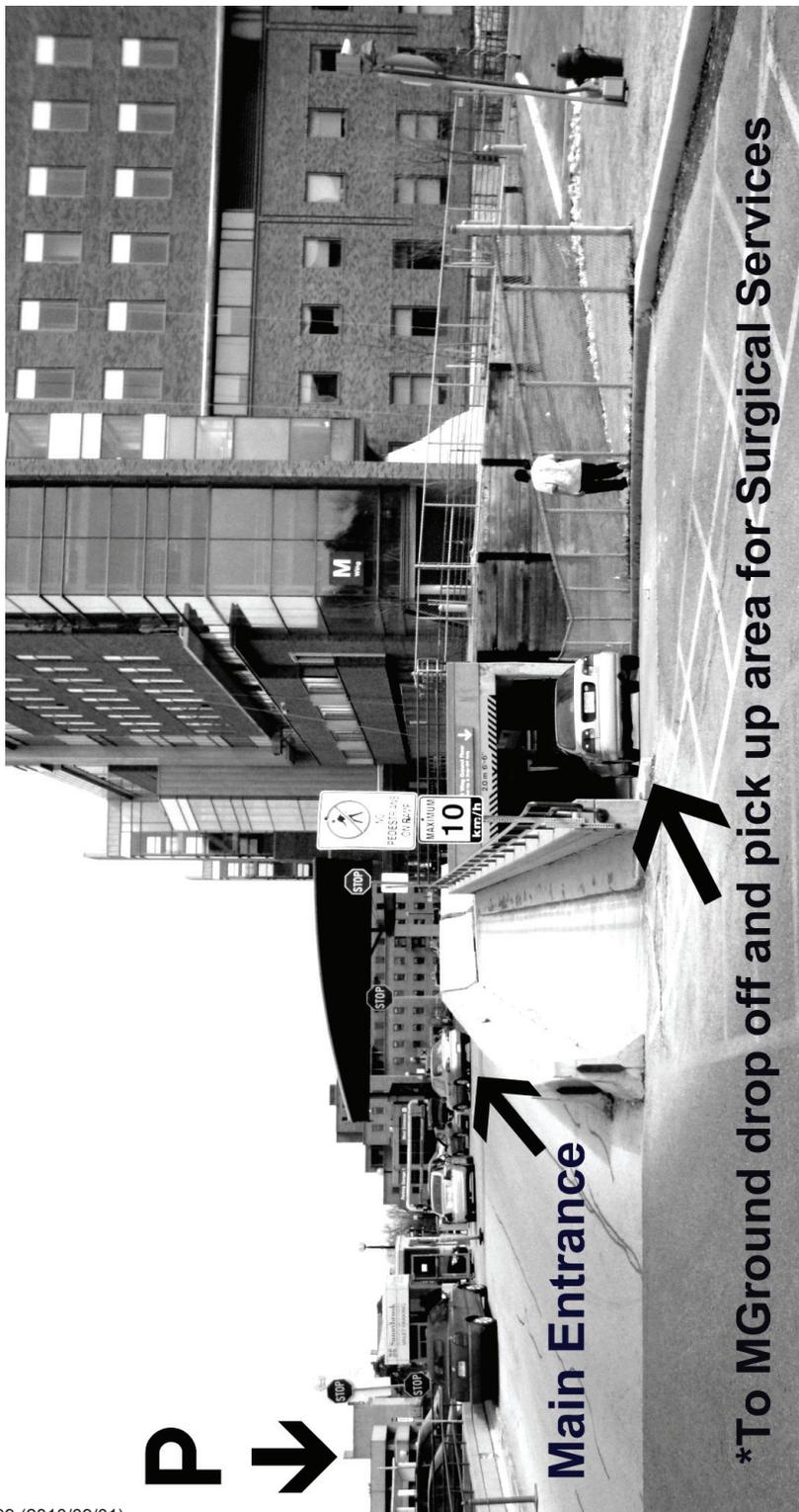




All You Need to Know to Prepare for Your Surgery

Date of Surgery: _____

*Surgical Services Registration
M-Wing, Ground Floor
Room MG 502*



P →

Main Entrance

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

PATIENT CHECKLIST

PRE-ADMISSION CLINIC VISIT

- REGISTRATION
- NURSE ASSESSMENT
- PHYSICIAN ASSESSMENT
- TESTS

NIGHT BEFORE SURGERY:

- FOLLOW SPECIAL INSTRUCTIONS
- NO SOLID FOOD/MILK PRODUCTS AFTER MID-NIGHT
- PRE-ARRANGE FOR YOUR RIDE HOME AFTER SURGERY

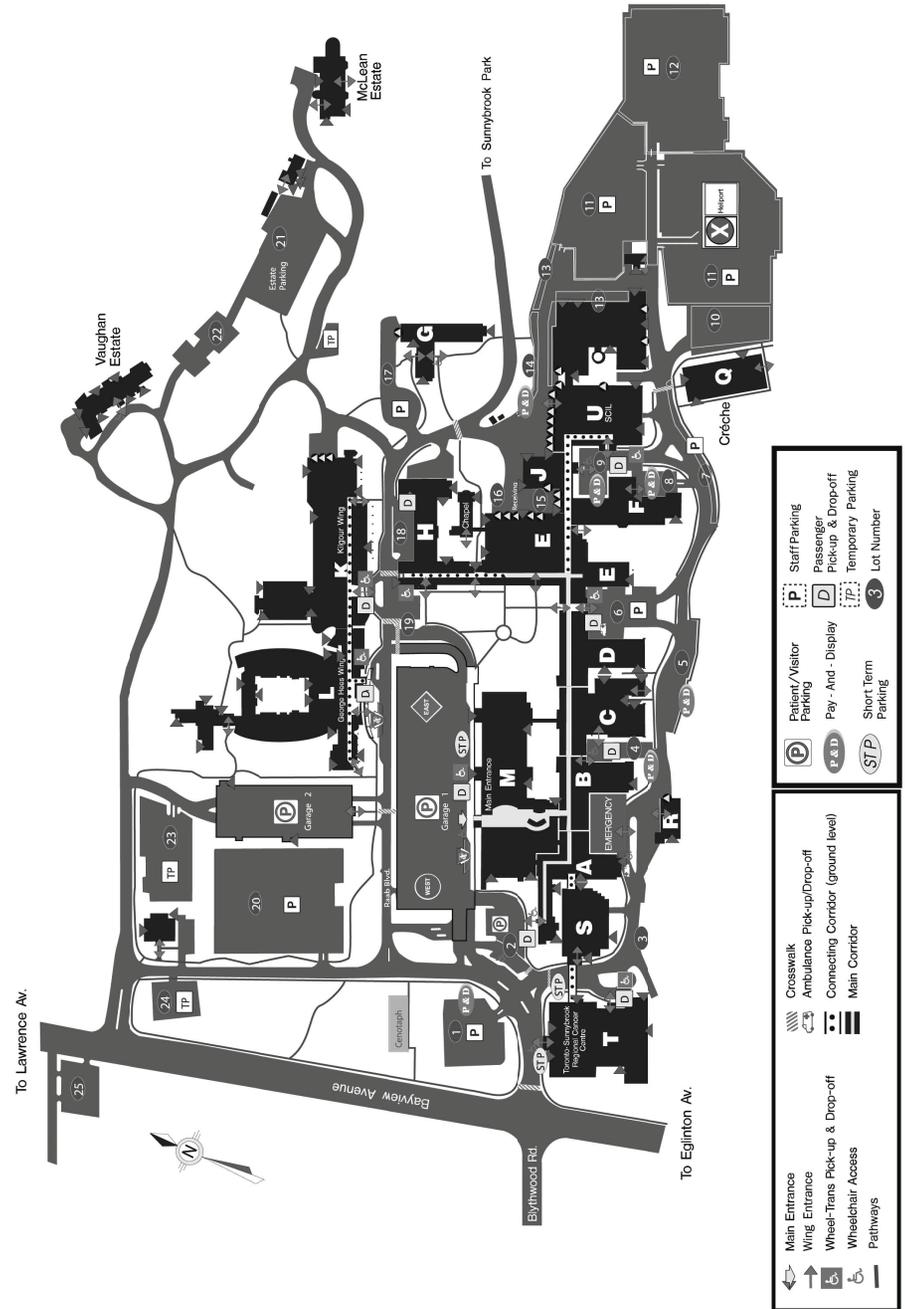
MORNING OF SURGERY:

- CLEAR FLUIDS ONLY UP TO 4 HOURS PRE-OP
- TAKE MEDICATIONS AT HOME AS INSTRUCTED
- ARRIVE AT THE HOSPITAL 2 HOURS BEFORE SURGERY
- BRING ALL DOCUMENTS AS INSTRUCTED
- REGISTER IN ROOM MG502

AFTER SURGERY:

- DEEP BREATHING AND COUGHING
- PAIN CONTROL
- PRESCRIPTION
- F/U APPOINTMENT
- DISCHARGE TEACHING BY NURSE

- DISCHARGE HOME IN _____ DAYS



THE DAY BEFORE SURGERY

GENERAL INFORMATION

Parking Services is located in C-Wing, Ground Floor, Room CG01. If you will be in the hospital for 5 or more days a weekly parking permit can be arranged.

Visiting Hours are from 11am to 8:30pm. Hours are extended in the special care and intensive care units.

Discharge Time for overnight patients in the Surgical Short Stay Unit, discharge time is 0700am or as instructed by your nurse. Please ensure that you have someone available to drive you home.

Staxi Chairs are located at all of the main hospital entrances.

Television services you will need a method of payment for TV and Telephone Services should you wish to have these during your stay. Please ask your family to arrange for payment of these services.

Cell phone use is restricted to non-patient care areas only.

Family overnight stays Family members staying overnight with patients will be considered on an individual basis by the Patient Care Unit. Information on specific patient care unit routines will be available to you when you get to the unit.

You will be called on the last work-day before your surgery between 1:00 pm and 3:00 pm to confirm the time of your registration and the time of your surgery.

Your registration time could be as early as 6:00 am

Registration Time: _____

Surgery Time: _____

PATIENTS WHO DO NOT READ OR SPEAK ENGLISH MUST BRING A TRANSLATOR WITH THEM

- **Inform your Surgeon's office if you have a cold, fever or illness of any kind. Your operation date may need to be changed.**

PLANNING AHEAD

- **If you are staying in hospital overnight** you need to pack a small bag that a friend or family member can bring to your room after surgery. Items to include: toothbrush, toothpaste, hearing aids, hair supplies, soap and other toiletries, housecoat, socks, and slippers.
- **DO NOT BRING money, jewelry or valuables. The hospital will not take responsibility for your belongings.**
- **If you are going home the same day, you MUST have a responsible adult drive you home and stay with you overnight. The TTC bus is not acceptable.**
- **If you are going home the same day as your surgery, your clothes and belongings will be given to your companion for safe keeping and bring them to you once you have settled into your post-operative bed.**

- Call family or friends who may be able to help you after surgery. Plan for one of them to be with you the day you go home.
- Arrange for a friend or family member to drive you home when you are discharged from the hospital.
- You will be discharged from the hospital in _____ days.

SPECIAL INSTRUCTIONS FOR YOUR SURGERY

- _____
- _____
- _____
- _____

GETTING READY FOR YOUR SURGERY

1. Shower and wash your hair. Do NOT shave your surgical area.
2. Remove all make-up and nail polish.
3. Remove ALL jewelry (including wedding bands) and ALL body piercing before you come to the hospital.
4. Medic-alert bracelets should be worn.
5. **DO NOT EAT ANY FOOD AFTER MIDNIGHT,**
6. **DO NOT DRINK MILK, ORANGE JUICE (ANY JUICE WITH PULP), OR ALCOHOL AFTER MIDNIGHT.**
7. You may have clear fluids UP TO 4 HOURS before your surgery. Clear fluids include: clear apple or cranberry juice, clear broth, clear soft drinks, water, black tea or coffee. You may have sugar, but NOT milk, cream or whiteners.
8. Brush your teeth and rinse your mouth on the morning of surgery, but do not swallow any toothpaste.

NO DRINKS, GUM OR CANDY FOR 4 HOURS BEFORE YOUR SURGERY

TOE POINTING (ANKLE PUMPING)

1. Lie flat on your back with legs out straight.
2. Point the toes of both your feet towards the foot of the bed. You will feel stretching along the tops of your legs and feet, as well as tightening in your calves.
3. Hold the position 3 seconds and then relax your toes.
4. Point the toes of both your feet towards your chin. You will feel stretching and tightening in your calves.
5. Hold the position 3 seconds and then relax your toes.

TOE CIRCLES

1. Lie flat on your back with both legs out straight and both heels firmly on the bed.
2. Make a circle with your toes, first to the right and then to the left.

LEG BENDING

1. Lie flat on your back.
2. Bend your right leg, sliding your heel along the mattress until your knee is sharply bent. Your left leg should remain flat on the bed. You will feel your heel slide along the mattress, and your calf touch the back of your thigh.
3. Straighten your leg by sliding your heel along the mattress.
4. Repeat the same exercise with your left leg.

2. Place your hands on your stomach. Take a deep breath in through your nose. Continue until your lungs feel full of air and you notice your stomach pushing against your hand.
3. Slowly blow air out in one long, slow breath through pursed lips. When you breathe out, concentrate on making your stomach sink in. Repeat steps 1, 2 & 3 to complete five breathing cycles.
4. Take another deep breath, hold for 3 seconds then huff out 3 times. (Huffing is a short sharp pant or like pretending to create a mist on a pane of glass.) On the third huff, cough deeply from the lungs, not the throat.
5. Repeat steps 2 & 4 to complete 5 coughing exercises
6. Until you are walking, these exercises should be done every hour while awake. Ask for pain medication if you are sore and not able to do your coughing exercises.

LEG EXERCISES

Following your anesthesia and surgery, your circulation is a bit sluggish. In order to prevent complications like phlebitis (inflammation of the vein) or Deep Vein Thrombosis (blood clots in your veins), leg exercises and early walking are necessary.

Leg exercises assist in increasing your circulation. Each time a muscle is made to work (contract) the blood supply is immediately increased to that area. These should be done five to ten times every hour while you are awake during the first 24 to 48 hours after your surgery.

SMOKING: If you smoke, try to stop, or at least decrease the amount before your surgery. **Do not smoke on the day of your surgery.**

PERFUME: Please **DO NOT** use perfume, cologne, aftershave, hairspray or scented cream on the day of your surgery. It is not allowed in the Operating Room.

MEDICATION INSTRUCTIONS

YOUR ANESTHESIOLOGIST WANTS YOU TO TAKE THESE MEDICATIONS WITH 4 OUNCES OF WATER IN THE MORNING BEFORE YOU LEAVE FOR THE HOSPITAL:

- _____
- _____
- _____
- _____
- _____
- _____

BRING MEDICATIONS IN THE ORIGINAL CONTAINERS.

IF YOU ARE A DIABETIC:

- Do NOT take any insulin or oral diabetic medication on the day of surgery.
- If you are going home on the same day as your surgery, AND you take insulin, you will be seen by a Registered Nurse who specializes in diabetes. She will tell you how to continue your medication once you are at home.

• **Please bring a snack with you for after the surgery.**
IF YOU ARE TAKING BLOOD THINNER MEDICATIONS OR HERBAL SUPPLEMENTS:

You may be asked to stop them a few days before your surgery.

- Name of medication: _____
- _____
- _____

Date of Last Dose: _____

THE DAY OF SURGERY

On the day of your surgery, go to the Surgical Services Registration area, room MG502. Please arrive on time.

Please do not have more than one person come with you.

- Your name, birth date, and your Ontario Health Card will be checked again.
- An armband will be put on your wrist.
- You will be seated in the waiting room until your name is called.
- You will be taken to the Pre-operative Room where you will be prepared for surgery by a Registered Nurse. This may take up to an hour. You will have an intravenous started, and your paper work will be completed. Your companion will be asked to wait in the waiting room at this time.
- Once you have been prepared for surgery, you may stay with your companion until the Operating Room is ready for you. No food or drinks are allowed in this area.
- **Surgical times are guidelines only. Delays are often expected. Sometimes, scheduled surgery cases are cancelled because there is someone else who needs emergency surgery, or there is no post-operative bed available. If this happens to you, you will be contacted by your surgeon's office and rescheduled as soon as possible.**
- If you are going home on the day of your surgery, or you are staying in the Surgical Short Stay Unit, your companion may wait in **MG502**.
- If you will be staying longer after your surgery, your companion may wait in **A148**.
- A volunteer is available and will give updates when patients are waking up from surgery .

After surgery, you will first go to the Recovery Room . When you are ready, you will be moved to your In-patient bed, the Surgical Short Stay Unit, or the Ambulatory Recovery area. **PLEASE BE AWARE THAT DUE TO UNFORSEEN BED SHORTAGES, PATIENTS MAY SPEND THE NIGHT IN THE RECOVERY ROOM.**

DEEP BREATHING AND COUGHING

To prevent lung problems, it is important to know how to do deep breathing and coughing exercises before your surgery. This way, you will know how to do them properly after surgery.

Your lung tissues are made up of many air sacs (alveolar sacs) which are fully expanded during normal breathing. After surgery, it is common for you to take shallow breaths because you may have pain or because it is hard to move. This sometimes causes secretions (phlegm/mucous) to stay in your lungs and collapse the air sacs. This is known as atelectasis.

Breathing deeply does the following:

- Moves air down to the bottom areas of the lungs
- Opens up the air passages and moves the mucous out. Coughing is also easier.
- Helps the blood and oxygen supply to your lungs, boosting circulation.
- Lowers the risk of lung complications such as pneumonia and infections.

Coughing helps bring up mucous from deep within your lungs. As you do your breathing you may feel this in the back of your throat or hear a rattle sound when you breath. Be sure to cough when this occurs.

How to perform deep breathing and coughing exercises:

1. Get yourself in a comfortable position such as lying on your back with your knees bent, lying on your side, or in a sitting position

QUESTIONS PEOPLE ASK ABOUT ANESTHESIA

Do pain medications have side effects?

Some side effects are constipation, nausea, itching, dizziness or drowsiness. Tell your Nurse if you have any of these symptoms.

Can I become addicted to pain medication?

People seldom become addicted to medication taken for pain after surgery. Unless you have had a problem with drug addiction, there is very little chance of you getting addicted to the pain medication provided to you while in hospital. If you have or had a problem with drug addiction, let your doctor know.

What can I do to decrease pain?

- Take your pain medication 30 minutes to 1 hour before doing activity that will increase your pain.
- Do not wait until you have severe pain before you use or ask for pain medication.
- If your pain is 4/10 or greater—you need to tell your Nurse so that they can help you.
- Change your position in bed. Ask your Nurse if you need help .
- If you had surgery in the area of your stomach or chest, hold a pillow against your incision while you do breathing and coughing exercises.
- If you have gas pain, walk at least 3 times per day.
- Try reading, watching television, listening to music, talking on the telephone, or other quiet activities.

Most operations need anesthesia. This section gives answers to some of the common questions about anesthesia.

Why do I need an anesthetic?

- You won't feel pain
- You will be asleep with a general anesthetic; you will be sedated if you have a regional anesthetic
- You won't move. This makes it easier for the surgeon to operate.
- You won't remember the operation (you may remember some things if you do not have a general anesthetic)

What is an Anesthesiologist?

This is a Doctor who has specialty training to give safe and effective anesthesia.

The anesthetic is planned just for you, your health and your planned operation.

The Doctor will stay with you during the operation to make sure that the anesthetic is going as planned, and that you are not having pain. Your heart, lungs, and other vital organs will be watched very closely.

What are the risks?

Anesthesia is very safe. Major complications are rare. The type of complications depends on whether you are having local, regional, or general anesthesia. The risk of death from general anesthesia is about 1 in 10,000 anesthetics.

Your anesthesiologist will discuss this further if you have more questions.

How can I lower the risks that apply to me?

There are certain things that you can do to significantly decrease your risk of developing serious complications from anesthesia and surgery:

- If you smoke, stop smoking. Smoking increases the risk of pneumonia and other breathing complications after surgery. The longer you stop smoking, the better.
- If you are obese, lose weight. The risk of complications is significantly greater with obesity.
- Take your medications as instructed. (see page 6)

Why can't I eat before surgery?

Fasting before surgery helps to make sure your stomach is empty. This decreases the chance of vomiting. If you vomit, it can get into your lungs, causing serious illness or death. Your surgery may be cancelled or delayed if you break your fast for anything other than prescribed medications.

What are the different types of anesthesia?

1. General anesthesia
2. Regional anesthesia (Spinal, Epidural, Nerve Blocks)
3. Local anesthesia

1. General Anesthesia

In general anesthesia, drugs are given that put you to sleep, give you pain relief, and make your muscles relax. A breathing tube may be put in to your windpipe to help you breathe while you are asleep.

Major complications are rare. Some people have mild side effects after a general anesthetic. These include sore throat, muscle aches, drowsiness, nausea and vomiting. Sometimes it is hard to remember what happened just before and just after surgery. These side effects should be gone within 48 hours.

When should I tell the nurse about my pain?

- When you start to have pain
- If your pain medication does not help
- If your type of pain changes

The nurse may ask you how much pain you have on a scale of 0-10 (0 being no pain, and 10 being the worst pain you can think of).

What medication will I get for my pain?

Medication containing an opioid (morphine or similar drug) is usually given for pain after surgery. This medication may be given by a needle or through your IV at first. Once you start to drink or eat, pain pills are given.

Some patient's are ordered a **Patient Controlled Analgesia (PCA)**. The pump will deliver small amounts of pain medication into your IV when you push the PCA button. The goal is to give you the right amount of medication to relieve your pain without making you feel sleepy or sick.

There is a safety feature on the PCA pump called a 'lockout'. If you push the button within your 'lockout' time, you will NOT receive a dose. This is to prevent you from getting too much medication too quickly. You can push the button as often as you need, to a maximum of once every 5 minutes

It is important to remember that you are the only person who is allowed to push your button!

Although your family and friends may think that you are having pain, they **MUST NOT** push the button for you.

When you are on PCA, the Pain Team will visit you daily to make sure that your pain is managed.

QUESTIONS PEOPLE ASK ABOUT PAIN

How much pain will I have?

Pain control is important to us. We will try to make sure you have as little pain as possible after surgery. Pain varies from person to person. Two people having the same kind of surgery may have different amounts of pain. Pain treatment sometimes starts before surgery. It will always be continued after surgery. Your nurse will monitor your pain in the Recovery Room, and give you medications when needed.

Why will I have pain after surgery?

Pain after surgery may be due to:

- The cutting of the skin and tissues
- Drainage tubes
- Muscle soreness from the position in which your body was during surgery

Where will I have pain?

Pain is most often in the area of the surgery. Ask your doctor or nurse where you may expect to have pain.

Why is it important to decrease pain after surgery?

With less pain, moving and breathing is easier. By moving after surgery, you may avoid problems that can delay your recovery. Getting out of bed and walking after surgery keeps your muscles strong and prevents blood clotting. Deep breathing after surgery helps prevent lung problems.

2. Regional Anesthesia (Nerve Blocks)

Regional anesthesia involves injecting local anesthetic (freezing or numbing) near a nerve, a group of nerves, or the spinal cord. Your anesthesiologist will decide where to inject local anesthetic to best anesthetize (freeze or numb) the area where you are having surgery. It can take up to 30 minutes after the local anesthetic is injected for it to take full effect. The anesthesia can last up to several hours, and provide pain relief for some time after the operation is over. The local anesthetic is often administered in a different room than the operating room. Frequently you are also given sedation after the block is injected, so that you are relaxed or even asleep, and have no memory of the surgery itself. Sometimes you may also require a general anesthetic in addition to the block to provide enough anesthesia for the operation itself. For some of the blocks, your anesthesiologist may also recommend that a small plastic tube (catheter) be inserted at the site of injection when the block is administered. This catheter is used after the surgery is over to keep injecting local anesthetic for pain relief, and can be left in place for days if necessary.

Complications from regional anesthesia can happen if a nerve or the spinal cord is injured during the injection. This can result in temporary or permanent numbness, weakness or paralysis in the affected area. Permanent injury is very rare. There can also be allergic reactions to the drugs that are used.

3. Local Anesthesia is freezing or numbing to the surgical site.

What type of anesthetic will I need?

This decision is made between your anesthetist, your surgeon, and you. Your health or the nature of your surgery may decide the kind of anesthetic you will have.

What will happen to me on the day of my operation?

- On the day of your surgery, an Anesthesiologist will review your health history, medications and allergies with you.
- You will be able to ask any questions you have about the anesthetic.
- If everything is fine, you will then go to the operating room.
- In the operating room you will move to the operating room table. There will be Nurses and Doctors in the room. Your blood pressure and pulse will be measured. The OR team will perform a Surgical Safety Checklist while you are awake. You will breathe oxygen and be given medication to make you relax. You will then go to sleep. You will be monitored very closely during your surgery.
- After surgery you will go to the Post Anesthetic Care Unit (PACU, otherwise known as Recovery Room).
- Your Anesthesiologist is still responsible for supervising your care in the Recovery Room. A Nurse trained in Recovery Room Care will be there for your needs. Your blood pressure and pulse will be closely watched. You will have an oxygen mask on your face. The Nurse will give you pain medication.
- When you are awake, and your pain is well controlled, you will be ready to leave this area. You will be moved to your In-patient Unit, the Surgical Short Stay Unit, or prepare to return home through the Ambulatory Recovery Room.

Please note that one visitor may be invited to the Recovery Room for a 5 minute visit when you have met the PACU Discharge Criteria, are awaiting your bed assignment and wish to have visitors. The PACU is a secured area, and your visitor will be accompanied by a volunteer. Visiting is allowed at the discretion of the PACU Charge Nurse. Volunteers work weekdays from 08:00am-4:00pm and will update your visitor when new information is obtained.

What should I do if I am going home the same day as my operation?

You must have someone drive you home.

You must have a responsible adult stay with you for the first night.

For the first 24 hours after your operation:

- Do not drive,
- Do not drink alcohol
- Do not make any major decisions
- Do not operate any type of vehicle or machinery

YOU MUST NOT DRIVE YOURSELF HOME

If you become very ill at home, please return to the Emergency Department at Sunnybrook Health Sciences Centre, or go to your local hospital. Let the doctor know you have just had surgery.