a plastic airway is often placed inside the patient’s mouth during surgery so the patient can breathe. Sometimes when patients are under anesthesia, or when they are awakening, they may bite very hard on the airway and may damage their teeth (especially if the teeth are weak, diseased, loose or artificial).

- **DO** remove tampons before going into the operating room.

- **DO** remove makeup, and finger and toenail polish.

- **DO** bring something to occupy you while you are being prepared for surgery, such as reading material. The pre-operative area has headphones/walkmans available for you to use. You may wish to bring your own headphones/cassettes to help you relax after surgery.
**ANESTHESIA**

**The Anesthesiologist**

Anesthesia is administered by an anesthesiologist or by a nurse anesthetist under the medical direction of an anesthesiologist. Your safety and fitness for anesthesia are their primary concerns. An interview with an anesthesiologist will be done the day of surgery. At that time, you may discuss your medical history and any questions regarding anesthesia. The anesthesiologist will review your records and lab tests before your surgery. It is important that you report any changes in your physical condition that arise after your pre-surgical testing.

**Types of Anesthesia**

There are several different types of anesthesia that may be used depending on the type of surgery being done. With any anesthesia, your heart rate will be monitored. Oxygen may also be given to you through tubes placed in your nose, or through a face mask, to help with breathing.

**General anesthesia** causes a temporary loss of consciousness so that no pain is felt anywhere in the body. Anesthesia is started by an injection into an IV or by inhaling a gas. Patients remain asleep by inhaling the gas through a mask or a special breathing tube that is inserted into the windpipe. In most cases, the tube is inserted when the patient is asleep and removed before they are awake. The patient may have a sore throat for a few days after the surgery because of the breathing tube.

**Regional anesthesia** provides a pain-free state without the loss of consciousness. It is used to eliminate pain in a specific part of the body by temporarily blocking large groups of nerves so the pain signal cannot reach the brain or spinal cord. A combination of IV sedation (explained on the next page) and regional anesthesia is often used. There are a few types of regional anesthesias, including:

- **An epidural block** decreases sensation in the lower areas of the body while the patient remains conscious. It can be used for surgeries on the lower part of the body, labor and delivery, and in some cases, for pain relief after surgery. An epidural block is injected in the lower back between the vertebrae while the patient is either sitting up or lying on their side. The medication will begin working 10 to 20 minutes after the anesthetic drug has been injected. Although uncommon, a headache may occur.
Spinal anesthesia is injected into the spinal canal to temporarily block pain. The numb sensation it causes will go away slowly. As the anesthesia wears off, the patient will begin to feel sensations moving from the upper body toward the toes.

Local anesthetics are injected at the surgical site to numb a small area.

Monitored Anesthesia Care (MAC) is when a patient is sedated with tranquilizers, narcotics, sedatives and other medications through an IV. The anesthesiologist determines how much and how often the drugs will be given to sedate the patient and relieve pain. Patients often have local anesthesia in combination with this IV sedation.

**What Can I Expect In the Post-Anesthesia Care Unit?**

After surgery, you will be moved to the Post-Anesthesia Care Unit (PACU). It is normal to feel a little “hazy” when you wake up from anesthesia. A nurse will give you some oxygen either through tubes placed in your nose, or through a face mask. Remember to take long, slow, deep breaths and the “hazy” feeling will soon pass.

Nausea or vomiting may occur after anesthesia. Your nurse may give you medications to relieve these symptoms. The nurse will also give you medication to help relieve any pain when it is safe to do so.

Your blood pressure is taken at least every 15 minutes by an automatic blood pressure cuff. Expect tight squeezes on your arm. Your temperature will be taken. Occasionally, patients experience some shivering immediately following surgery. Warm blankets are available.

The usual length of stay in the PACU is one to two hours. If you are waiting to be admitted into a room in the hospital for an extended stay, this time could be longer. Please know that nurses, secretaries and housekeepers are working diligently to prepare a clean and comfortable room. If there is a delay, you and your family will be informed. We appreciate your patience.

If you are going home the same day of your surgery, you will be moved from the PACU to the Ambulatory Surgery Unit for evaluation and to receive discharge information before you are sent home.
Recovering After Surgery

Your Care

Since you have had nothing to eat or drink, you may have a dry mouth. You may also have a sore throat from your breathing tube. If you experience this, your lips and tongue may be moistened with a cool, wet cloth. Fluids and foods will be started as soon as possible after your surgery. Your surgeon will decide when you will start to eat and drink.

After certain types of abdominal surgery, your bowels may not function normally for a while. Your physician may order a NasoGastric (NG) tube to be inserted. This tube will be placed through the nose and down the throat to the stomach. It will help prevent or relieve nausea and vomiting after surgery by emptying the stomach. The tube will be removed when you begin to have bowel sounds.

After certain types of surgery, your physician may order a catheter to be placed in your bladder. The catheter will be attached to a drainage bag. Your physician will decide when the catheter should be removed.

Your physician will decide what type of dressing will be placed on your incision. Sutures, staples or clips may be removed before going home. If your length of stay is short, you may go home with them in place. Instructions will be given on how to care for your incision at home.

Managing Your Pain

Your nurse will continue to monitor your pain after you leave the recovery room. It is important that you tell your nurse about pain as soon as you feel it. Relief will come more quickly if you receive treatment right away, before the pain gets worse. Medication usually takes about twenty minutes to begin working. If the medication is working, your discomfort should be minimal and you will be able to perform activities needed for recovery, like resting, walking and coughing.

Your nurse will ask you to rate your pain on a pain scale from zero (meaning “no pain”) to ten (meaning “worst possible pain”). Patients may also use a series of six illustrated faces, ranging from a big smile to a big frown and tears. This will help the nurse determine whether or not your medications are helping to relieve your pain.
St. Peter’s Pain Management Committee has put together *A Patient’s Guide to Pain Management*. It explains your rights as a patient, the types of medications you may receive and their common side effects, how medications are administered, non-drug treatments and services available, how to describe what you are feeling, and how to create a pain management plan with your physician or nurse. If you were not already given this booklet, ask your nurse. Complementary therapies are also available to help manage your pain.

**Complementary Therapy**

Patients at St. Peter’s may choose to receive complementary therapies, which are non-drug interventions used with conventional treatments to help manage pain or anxiety, and promote recovery. These therapies, provided by certified practitioners, include Reiki, Therapeutic Touch and Massage (when available). A brochure explaining these therapies offers patients self-instruction in deep relaxation techniques such as Focused Breathing, Guided Imagery and Progressive Muscle Relaxation. To request a copy of the brochure or speak with Complementary Therapy Program staff, please call 525-1174. In addition, therapeutically designed music is offered on the Patient TV CARECHANNEL, and in the Surgical Services and Critical Care Units. You may wish to contact your health insurance provider to see which complementary and alternative therapies are covered should you wish to use these methods after your hospital stay.
**Breathing and Coughing**

These instructions are for surgery patients who are staying in the hospital overnight or longer. After surgery, your breathing may not be as deep as usual. You may not be able to cough as well as usual. All of this makes it harder for you to get rid of mucus. When mucus stays in your lungs, it can cause breathing problems. Coughing and deep breathing exercises will help your lungs get rid of mucus and help prevent breathing problems. It may help you to practice the following exercises at home before your surgery.

**Deep Breathing**

- Assume a comfortable position; sit up in bed if possible.
- Breathe in slowly and deeply through the nose. Let your abdomen and chest rise as you take in the breath.
- Breathe out with your mouth open.
- Repeat 10 times. Deep breathing should be done every hour while awake.

Your physician may order a procedure called *incentive spirometry*, where you take a deep breath through a specialized mouthpiece called a spirometer. It measures deep breaths that expand the lungs and help prevent pneumonia and other breathing problems. The procedure will be explained to you.

**Coughing**

- Place your hands over your incision. Holding a pillow between your incision and hands may be helpful.
- Breathe in as explained above.
- Let out three or four sharp “hacks.”
- Then, with your mouth open, take in a deep breath and quickly give one or two strong coughs.

**Leg Exercises**

You may not be moving around as much as usual after surgery, which may cause some of your blood to stay, or “pool,” in your legs. This can cause blood clots. Leg exercises will help to move the blood out of your legs and prevent blood clots. Your physician or nurse will suggest how often the following exercises should be repeated. It may help you to practice the following exercises at home before your surgery.
Knee Flex

- Lie on your back with your legs straight out in front of you.
- Lift your leg up off the bed and bend your knee.
- Straighten your leg and lower it to the bed.
- Do this five times with each leg.

Ankle Flex

- Lie on your back with your legs straight out in front of you.
- Bend your foot downward and point your toes toward the foot of the bed.
- Then point your foot upward and point your toes toward your chest.
- Do this five times with each leg.

Foot Rotation

- Lie on your back with your legs straight out in front of you.
- Trace a complete circle in the air with your big toe.

Tips for a Faster Recovery

There are some other things you can do to help speed up your recovery. Your physician may order special support stockings for you to wear after your surgery. They will help the blood flow from the veins in your legs to help prevent blood clots. You should remove the stockings twice a day for 30 minutes each time. It is important that you wear the stockings during the night.

Your physician may also order a painless compression device to help prevent blood clots. A plastic sleeve is applied to each leg and attached to a machine that will tighten and relax the sleeves, starting at the ankle and moving up the leg. This creates a wave-like action that improves the blood flow from the veins in your legs. The complete cycle of tightening and relaxing will take about 70 seconds.

Changing your position while lying in bed will help blood flow, encourage deep breathing and help prevent sore areas. Turn from one side to the other at least every two hours. If you had back surgery, you will be asked to log roll from side to side (turn your body as a whole unit). Your nurse will help you with this.

Several times during the day, you will be asked to walk through the hall. Depending on the type of surgery you had, you may get out of bed the evening of your operation or the following morning. You will walk as often as you like without exhausting yourself.
Total Joint Replacement Surgery

Hip and Knee Replacement Surgery

Total joint replacement surgeries of the hip and knee require a special set of instructions. If you did not have this type of surgery, skip to the “Going Home” section.

The first day after surgery, a nurse or physical therapist will help you in and out of bed and give you instructions on walking. It is important to get out of bed and walk as soon as possible after surgery because it helps the healing process. It is also important to sit up for short periods during the day. You will be expected to sit up in a chair for all meals. A physical therapist will begin exercises with you, and eventually you will learn to climb stairs. You will be given a written copy of your exercise program, and you will be expected to exercise on your own as well as with a physical therapist.

The purpose of physical rehabilitation is to help you return to your highest level of independence by improving physical strength and endurance. You will have therapy once or twice every day (except Sundays) while in the hospital. After you are discharged, you may go to a therapy facility for a short period of time, or therapy may be provided in your own home. Your surgeon will make the appropriate referral if this treatment is necessary.

The surgeon may have placed a tube into your wound to drain out the excess blood. This tube may stay in place two to three days after surgery.

You may need some other items to help with your recovery.

- Ask your nurse for cold therapy or ice packs to decrease pain and swelling at the site of the incision.
- Your physician may order a Continuous Passive Motion Machine (CPM) to help you bend and flex your leg (for knee replacement surgery).
- You may also use an abduction pillow to keep your legs apart while in bed. This decreases the chances of the hip popping out (for hip replacement surgery).
Going Home

What Is Required

Regardless of whether you had ambulatory surgery (going home the same day) or general surgery (staying at least one night in the hospital), your physician will decide when you are able to go home. Your nurse will give you special instructions on diet, activities, medications, and how to care for yourself and your incision at home.

If you had ambulatory surgery, you need to have stable vital signs, minimal discomfort, and be able to drink fluids, empty your bladder and walk before being discharged.

You will not be able to drive yourself home after surgery. A responsible adult must accompany you home after surgery. You cannot take a cab without an adult family member or friend. It is recommended that you have an adult with you at home for 24 hours after surgery.
REMINDERS

Date of surgery __________________________

Arrival time __________________________

- Remember to take medications as directed by the pre-admissions testing nurse.

Medications to take: ____________________________________________________________

Remember to arrange a ride home from the hospital.

Arrange for a responsible adult to be home with you for 24 hours after surgery if you are going home the same day.

Do not eat or drink anything after midnight the night before your surgery.

Bring insurance and pharmacy cards with you the morning of surgery.

Bring a list of your medications.

Bring any inhalers you use.

Bring reading glasses if needed to sign consent forms.

We recommend that you bring this booklet with you.

FREQUENTLY ASKED QUESTIONS

Q. My surgery is scheduled for late afternoon. Can I eat a light breakfast in the morning?

A. No. Sometimes there are cancellations and your surgery time may be earlier.

Q. What must I remove before surgery?

A. Makeup, fingernail and toenail polish, all jewelry, glasses, contact lenses, dentures and hairpieces.

Q. Why is it necessary to arrive two hours before surgery?

A. Sometimes surgeries are moved up ahead of schedule. It allows for the nurses to accommodate all of your needs in preparing you for your surgery.
St. Peter’s Health Care Services, a comprehensive, integrated system of care, is the Capital Region’s largest provider of health care services.

St. Peter’s Hospital is proud to be designated a national Magnet™ Hospital for consistent excellence in nursing services. St. Peter’s has also been ranked among an elite group of hospitals nationwide as a Distinguished Hospital for Patient Safety™, Top 100 Cardiovascular Hospital, Top 100 Stroke Hospital and Top 100 Hospital for overall clinical services.

St. Peter’s continues to set the pace for health care innovations. We are 5,000 professionals who know that technology is critical to treatment, but compassion is the key to healing.

St. Peter’s Hospital
A Member of St. Peter’s Health Care Services

The science of medicine.
The compassion to heal.