



# *Preparing for Elective Surgery*

## Patient Guide

[sunnybrook.ca/surgicalseervices](http://sunnybrook.ca/surgicalseervices)

**P**



**Main Entrance**

**\*To MGround drop off and pick up area for Surgical Services**

On your surgery day, check in at

**Surgical Services Registration**

**Room MG 502**

**Ground Floor, M Wing**

416.480.6100, ext. 85141

To get to Surgical Services Registration,  
enter through the main hospital doors and  
take the stairs or elevator to the ground floor.  
Turn left, and follow signs to MG 502.

**Please be on time to register.**

You may wish to bring this booklet with you  
to the hospital on the day of surgery.

*This booklet contains personal health information.  
Please dispose of it securely after use.*



**Patient Name:** .....

**Surgeon Name:** .....

**Surgeon Office Phone:** .....

**Expected Surgery Date\*:** .....  
\*Subject to Change

**Expected Post-op Unit\*:** .....  
\*Subject to Change

A member of staff will call you one working day before surgery to give you your registration time and tell you what time your surgery is expected to start.

Write the times in the spaces below.

**Registration Time:** .....  
Registration can be as early as 6 a.m.

**Tentative Surgery Time:** .....  
This time is approximate.

# Contents

<b>Planning Ahead</b> .....	<b>1</b>
Scheduling .....	2
Preparing for Hospital Admission .....	3
Preparing for Same Day Surgery .....	4
Coming to the Hospital .....	5
<b>Before Surgery</b> .....	<b>7</b>
Showering .....	8
Eating and Drinking.....	10
Medication Instructions .....	12
Special Instructions .....	15
Reminders.....	16
<b>The Day of Surgery</b> .....	<b>17</b>
What to Expect .....	18
After Surgery .....	21
<b>Frequently Asked Questions</b> .....	<b>23</b>
Anesthesia .....	24
Pain .....	31
Blood Transfusion .....	36
Aspiration .....	38
<b>Post-Operative Exercises</b> .....	<b>41</b>
Deep breathing .....	43
Coughing .....	44
Toe pointing .....	45
Leg bending .....	46
Toe circles .....	47
<b>Patient Checklist</b> .....	<b>49</b>
<b>My Notes</b> .....	<b>50</b>
<b>Sunnybrook Bayview Campus Map</b> .....	<b>51</b>



# Planning Ahead

## Scheduling

You will receive a confirmation phone call one business day before your surgery between 11:00 a.m. and 3:00 p.m. You will be told what time to arrive at the hospital to register, and what time your surgery is scheduled to start.

Write your registration and surgery times down in the space provided on **page i** at the beginning of this booklet.

**Your surgery is scheduled, but the exact surgery time is subject to change.**

Elective surgeries are sometimes delayed or cancelled if there is an emergency. If your surgery is cancelled, your surgeon's office will contact you to reschedule as soon as possible.

### Cancelling Your Surgery

If you have cold symptoms, a fever, or feel ill in any way, contact your surgeon's office to reschedule your surgery.

Please call at least **48 hours** in advance to reschedule or cancel your surgery for any reason. To cancel your surgery you must first call your surgeon's office, and then call Surgical Services Registration at 416.480.6100, ext. 85141.

If you need to find the phone number for your surgeon's office, you can type the surgeon's name into the search bar on Sunnybrook's website.

## Preparing for Hospital Admission

If you are being admitted after surgery, you will be staying at the hospital overnight for one night or longer. Please pack a bag for your stay with all the items you will need. For security, please have your name clearly visible on the outside of your bag.

Have one trusted person (companion) stay with you at the hospital on the day of surgery. **Your companion will bring your belongings to you after surgery when you have checked in to your post-operative unit.**

### Please pack in your bag:

- your cell phone and charger,
- all of your prescription medications,
- reusable water bottle,
- toothpaste and a toothbrush,
- soap and hair supplies,
- loose, comfortable clothing,
- a housecoat or robe,
- socks and slippers,
- an eye mask and ear plugs for sleeping,
- assistive devices you use (e.g., glasses, hearing aids, a cane, a walker, or a CPAP machine).

**Do not bring money, credit cards, jewelry, laptops, or other valuables. Sunnybrook will not be responsible for your items.**

## Preparing for Same Day Surgery

Day Surgery patients are discharged home the same day as the surgery. If you are having day surgery, ask a friend or family member (companion) to come with you to the hospital and stay with you for the first night after surgery.

Your companion can wait with you at the hospital, or they can drop you off for registration and pick you up after your procedure. If you are going to be picked up after surgery, the Same Day Surgery department will call your companion with the pick-up time and location.

Please bring 2 bags with you (either plastic or reusable ) for your shoes and clothing. These items will be given to your companion or placed in a locker while you are in surgery. Do not bring valuables to the hospital.

You must have a responsible adult drive you home after surgery and stay with you overnight. **Do not drive yourself home, and do not use public transit.** If your companion cannot drive you, ask them to sit with you in a taxi on the way home. You must not drive, operate machinery, or drink alcohol for 24 – 48 hours after surgery.

**Your surgery booking may be affected if you have not made arrangements for a responsible adult to be with you after surgery.**

Call your surgeon's office if you do not have a companion available to take you home.

# Coming to the Hospital

## Companion Policy

Please bring only one person with you on the day of surgery. Waiting room space is very limited, and there is not enough space in the waiting rooms for groups.

**Patients who need language assistance should bring a companion who can translate for them.**

If you are going home the day of surgery, you may choose to have your companion drop you off before registration and return to pick you up after recovery.

## Medication

Your healthcare team will go over your medications and provide detailed instructions. You may need to stop some of your medications or take specific medicine before surgery.

Follow the medication instructions on pages 12–15.

## Smoking

Smoking cigarettes, cannabis, or e-cigarettes/vape can increase your risk of infection and other complications. Stop all smoking activities 6 weeks before surgery.

If you cannot stop smoking entirely, reduce as much as possible, but **do not smoke at all on the day of surgery.**

Please note that smoking is not allowed anywhere on hospital property.

## **Fragrance Policy**

Do not wear scented products to the hospital (e.g., perfume, body spray, hairspray, cologne, aftershave, scented lotion).

Scented products trigger allergic reactions and breathing issues in the people around you, including other patients and members of staff. All patients and visitors are asked to go scent-free while at Sunnybrook.

## **Jewelry and Makeup**

Before coming to the hospital, remove all non-medical jewelry, including piercings and wedding bands.

Jewelry left on can cause serious harm to the patient and to medical staff during surgery. **Rings and bangles that cannot be removed will be cut off before surgery.** It is not necessary to remove nail polish or acrylic nails before surgery.

Do not wear makeup or fragrances when you come the hospital for surgery.

## **Wheelchair Service**

Volunteer wheelchair service is offered in room M1 004, Monday to Friday from 8:00 a.m. to 6:00 p.m.

Staxi transport chairs are located at all hospital entrances and require a deposit of CA\$1.

## **Parking Passes**

Weekly and pay-per-use permits are available for purchase. To arrange a parking permit, call 416.480.4123, or visit the Parking Services office in room CG 01.



# Before Surgery

## Showering

You will need to shower twice before surgery to reduce your risk of infection and complications.

Shower the night before and the morning of your surgery with Scrub-Stat 4% surgical detergent (soap).

Scrub-Stat 4% can be purchased at the Sunnybrook pharmacy in a smaller size at reduced cost. **Available at the Sunnybrook Pharmacy Cashier.** An approved alternative is Dexidin 4, which can be ordered from local pharmacies without a prescription.



If you have a reaction to surgical soap, rinse off and shower with mild unscented soap. Tell staff about your reaction when you arrive at the hospital.

## Instructions

For **both** showers:

- With a clean cloth, wash your body with Scrub-Stat 4% from neck to feet, finishing at the groin and anal area.
- Leave the soap on for 2 minutes, then rinse. Please use a clean towel to dry off.
- **Do not use surgical soap on your face or hair.**
- **Do not** use conditioner or hairstyling products.
- **Do not** shave the surgical area.
- **Do not** apply moisturizers, lotion, or makeup.



## **First Shower**

Night before surgery



- Wash your hair with shampoo, but do not use conditioner.
- Remove all jewelry, including body piercings.
- Sleep in clean pajamas and clean bedsheets after your shower.
- Brush your teeth with toothpaste.

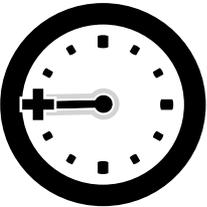


## **Second Shower**

Morning of surgery



- Brush your teeth, but do not swallow any toothpaste.
- Put on clean clothing after showering.
- Do not apply any moisturizers or lotions.
- Do not apply any hair products, fragrances, or makeup.



## **Surgery**

## Eating and Drinking

It is very important to have an empty stomach for surgery. If there is food in your stomach, you may vomit during the surgery, which can be extremely dangerous.

**If you eat or drink before surgery, your operation may be cancelled for your safety.**

Do not eat any food after midnight before surgery. You may drink only clear fluids up to 2 hours before surgery.

**Clear fluids allowed are non-alcoholic liquids you can see through.** These include water, clear soda, apple juice, and cranberry juice. Black coffee or tea is allowed and you may add sugar, but do not add any milk, cream, or whiteners.

Do not drink milk, alcohol, orange juice, or any juice with pulp or nectar.

Stop drinking fluids 2 hours before your surgery, or when you get up the morning of surgery. Do not drink any liquids, do not eat any food, and do not have any gum, candies or lozenges.

**If you were told to clear your bowels for surgery, you will have special instructions on page 15.**



**After Midnight**  
before surgery



**No Food**

Drink clear fluids only.

- Water
- Clear sodas
- Coffee or tea (no milk)
- Clear soup broth
- Cranberry or apple juice
- No Alcohol



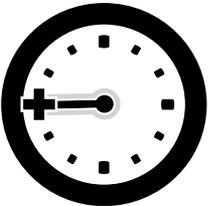
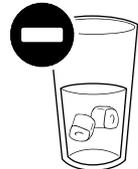
**2 Hours**  
before surgery



**No Intake**

Nothing to eat or drink.

- No food
- No drinks
- No gum
- No candy
- No lozenges



**Surgery**

# Medication Instructions

Your healthcare team will have a list of medications for you to take the morning of your surgery.

Take the medications listed below with a glass of water before you leave for the hospital.

**Take with water the morning of surgery.**

.....

.....

.....

.....

.....

.....

.....

To be filled out by healthcare professional.

# Stopping Medications

Some medications, like blood thinners and herbal supplements, may interact with anesthetics used in surgery. Interactions could lead to dangerous side effects such as excessive bleeding.

It is important to tell your team about all medications and supplements you take. They will tell you which ones are safe to continue and which you will need to stop.

Stop taking the medications below on the date specified.

Medication	Date of Last Dose
.....	○
.....	○
.....	○
.....	○
.....	○
.....	○

To be filled out by healthcare professional.

If you will be staying in the Surgical Short Stay unit after surgery and presently use narcotics for pain control, **DO NOT** bring these with you to the hospital.

## Diabetic Medication Instructions

If you have diabetes, bring a snack to eat after surgery.

If your blood sugar is lower than 4.0 on the morning of surgery, drink some apple juice or sugar water before you leave. **Do not take insulin or any oral diabetes medications.**

If you use an insulin pump, follow the special instructions you received at your pre-anesthesia assessment. Tell staff that you have an insulin pump, and bring extra supplies for the pump on the day of surgery. After surgery, you will meet with the Endocrine Team for instructions on how to continue your medications after discharge.

If you use injected insulin and you will be going home the day of surgery, a registered nurse specialized in diabetes will give you medication instructions before you are discharged.

# Special Instructions

You may be given additional instructions to prepare you for your surgery, depending on your specific procedure.

If your healthcare team has additional instructions for you, they will be written below.

**Additional Instructions**

.....

.....

.....

.....

.....

.....

.....

To be filled out by healthcare professional.

# Reminders

- **Have a shower with surgical soap** the night before surgery. Details on pages 8–9.
- **Wash your hair and brush your teeth.**
- **Drink only clear fluids** after midnight before surgery. Details on page 10.
- **Remove all jewelry**, including wedding bands and body piercings.
- **Have a second shower with surgical soap** on the morning of surgery. Details on pages 8–9.
- **Take your medication** as directed and follow any additional instructions. Details on pages 12–15.
- Bring all of your prescription medications in their original containers.
- Bring your ID and documents, as instructed.
- Bring one friend or family member with you.

- **Don't shave** the surgical area.
- **Don't smoke** at all on the day of surgery.
- **Don't bring** more than one person with you.
- **Don't wear** any cosmetics or scented products to the hospital.
- **Don't eat** anything after midnight before surgery. Details on page 10.



# **The Day of Surgery**

# **What to Expect**

## **Registration**

Your registration time is usually 2– 3 hours before surgery. Please be on time to register.

1. You will register in room MG 502.
2. Staff will check your health card and ask you to confirm your name and date of birth.
3. A Sunnybrook ID band will be placed on your wrist.
4. You will be asked to sit in the waiting room. Your companion may wait with you.
5. A member of staff will call your name and take you to the Same Day Surgery pre-operative area.

## **Pre-op**

Your companion must stay in the waiting room while you are being prepared for surgery.

1. A registered nurse will prepare you for surgery in the Same Day Surgery pre-operative area.
2. Preparation will take up to an hour.
3. Your paperwork will be completed.
4. You will have an intravenous (IV) placed in your arm.

After pre-op is complete, your companion may wait with you until the operating room is ready. Please keep in mind that surgeries are sometimes delayed due to emergencies.

## Surgery

If you are having a nerve block, you may go to a separate room to get an anesthetic injection before going to the operating room.

1. An anesthesia doctor (anesthesiologist) will review your medical history and answer any remaining questions you have.
2. When the operating room is ready, you will be taken to the operating room, where the staff will be preparing.
3. You will be moved to the operating table.
4. Your blood pressure and pulse will be measured.
5. The operating room staff will go through a surgical safety checklist before the operation begins.
6. You will be put on oxygen, and you will get some medication to put you to sleep.
7. You will be monitored closely during surgery.

While you are in surgery, your belongings will be given to your companion or placed in a locker.

If you will be going home the day of your surgery, or if you will be staying at the hospital for 1–2 nights, your companion will wait in room MG 502.

If you are being admitted to an inpatient unit or ward after surgery, your companion will wait in room A148.

## Recovery

After surgery, you will go to the Post-Anesthetic Care Unit (PACU) to recover from anesthesia.

1. Your anesthesiologist will supervise your care while you are in PACU.
2. You will still be on oxygen while in recovery.
3. A registered nurse will monitor your blood pressure, pulse, and oxygen levels, and give you pain medication as needed.
4. When you are awake and your pain is under control, you will be moved to a post-operative unit.
  - **Ambulatory Recovery (MGSD)**, for patients going home the day of surgery.
  - **Surgical Short Stay Unit (SSSU)**, for patients staying at the hospital for 1–2 nights.
  - **Inpatient unit or ward**, for patients being admitted to the hospital for a longer stay.
  - **High Intensity Surgical Short Stay Unit (HISSSU)**, for patients who require additional monitoring before being transferred to a ward setting after surgery.

Some patients may need to spend additional time in the PACU before going to their post-op bed.

Visiting may be allowed for 5 minutes at the discretion of the Nurses as this is a restricted area.

## After Surgery

If you will be staying in the hospital after surgery, Please **DO NOT** bring your personal belonging bag into the hospital the day of your procedure.

These items should be brought to you by your Family member or companion once you have been admitted to your post-op bed after surgery.

Any clothing/shoes/boots or personal belongings that you do come in to the hospital with will also be given to your Family or Companion to hold onto.

## Same Day Surgery

If you are going home the same day, you will be taken to the Ambulatory Recovery unit in room MG 601. The unit is open-concept with privacy curtains at each bed.

You must have a responsible adult drive you home and stay with you overnight for the first night after surgery. **Do not drive, and do not take the bus.**

**For 24 hours after surgery, do not drink alcohol, do not drive, do not operate machinery, and do not make major decisions.**

If you feel very ill at home, or if your pain becomes unbearable, go to the closest Emergency Department and tell the doctor that you have just had surgery.

## **Surgical Short Stay Unit**

If you need to stay at the hospital 1–2 nights after surgery, you will likely go to the Surgical Short Stay Unit (SSSU) in room MG 503. The unit is open-plan, with male and female patients. Each bed bay has curtains for privacy. There are no private or semi-private rooms available.

Discharge time from SSSU is 11:00 am.

Visitors are limited, and visiting hours end at 8:00 pm.

## **Inpatient Units**

If you are being admitted for a longer stay at the hospital, you will go to an inpatient unit or ward after surgery. The length of your stay will depend on what surgery you are having, and on your physical condition after the operation.

Inpatient rooms are assigned as they become available, and may be shared with another patient. Private rooms are limited and the priority for these rooms goes to patients that require isolation.

Hospital visiting hours are 10:00 am to 8:00 pm. Requests for overnight visits are considered on a case by case basis. The unit's charge nurse can provide information on visiting policy. Discharge time from inpatient units is before 11:00 a.m.

## **High Intensity Surgical Short Stay Unit**

High Intensity Surgical Short Stay Unit Patients (HISSSU) who may require more complex care and monitoring after surgery may spend a few days in the HISSSU before going to a ward unit.

The HISSSU is an open-concept unit. There are 3 HISSSU beds, and each bed bay has curtains for privacy. If staying in HISSSU, bring ear plugs and warm socks, as the area is busy and noisy and may be cold. Please limit personal belongings in the HISSSU.



# Frequently Asked Questions

# **Anesthesia**

## **What is anesthesia? What is sedation?**

Anesthesia is temporary and controlled medical freezing used in surgery to stop you from feeling pain. The freezing medication is called anesthetic. General anesthesia involves both freezing and loss of consciousness.

Sedation is drug-induced sleep or relaxation. If your procedure does not require general anesthesia, you may be given a sedative drug with your anesthetic medication to relax you or put you in a sleep-like state.

## **Why do I need anesthetic?**

Anesthetic medication will keep you from feeling pain during surgery. It will numb you and keep you relaxed while the surgeon operates. General anesthesia will also put you in a sleep-like state and block signals to the brain so that you do not move and do not remember the procedure.

## **What is an anesthesiologist?**

An anesthesiologist is a doctor who has been specially trained to give safe and effective anesthesia. The anesthesiologist plans the anesthetic based on your medical history and your operation. They will stay with you during surgery to monitor your health and manage your vital functions, like breathing.

## What are the different kinds of anesthesia?

Three types of anesthesia are general, regional, and local. Some procedures require more than one type of anesthesia.

- **General anesthesia** is medically-induced unconsciousness and numbing of the whole body. A combination of medications will put you to sleep and relax your muscles. You will not feel pain, and you will not remember the procedure. A breathing tube may also be put into your windpipe to help you breathe, if your anesthesiologist thinks it is necessary.
- **Regional anesthesia**, like a nerve block or epidural, is medical freezing of a large area of the body. This is done with local anesthetic injected near a nerve or bundle of nerves, or near the spinal cord. If you are given a regional anesthetic you may also be given a sedative to relax you or put you in a sleep-like state. A tube called an epidural catheter may be inserted at the injection site to give you more anesthetic after surgery for pain relief.
- **Local anesthesia** is medical freezing applied only to the part of the body that will be operated on. Local anesthetic is often used for procedures like dental surgery or mole removal. It can take up to 30 minutes for local or regional anesthetics to take full effect. The freezing can last several hours.

## **What type of anesthetic will I need?**

Your surgeon and your anesthesiologist will work with you to decide what type of anesthesia is best in your case. The anesthetic is planned based on your medical history, your current health, and the type of procedure you are having.

## **Why can't I eat before surgery?**

You must have an empty stomach before surgery so that you do not vomit while you are sedated.

If you vomit while unconscious, substances can get into your lungs and cause serious illness, or even death. Your surgery may be cancelled if you eat anything beforehand.

## **What are the side effects of anesthesia?**

After anesthesia you may experience headaches, muscle soreness, drowsiness, nausea, and/or vomiting. Some patients also experience confusion and gaps in memory around the surgery. Most side effects pass after 48 hours. If you are given a breathing tube during surgery, you may also have a sore throat.

## **What is intubation? Will I be intubated?**

Intubation is the process of putting a breathing tube into your windpipe to help you breathe. Your anesthesiologist will monitor your condition and decide if intubation is needed. They may decide right before the start of the procedure.

If you are intubated, you may have a sore throat after surgery. Avoid acidic foods and drinks for 48 hours, as your throat may become irritated.

## **What are the risks of anesthesia? Is it safe?**

Anesthesia is very safe, and major complications are rare. The risk level depends on your health and the type of anesthetic you will be having.

Patients who have general anesthesia can sometimes experience pneumonia, blood clots, or confusion, and in rare cases stroke or heart attack. A small minority of patients (1 in 10,000) may experience partial awareness during surgery. The risk of death from anesthesia is extremely low (about 1 in 200,000).

In rare cases, patients may have an allergic reaction to regional or local anesthetics. Nerve injury from injection of the anesthetic is even less common. If the nerve or spinal cord is injured, the area may become numb or paralyzed.

Some patients may experience cognitive changes after surgery and anesthesia. Two common changes that can occur after surgery are postoperative delirium (POD) and postoperative neurocognitive disorder (P-NCD).

POD is a temporary state of mental confusion that can include changes in thinking, an inability to focus, restless behavior and hallucinations in the first few days after surgery. P-NCD is when a patient's memory and thinking abilities decline and do not return to normal after surgery. P-NCD and especially POD occur more often in older individuals after surgery. However, both conditions can affect patients of any age, and symptoms can range from mild to severe.

## **How can I lower the risks that apply to me?**

To decrease your risk of complications, follow all of the preparation and medication instructions given to you by your healthcare team.

Below is additional advice to help lower your risk of developing post-operative complications, including POD and P-NCD.

### **Before your surgery:**

- Keep physically active. Try to get 30 minutes of exercise 3–4 times a week.
- Keep mentally active. Use brain puzzles and cognitive training exercises 1 hour a day.
- Get enough sleep in the nights before your surgery. Aim for 7–9 hours of rest per night.
- Eat a healthy and balanced diet.
- If you have obesity, try to manage your weight before surgery. Obesity places strain on the organs and increases the risk of complications.
- Stop smoking at least 6 weeks before surgery. Do not smoke tobacco or cannabis, and do not use a vape or e-cigarette. Smoking increases your risk of infection and breathing complications.
- Stay hydrated. Drink 6–8 glasses of water per day. You can drink clear fluids up until 2 hours before your surgery time.

## **After your surgery:**

- Keep your mind active. Read, play games, and talk to family and friends.
- Keep your body active. Ask your healthcare team about exercises you can try, including moving your arms and legs while in bed and taking short walks around your home.
- Maintain healthy hearing and vision. Use hearing aids and glasses when needed.
- Stay organized. Take your medications on time and use a calendar or clock to stay oriented.
- Maintain rest and sleep routines.
- Follow a healthy diet and stay hydrated.
- Communicate with your healthcare team about any pain you experience.

## **What is clinical research? Will my information be used?**

Clinical research data is used to improve patient care and develop new treatments and prevention strategies. All research studies at Sunnybrook are voluntary, which means you can choose whether you would like to participate.

The research group at Sunnybrook focused on changes in brain function after surgery is the Perioperative Brain Health Centre (PBHC). Studying cognitive changes and identifying the causes helps to improve treatments for at-risk patients.

Your contribution to a study could lead to better outcomes for future patients. Participating in a study may involve gathering information about your recovery after surgery, or comparing your treatment to other existing treatments.

A member of the anesthesia research staff may contact you before or after your surgery to ask if you would like to take part in one or more research studies. The decision is yours, and you do not have to participate.

To learn more about current research studies visit the PBHC website [www.perioperativebrainhealth.ca](http://www.perioperativebrainhealth.ca), or ask your healthcare team for the brochure “Clinical Studies in the Department of Anesthesia”.

# **Pain**

## **Will I have treatment for my pain?**

Your doctors and nurses will do their best to keep your pain level as low as possible before, during, and after surgery. You will receive medication as treatment for your pain. In some cases, pain treatment may start before the procedure.

## **How much pain will I have?**

Everyone has different pain tolerance. Two people having the same surgery may have different experiences with pain. The staff caring for you will do everything they can to help.

After surgery, a registered nurse will check in with you regularly to keep your pain under control and give you pain medication as needed.

## **Why will I feel pain?**

You will feel pain after surgery because your skin and tissues were cut as part of the procedure. Many patients also feel muscle soreness from lying in one position for the duration of surgery. There may also be some pain from drainage tubes placed near your incisions.

## **Where on my body will I feel pain?**

Pain is normally in the area that was operated on. You may also have muscle soreness from being still for the procedure. If you are intubated during surgery, you may also have a sore throat.

## Why is it important to control pain after surgery?

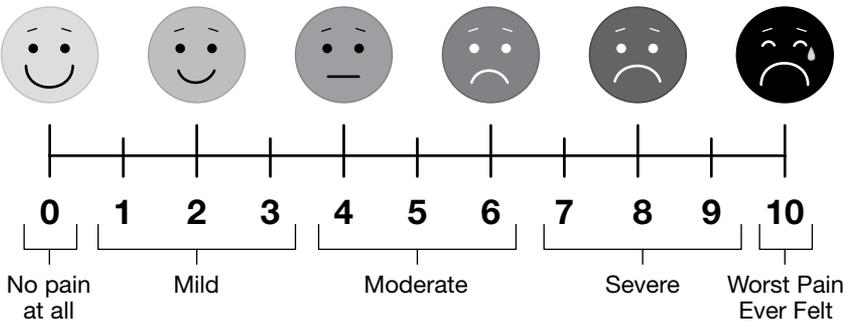
If you feel less pain, it will be easier to move and breathe. You will need to move around and stretch in order to heal and to prevent serious complications. Breathing exercises help prevent serious lung issues, and leg exercises improve blood circulation and help prevent blood clots.

## When should I ask for help?

Tell your nurse as soon as you start to have pain. Do not wait until the pain is severe before using your medication. Be sure to note any changes to your pain.

Tell the nurse if your pain medication has not helped after a few minutes, or if the type of pain has changed (e.g., from dull ache to sharp pain).

You can use a scale to rate your pain, where 0 is no pain and 10 is the worst pain you can imagine. You can also describe it as “mild”, “moderate”, or “severe”.



## **What medication will I get for my pain?**

Pain medication with an opioid, such as morphine, is usually given after surgery. At first you may get the medication by injection, through an epidural catheter, through an IV in your arm, or via Patient-Controlled Analgesia (PCA) pump.

Once you start to drink and eat, you will usually start taking medication in pill form instead.

## **What is Patient-Controlled Analgesia?**

Patient-Controlled Analgesia (PCA) is a pump that allows you to give yourself small amounts of pain medication. The medication is given through your IV when you push a button. It is meant to give you enough medication to relieve your pain, but not so much that you feel sleepy or sick.

The PCA pump has a safety feature called a lockout that prevents you from getting too much medication too quickly. If you push the button within your lockout time, you will not get any medication. Keep in mind that the medication will take a few minutes to work.

You can use the PCA before doing an activity that will cause pain, such as doing your exercises. Do not use the PCA for gas pain, and do not use it when you are comfortable.

**Only the patient is allowed to push the button.** It is very important that only you push the button on the PCA pump. Do not let friends or family push the button for you under any circumstances.

If you are on PCA, the Acute Pain Services Team will visit you daily to make sure your pain is managed.

## **What are the side effects of pain medication?**

Possible side effects from pain medication include nausea, itching, dizziness, drowsiness, and constipation. Tell your nurse if you have any of these symptoms.

## **Can I get addicted to the pain medication?**

Unless you struggle with addiction, it is unlikely that using your pain medication responsibly will cause you to become dependent or addicted. If you have concerns about addiction, speak to your healthcare team. Be sure to tell staff if you have had problems with addiction in the past, or if there is a history of addiction in your family.

## **Why do I need to do exercises if I am in pain?**

Breathing exercises and leg stretches will reduce your risk of developing potentially life-threatening complications.

After surgery, your blood circulation may be reduced, and it may be difficult to take full, normal breaths. Shallow breathing can cause mucous to build up in the lungs and lead to serious issues. Poor circulation can cause serious complications like blood clots in the veins and vein inflammation.

Deep breathing and coughing exercises will help to clear mucous from the lungs. Walking and doing leg exercises will help improve blood circulation.

**Details on post-operative exercises are on page 42.**

## **What can I do to reduce my pain?**

There are several things you can do to help reduce your post-operative pain.

- Take your medication 30–60 minutes before doing something that will cause you pain, such as walking or doing your exercises.
- Ask for medication when you first start to feel pain.
- Take your medication before the pain becomes severe.
- Ask your attending nurse for help if your pain is moderate (4 out of 10 or higher).
- Change your position in bed if you are feeling sore or uncomfortable. Ask for help if you need it.
- Hold a pillow against your incisions while doing your breathing and coughing exercises.
- Walk at least 3 times a day to reduce gas pain and improve blood circulation.
- To take your mind off of your discomfort, do calm activities like reading, watching television, listening to music, or talking on the phone.

# **Blood Transfusion**

## **What is a blood transfusion?**

A blood transfusion is when donated blood is given to a patient through an IV. Transfusions are done to replace blood or blood components if too much blood is lost (due to bleeding) or if the body does not produce enough of one component (due to illness or chemotherapy).

## **Will I need a transfusion?**

Every patient has different needs. You may need a blood transfusion depending on your current state of health and your condition during the procedure.

If you are anemic, or if your organs are low on oxygen, you may need a red blood cell transfusion during surgery. This is the most common transfusion.

If your platelets are low or are not working properly, you may need a transfusion of platelets to stop bleeding or prevent excess bleeding.

If your blood is clotting slowly or inefficiently, you may need a plasma transfusion to stop or prevent excessive bleeding.

## **Where does donor blood come from?**

Canadian Blood Services collects donations of blood and blood products. The donors are volunteers, and they complete a health screening before their donation is accepted. The blood donation is then tested for viruses before being approved for transfusion.

## **Are there alternatives to transfusion?**

There are currently no effective substitutes for platelet or plasma transfusions. There are some potential alternatives to donor red blood cell transfusions.

Some patients may qualify for autologous blood collection, where the patient's own blood is collected for a few weeks before surgery. The patient then receives a transfusion of their own blood instead of donor blood.

Another possible option is EPO treatment, where the growth factor erythropoietin is injected to stimulate red blood cell production a few weeks before surgery.

If you are interested in an alternative to donor transfusion, ask your nurse or doctor for more information.

## **What if I refuse to have a blood transfusion?**

The risks of refusing a blood transfusion depend on your health, your surgery, and the changes to your condition during the operation.

If you have refused transfusion altogether and your organs do not receive enough oxygen from your blood during surgery, there could be damage to important organs like the lungs, brain, or heart. Ask your healthcare team for details about the potential risks of refusing blood transfusion.

# **Aspiration**

## **What is aspiration?**

Aspiration is when food, drink, or saliva enters the lungs. This can be very dangerous. Aspiration can cause health problems like pneumonia, and can even lead to death.

Aspiration can be overt, or silent. Overt aspiration is usually indicated by coughing, choking, or wheezing. Silent aspiration is just as dangerous, but occurs without any visible signs. Sometimes the patient themselves might not be aware that a substance has entered their lungs.

## **How can I prevent aspiration in hospital?**

There are many steps you can take to prevent aspiration.

- Always keep the head of the bed in an upright position (30–45 degrees).
- Dangle your feet off the edge of the bed the evening after surgery.
- Do your exercises as instructed (details on page 42).
- Walk at least three times a day.
- Sit in a chair when eating meals, and wait at least 30 minutes after eating before lying down again.
- Brush your teeth after every meal (at least three times per day).
- Let your caregiver know right away if you experience nausea or vomiting.

## **Can my care team and family help prevent aspiration?**

The hospital staff caring for you will remind you to take steps to prevent aspiration. They can help you to take walks and to sit in a chair for meals.

Family members and caregivers should be aware of the steps for aspiration prevention. They should help the patient sit in a chair for meals, and walk with the patient. Family members should only feed the patient after first asking hospital staff if the patient is allowed to eat.





# Post-Operative Exercises

## About the Exercises

Do the breathing and leg exercises outlined in this section **5-10 times per hour**. Ask your nurse for assistance or for pain medication if you feel that you need it.

You will likely have shallow breathing and poor blood circulation just after surgery. It is important to do your exercises to help prevent dangerous complications.

Poor circulation can lead to phlebitis (vein inflammation) and deep vein thrombosis (blood clots in the veins). Shallow breathing can cause phlegm and mucous to build up in the lungs and collapse the alveoli (air sacs in the lungs). Mucous buildup can lead to atelectasis (lung collapse) or pneumonia.

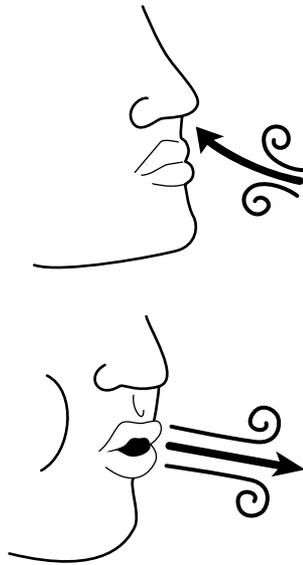
Breathing deeply will help move mucous out of the lungs, improve blood circulation, boost oxygen supply to the lungs, open up airways, and fully expand the alveoli.

Coughing will bring up mucous from deep within the lungs. Cough if you feel a rattle in your throat while doing your deep breathing exercises.

Leg exercises and walking will also improve blood circulation and stop blood clots from forming in the veins.

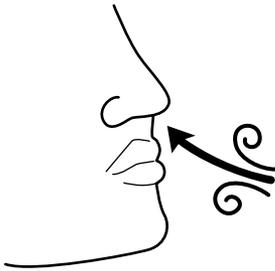
## Deep breathing

1. Get in a comfortable position. You can sit up, lie on your side, or lie on your back.
2. Put your hands on your belly and take a deep breath in through your nose. Keep filling your lungs until you feel your stomach push on your hands.
3. Purse your lips and slowly blow the air out until your stomach sinks in.
4. Repeat for 5 breathing cycles.



## Coughing

1. Get in a comfortable position. You can sit up, lie on your side, or lie on your back.
2. Place your hands on your belly and breathe in deeply through your nose. Keep filling your lungs until your stomach pushes on your hands.
3. Hold the breath for 3 seconds.
4. Huff out 3 times (3 short, sharp breaths out).
5. Cough once deeply from the lungs.
6. Repeat for 5 breathing cycles.

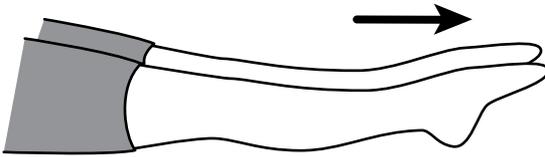


3 sec

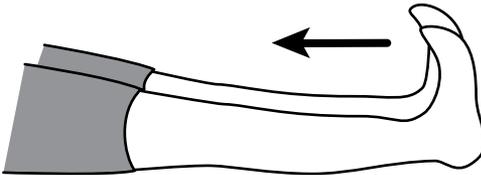


## Toe pointing

1. Lie flat on your back with your legs out straight.
2. Point the toes of both feet away from you.
3. Hold for 3 seconds, then relax your toes.
4. Flex your feet, pointing your toes towards your chin.
5. Hold for 3 seconds, then relax your toes.



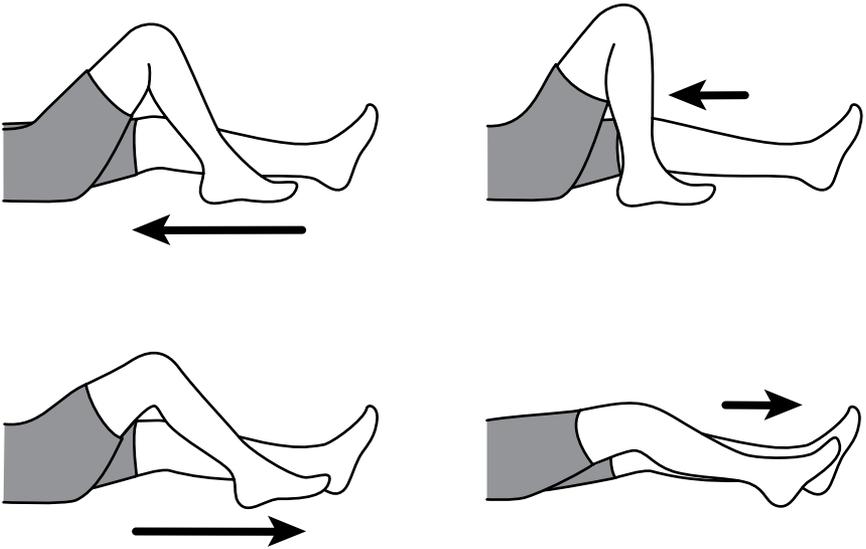
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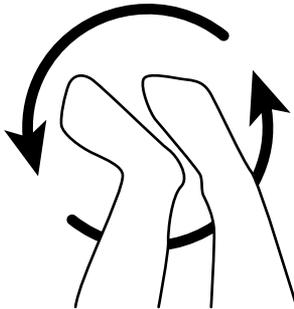
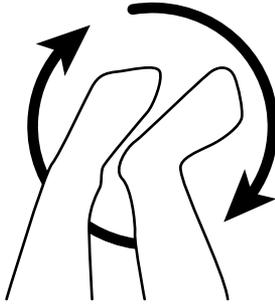
## Leg bending

1. Lie on your back. Bend one leg at the knee and leave the other straight.
2. Slide the heel of your bent leg towards you until your knee is fully bent. Continue until you feel your calf touch the back of your thigh.
3. Slide the heel of your bent leg out and slowly straighten your bent leg.
4. Repeat with the other leg.



## Toe circles

1. Lie on your back with your legs out straight.
2. Make circles with your toes, rolling your ankles.
3. Repeat in the other direction.



# Patient Checklist

## Before your surgery:

- Pre-arrange a ride home after surgery.
- Pack overnight bag for hospital stay, if applicable.  
First shower with Scrub-Stat 4%.
- Wash hair (shampoo only).
- Remove non-medical jewelry and piercings.
- Follow special instructions, if applicable (page 15).
- No solid food, no juice, no milk, no alcohol after midnight.

## Morning of Surgery

- Drink clear fluids only (up to 2 hours pre-op).
- Second shower with Scrub-Stat 4%.
- Brush teeth (do not swallow toothpaste).
- Take medication at home as instructed (page 12).

## Before Coming to the Hospital

- Bring medications in original packages.
- Bring ID and documents, as instructed.
- Have one friend or family member come with you.

## At the Hospital

- Arrive two hours before surgery.
- Register in Room MG 502, M-Wing, Ground Floor.

## After Surgery

- Post-op exercises.
- Pain control, prescriptions.
- Follow-up appointment.
- Discharge teaching.

# My Notes

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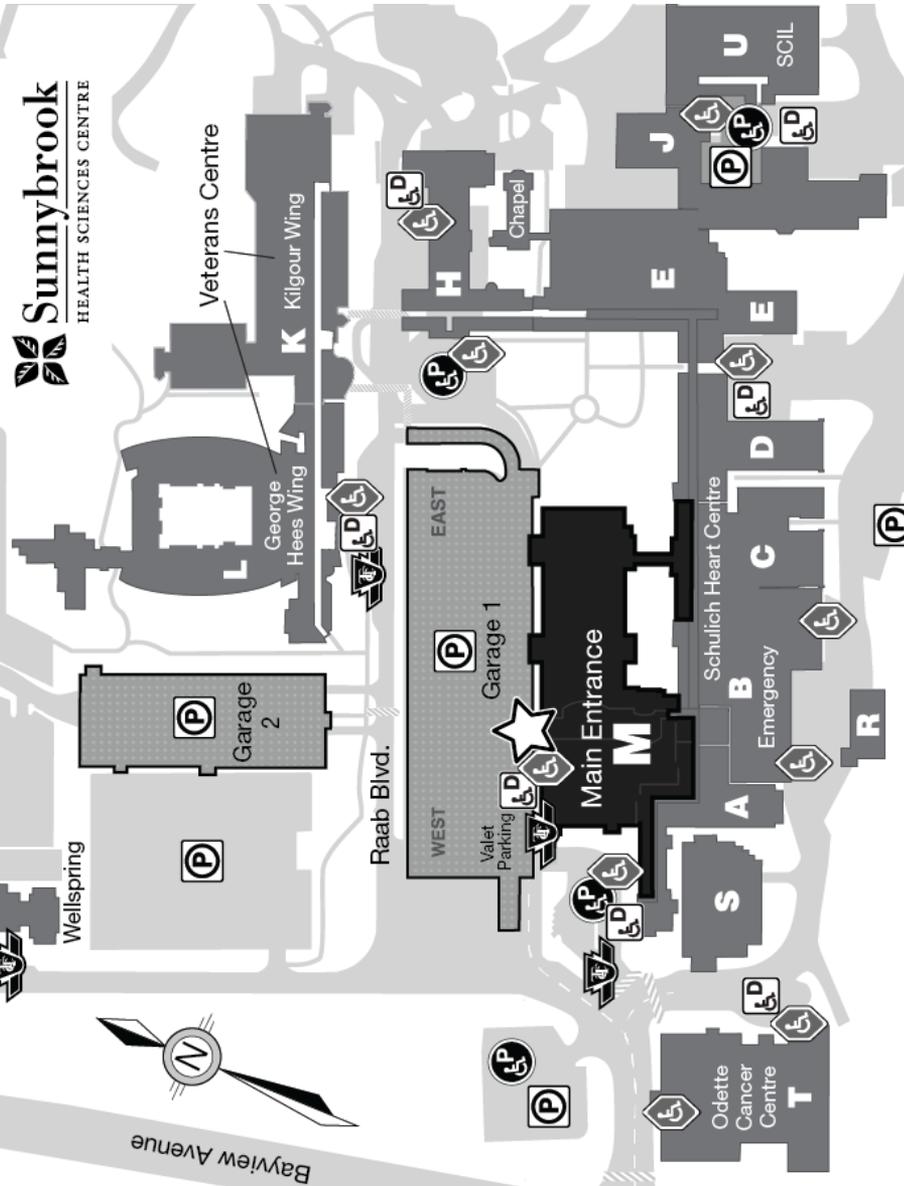
To Lawrence Ave.



Bayview Avenue

To Eglinton Ave.

	Main Entrance
	Accessible Entrance
	Patient/Visitor Parking
	TTC Bus Stop
	Accessible Parking
	Passenger Pick-up/Drop-off



Blythwood Rd.

## **Sunnybrook Bayview Campus**

Pre-Anesthesia Clinic

2075 Bayview Avenue, Room MG 402

Toronto, Ontario M4N 3M5

Telephone: 416-480-6822

**[sunnybrook.ca/surgicalseervices](https://www.sunnybrook.ca/surgicalseervices)**



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