

This book is for	
You should arrive on (date)	at (time)
To (select one) Nash Day Hospital 🗌	Surgery Pavilion

PATIENT MEDICATION HISTORY

Name	
Primary Care Physician	
	_
Chronic Conditions:	
List of Allergies and reaction experienced:	
Medication:	
Dose	
Frequency	
Used for	
Date of last dose	
Medication:	
Dose	
Frequency	
Used for	
Date of last dose	
Medication:	
Dose	
Frequency	
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Medication:	
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Frequency	

Welcome to Nash Health Care Systems.

We consider it a privilege to serve your health care needs. We understand that surgery can be an emotional as well as a physical challenge, and we have designed this handbook to guide you through the process of surgery.

Feel free to share this handbook with your family, friends and loved ones. They are an important part of your preparation and recovery. If you have any questions, please feel free to ask any staff members. We wish you the best of health.

Before Surgery...

Before your surgery, you may need to have:

- A physical exam where your health care provider will ask questions concerning any medications you are taking. He or she will also need to know if you have any allergies or use alcohol, tobacco or other drugs. Your health care provider will ask about your past experiences with anesthesia.
- Lab tests, which may involve X-rays, a urine test, blood tests and an electrocardiogram (EKG) to see how well your heart is functioning.

Registration and Insurance Information

- ▶ If your surgery is covered by insurance, please have the following information available:
 - 1. Name of insurance company
 - 2. Group number and ID number
 - 3. The insurance company's telephone number to verify coverage
 - 4. The insurance company's address to mail claims
 - 5. Any referral, precertification and/or authorization numbers required
- Any required authorization from your insurance company should be obtained before surgery. Please review your insurance benefits for necessary precertification, authorization and/or second opinion requirements.
- Payment of your deductible (charges not covered by insurance) is expected at the time of service. Nash Health Care Systems accepts cash, check, VISA or MasterCard.
- You will also receive a separate bill from the following doctors:
 - 1. Anesthesiologist
 - 2. Radiologist (X-ray, MRI)
 - 3. Pathologist (tissue examination)
 - Surgeon



Additional medicines should be listed on a separate sheet and brought with the patient on their clinic visit. A medication list form can be downloaded from our website. Simply go to www.nhcs.org and click on "Patient/Visitor Info" and select the medication form from the list of options given.

Used for
Date of last dose

Medication:

Dose
Frequency
Used for
Date of last dose

Our Patient Education Nurse

You will meet with our patient education nurse who will ask several questions about your health history. The nurse may ask you about:

- Current medications, including prescription medications and dosages, birth control, vitamin or herbal supplements or medication patches. It is important to be honest about the use of any street drugs, as these may react dangerously with anesthesia medications.
- ➤ Allergies
- Past surgeries or hospitalizations
- Medical illnesses or diseases.

Depending upon your age and physical condition, blood tests, X-rays, EKG's or other lab work may be required.

How to Prepare for Surgery...

- The night before your surgery, do not eat or drink anything after midnight.
- Do not put anything in your mouth the day of surgery—this means no water, juice, coffee, gum, breath mints, snuff or chewing tobacco. However, you may be instructed to take certain medications with a sip of water.
- Stop taking all aspirin and aspirin-containing products for one week before your surgery unless approved by your surgeon. This includes: Ibuprofen, Motrin, Advil, Toradol, Aleve, Anaprox, Naproxen, Naprosyn, herbal medications and Vitamin E.
- Do not smoke or drink any alcohol for at least 24 hours before your surgery. It is important that your lungs operate at their best capacity for surgery. Alcohol may have an adverse effect on any medications or anesthesia given to you.
- ▶ Betasept surgical scrub: bathe or shower BOTH the night before and the morning of surgery with Betasept Surgical Scrub. Betasept Surgical Scrub is a specialized type of soap that you may be given at your pre-op visit. Do not use it on your face. Do not use it on the vaginal area. Use it only from the neck down with special attention given to the surgical area.
- Do not use lotion, powder, perfume or deodorant on your skin.
- Do not shave your surgical area for 2 days prior to your surgery. If you are not given Betasept at your pre-op visit, please bathe with an antibacterial soap the night before and the morning of surgery.
- If your surgeon has given you special instructions for a bowel prep, please follow instructions given:
- Call your surgeon if you get a cold, flu or other illnesses within 24 hours before your surgery.
- If you are going home the same day of surgery, please make arrangements for someone to drive you home. You will not be allowed to drive home or leave by cab or bus. Someone must stay with you 24 hours after surgery.



IMPORTANT

Surgery may be cancelled when...

- You do not follow food and drink instructions.
- There is no responsible adult available to drive you home on the day of your surgery.
- There is no responsible adult available to stay with you for 24 hours after your surgery.
- There are unexpected changes in your medical condition.
- You arrive late to the hospital.
- You do not follow instructions if a bowel prep is given.



The Day of Your Surgery...

It is understandable to be a little anxious the day of surgery. It is important to report to your nurse any illness or unusual feelings you are experiencing. Please remind us of any special needs you may have. If employees do not introduce themselves, feel free to ask them to do so, because you have a right to know the names of those involved in your care.

D A Y O F S U R G E R Y

- Bring one form of identification such as driver's license, social security card or Medicare / Medicaid card.
- Arrive bathed or showered as instructed.
- Wear loose, comfortable clothes. Jogging suits are excellent because they are light-weight and apply little or no pressure to the surgical site.
- You may brush you teeth and gargle the morning of surgery, but do not swallow any water.
- If you wear glasses, please remember to bring an eyeglass case. Remove contact lenses before surgery and store them in a case.
- Do not wear makeup, nail polish or jewelry.
- Long hair must be braided or secured with rubber bands. All hair wigs, extensions, clasps and combs should be removed.
- Remove all jewelry, including any kind of ear or body piercings, before arriving at the hospital.
- Leave all valuables at home.
- ▶ Bring a list of all medications you are taking, as well as the dosages. You may want to bring your medication bottles with you the day of surgery. For your convenience, there is a medication list form located on the first page of this booklet. In addition, you can download a medication list form for you to complete from our website. Simply go to www.nhcs.org and click on "Patient/Visitor Information" and select the medication form from the list of options given.
- Bring any inhaler(s) or C-PAP machines you use at home.
- Do not take your insulin or diabetic pill unless instructed by your doctor.
- Take the following medications with a sip of water the morning of your surgery:
- A parent or guardian of a child must remain in the surgical area at all times until the child is discharged.
- Please do not eat or drink in patient rooms prior to surgery.
- ▶ If you are staying overnight, please leave all luggage in your vehicle until after surgery.
- Do not use any hairspray or hair products prior to surgey.

What Happens When I Arrive for Surgery?

You will be asked to remove your clothing and jewelry and wear a hospital gown, cap and booties. Afterwards, you may sit in a recliner or rest on a stretcher.

A nurse will interview you for an assessment and will answer any questions you may have. He or she will provide you with any additional instructions you will need.

Your surgical site may be marked with a pen or a marker. This is a part of our patient safety regulations.

An anesthesiologist will interview you to identify potential risks and to discuss the type of anesthetic you will receive.

Your personal belongings will be given to a family member or secured in a locker. We will start your IV and give you any medications needed before going to the operating room.

Sometimes, an unavoidable delay occurs when a prior surgery takes longer than expected or an emergency case is placed ahead of yours. We understand that it is difficult to wait, but we appreciate your patience. You may want to read or watch television while you wait.

Anesthesia and You

The anesthesia care team will accompany you into the operating room, where they will ask some of the same questions heard throughout your preparation. A warm blanket will be provided to offset the cool temperature of the operating room.

The anesthesia provider will remain throughout your surgery to monitor your vital signs and airway. You will receive medications through your IV line to help you relax.

There are several different types of anesthesia:

General Anesthesia

General anesthesia means you will be unconscious during the surgical procedure. This type of anesthesia may be given by IV or inhaled as a gas. You will be deeply asleep and will be given oxygen through a facemask or breathing tube. You will have no pain or knowledge surgery is being performed.

Regional Anesthesia

Regional anesthesia blocks feeling to a certain area of the body. Examples include a spinal (where the anesthetic is injected into the lower back) or nerve blocks (where the anesthesia is injected into a cluster of nerves). You will usually also be given sedation.

Local Anesthesia

Local anesthesia only numbs the part of your body that will be undergoing the operation.

MIVA (Monitored Intravenous Anesthesia)

Monitored intravenous anesthesia is heavy sedation and pain management with little recall or memory. You can by aroused by the surgeon if needed.

About the Operating Room

The operating room will be bustling with activity and you will notice bright lights and a variety of instruments and equipment. Operating team members will wear facemasks to keep the environment free from germs and bacteria. You will be connected to monitoring equipment that will track your vital signs during surgery.

When the surgery is over, your surgeon will speak to your family.

Post Anesthesia Care Unit (PACU/Recovery Room)

After surgery you will be taken to PACU to awaken. The length of your stay is dependent upon the type of anesthesia you received. You may have an oxygen tube or mask on your face. You will be attached to a heart monitor and there will be a probe on your finger to monitor your oxygen level. You may notice that you have a dressing over your incision. Your incision may also have tubes or drains. This is to aid in your recovery.

You may notice some side effects from the anesthesia and surgery such as:

- Drowsiness or a feeling of tiredness
- ► Nausea, headache or vomiting
- Dry mouth, thirst or a sore throat
- ▶ Coldness
- Soreness or discomfort.

Do's and Don'ts After Anesthesia: A Quick Guide

Don't drive a car for at least 24 hours.

Don't operate complex equipment for at least 24 hours.

Don't make any important decisions or

sign any legal documents for the day.

Don't take any medications unless prescribed by or discussed with your physician.

Don't drink alcohol for at least 24 hours.

Do remain quietly at home for the day and rest.

Do arrange for someone to care for your small children for the day.

Do take liquids first and slowly progress to a light meal.

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Pain Management is Our Concern

Nash Health Care Systems is committed to pain management. As a patient you have the right to:

- ► Information about pain and pain relief measures
- A concerned staff committed to pain prevention and management
- ► Health professionals who respond quickly to reports of pain
- ► Know that your report of pain will be believed.

To help us relieve your pain, we will ask you to do certain things:

- ►Ask your doctor or nurse what to expect regarding pain and pain management
- Discuss pain relief options with your doctors and nurses
- Work with your doctor and nurse to develop a pain management plan
- ► Ask for pain relief when pain first begins
- ► Help your doctor and nurse assess your pain
- Tell your doctor or nurse if your pain is not relieved
- Tell your doctor or nurse about any worries or previous reactions you have had from taking pain medication.

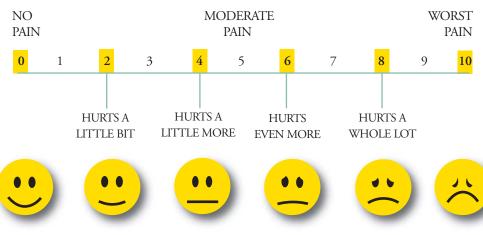
Managing Your Pain

Everyone feels and reacts to pain in different ways. The nurse will assess your pain using a scale that is used throughout the hospital. This will help everyone who assists you understand your level of pain. After this assessment, you and your doctors and nurses will establish an agreed-upon level of pain tolerance that will allow you to move around in bed, cough, breathe deeply, sleep and walk if allowed. Once the pain treatment begins, your nurses will periodically reassess your pain to make sure that the plan is working.

You are the only one who knows how much pain you feel and what relieves the pain. Be honest with the doctors and nurses. Do not worry about bothering the staff and do not try to "tough it out." When asked to describe your pain, here are some words you can use: cramp, sharp, ache, burning, dull, constant, off and on.

After Your Procedure

In the Post Anesthesia Care Unit (PACU), you will be given pain medication as needed. While you should expect some discomfort after surgery, it should be tolerable. You will be asked to rate your pain. This helps us to evaluate how much discomfort you are having so we may determine the best way to relieve as much pain as possible. The scale we use to rate discomfort measures pain on a 0-10 scale:



When You are at Home

It is very important to fill the prescription for your pain medication as soon as possible. Patients are often comfortable when they leave the surgery unit and do not think they will need a prescription pain pill. However, many surgeons use local anesthesia at the wound site, so you will be fairly comfortable until the anesthesia wears off. This may not occur until later in the day when you are at home. It is much easier to keep pain under control than to try to alleviate it with more mediation once you are uncomfortable. Take your pain medication as prescribed. Take pain relief drugs when the pain first begins.

Remember that narcotic pain medication can affect your mind and body—this is why you should not drive, drink alcohol, sign legal papers or participate in any activity that requires coordination or requires you to make a judgment or major decision. (This includes medications such as Lortab, Percocet and Tylenol #3.)

What Next?

After careful observation, you will either be discharged to your home with a responsible adult or you will be admitted to Nash General Hospital. Any personal belongings will be returned to you or sent with you to your room if you are admitted to Nash General Hospital. A nurse team will help monitor your diet, activity levels, explain medications and treatments.

Before leaving the hospital, you will be given verbal and written instructions regarding your diet, medications, bathing and activity restrictions. If you are discharged to your home from the surgical area, you will receive a phone call within 24-72 hours from the hospital to ask about your progress and to assist you with any questions you may have. You will be given emergency numbers to notify the surgeon in case care is needed before the follow-up call is received.

To speed your recovery and prevent any unnecessary problems after your surgery, you will need to learn some simple exercises. These breathing exercises will aid you in your

Practice these before your surgery and continue 3-4 days after surgery:

- Deep breathe and cough 5-10 times every hour
- Take slow, deep breaths through your nose
- When you take these deep breaths, you should feel your chest and upper abdomen swell up like a balloon
- Breathe the air out, pursing your lips—as if you are blowing out a candle
- Try to breathe all the air out of your lungs
- For the last breathing exercise, breathe in forcefully and then breathe the air out like a cough. Let the cough come from deep in your lungs
- To help the blood move well to all parts of your body, you need to exercise your legs. You also need to do this exercise every hour while you are awake to prevent blood clots from forming in your legs.

Advance Directives

Advance Directives are decisions you make about life-sustaining treatments. They include a Living Will and Healthcare Power of Attorney. A Living Will allows you to indicate preference regarding withdrawal of life-sustaining treatment if you are no longer competent. Healthcare Power of Attorney allows you to appoint someone to make health care decisions for you if you are not able to make those decisions for yourself. Advance Directives do not go into effect until you are no longer able to make decisions. For more information or to execute either of these documents, speak to your nurse or call Pastoral Care at 8770.

