A PATIENT’S GUIDE TO SURGERY

St Peter’s Hospital
ST PETER’S HEALTH PARTNERS
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.
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 and where to report the day of surgery. 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, hair gels or makeup 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.

**DO NOT** wear piercings/jewelry to surgery. They can be lost, ingested, or cause third degree burns if electrocautery is used.
The Day of Your Surgery

Before Your Arrival

Take any medications your physician or nurse told you to take before surgery.

- **Unless you have been told otherwise, 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 one visitor at your bedside. Please do not bring small children. Your family member/friend may stay with you in the pre-operative area, but may be asked to step out when the health care team completes their assessments. 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 the surgery:

- **DO NOT** bring valuables (jewelry, money, 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** 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. You may wish to bring your own headphones and personal music player 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)/IV sedation 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 20 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 10 (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.
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). To speak with Complementary Therapy Program staff, please call 525-1174. 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.

Helping You Meet Your Spiritual or Religious Needs

Members of the Spiritual Care staff are available to patients who are hospitalized and to persons who have come in for outpatient treatments. You are encouraged to make known your spiritual or religious needs. Let us know if you would like a chaplain to visit you to help you get in touch with your own inner resources to cope with your illness, or celebrate the sacraments with you, or contact a member of your faith community.

While chaplains are present on patient care units, they may not see every patient. Please ask to see a chaplain, rather than waiting for a chaplain to come to you. If you desire a visit by a member of the Spiritual Care staff you may:

- Request that your primary care nurse make contact with the Spiritual Care Office.
- If visited by a patient representative, ask that person to contact the Spiritual Care Office.
Going Home

What Is Required

Regardless of whether you had ambulatory surgery (going home the same day) or inpatient surgery (staying one night or more 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, as directed.
Reminders

Date of surgery ____________________________

Arrival time ________________________________

• Remember to take medications as directed by the pre-admission 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 photo ID, 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.
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