

# SURGERY GUIDE

FOR PATIENTS OF



**Northeast**  
Regional Medical Center

**Together, We Can...Care for Our Family and Friends**



Northeast Regional Medical Center is directly or indirectly owned by a partnership that proudly includes physician owners, including certain members of the hospital's medical staff.

Dear Patient,

Thank you for choosing Northeast Regional Medical Center to assist you in meeting your surgical and healthcare needs.

We strive to provide you with a positive experience; from admission to discharge.

You can help us care for you by reviewing the information in this pamphlet and adhering to the instructions and recommendations.

Again, thank you for choosing Northeast Regional Medical Center.

Sincerely,

NRMC Surgical Services Team



## Pre-Admission Guide

### Ensuring safety in the Operating Room at NRMCM

When you have surgery, highly skilled professionals will be caring for you. Your safety is our top priority. The doctors and nurses take many steps to make sure your surgery goes as planned. You, as the patient, can play an important role in making your care safe by becoming an involved, well informed member of your healthcare team. The following information will provide you with what to expect and how to prepare.

#### Pre-Admission Interview:

A representative from the Centralized Scheduling Department will be getting in touch with you within a day or two to pre-register you for your surgery, verify insurance or benefit coverage, and schedule an appointment with the Pre-Admission Testing Nurse. Based upon the Health History Screening Form you submitted to our Anesthesia Department, and /or the procedure you are having, you will either be asked to come in for an interview and provide further testing such as lab work, x-rays, EKG, etc., or the PAT Nurse will call you and conduct a phone assessment. In some cases, you may also be asked to obtain “clearance” from your Cardiologist or Family Physician if you have chronic heart/lung issues or other disease processes. This assists Anesthesia in making sure you are safe for surgery and any anesthesia to be administered.

#### General Pre-Surgical Instructions:

- 1. Have your prescription medication list, and be prepared to share this with nursing. They will give you any specific instructions needed based upon what you are taking and the procedure you are having. (Do not bring medications to the hospital with you.)**
- 2. Do not eat or drink after midnight the night before your surgery or procedure unless instructed otherwise. No chewing gum or hard candy. You may brush your teeth, but no swallowing. Stomach content must be empty to prevent anesthesia complications.**



- 3. No smoking or chewing tobacco after midnight the night before surgery. The longer you can abstain before the surgery the better it will be for you and your recovery. This will improve healing time and lessen your risk of anesthesia complications.**
- 4. You will not be able to drive for at least 24 hours after you have anesthesia for your surgery, or as long as you are taking narcotic pain medications. Please make arrangements to have a responsible adult accompany you to and from the hospital. Your surgery will be cancelled or rescheduled if these arrangements are not in place.**
- 5. You will need to bathe or shower and shampoo the evening before or morning of your surgery to prevent surgical site infections. Don't apply makeup or lotions. Let your anesthesiologist know if you use Retin-A. You may be given a special wash that is most effective for skin disinfection. (Instructions provided on following page.)**
- 6. If you have sleep apnea and use CPAP, please bring this with you to the hospital. Make sure the unit is cleaned properly.**
- 7. Remove any fingernail or toenail polish. Clear nail beds are needed to obtain and monitor your oxygen saturation levels.**
- 8. Leave any valuables, jewelry and money at home. Jewelry is not to be worn. This may be a surgical safety issue. Please remove any and all piercings at home. Do not wear contact lenses or be prepared to remove them. Bring the container with you.**
- 9. Minors (under the age of 18), must have a parent or legal guardian present for signing of permits the day of surgery, and can only be released to parent or legal guardian upon dismissal.**
- 10. Please notify the medical center or your surgeon's office of any changes in your health status, for example: cold, chest pain, fever, or cough. NRMC: (660-785-1000), Toll Free (888-785-7770)**



## PRE-OPERATIVE SHOWERING INSTRUCTIONS

Many microorganisms (germs and bacteria) live in and on our body, and are also present in our surroundings. When there is an opening on our skin, such as a surgical incision, that puts us more at risk for acquiring an infection. Therefore, you may be provided with a special wash to use in the shower at home, prior to your surgery. Using the chlorhexidine antiseptic solution properly will reduce the amount of bacteria on your skin and lessen your chance of acquiring an infection.

Don't use this product if:

- \*You have a known allergy to chlorhexidine gluconate
- \*You have an underlying skin condition
- \*You have open wounds or broken skin
- \*On the head or face

The steps outlined below should be carefully followed. Please let your nurse or physician's office know if you have any difficulties.

1. Shower the night before surgery using half the bottle of chlorhexidine solution.
2. Shower the morning of surgery using the other half of the bottle of solution.
3. Do not shave the area around where your incision will be made within 72 hours of surgery. (Small cuts on your skin can result from shaving allowing bacteria to enter causing an infection. Hair clipping may be done the morning of your surgery to the surgical site area by your pre-operative nurses.)
4. You may wash your hair with your regular products, but do not apply lotion or creams the night before or morning of your surgery.
5. Clean washcloths and towels need to be used for each shower, and clean, fresh laundered clothes applied.

**These directives are very important for your safety and comfort. Failure to observe these instructions may result in a delay or cancellation of your surgery.**



## DAY OF SURGERY

\*Surgery schedules are flexible and changes do occur. Children are done as early in the day as possible based on their ages, and certain delays may occur related to emergency cases or complications that could arise. You will be asked to arrive to the hospital at least 2 hours prior to your procedure. This is to ensure that all registration, outpatient preparation and paperwork are complete before your surgery.

\*You must sign a surgical and anesthesia consent form before any pre-op medication or procedure can be done. Sometimes, these are obtained in the physician office. Please make sure your name, your surgeon's name, and the procedure are correct. If you have questions or concerns, please ask for clarification. The legal age to sign the consent forms is 18. In the case of a minor, the form must be signed by a parent or legal guardian, who must remain with the child during the duration of the hospital stay. Legal guardians will be required to bring guardianship papers or Durable Power of Attorney with them to the hospital or provide to PAT during pre-op interview.

\*The nurses and doctors may ask you to answer the same questions repeatedly. Do not be alarmed by the repetition, this is for your safety. Hospital employees will repeatedly ask you to tell them your name, birth date, the surgery to be performed, allergies, and NPO (nothing to eat or drink) status. This again is for your safety.

\*If you were instructed to take your morning medications before coming to the hospital, take them with just a small sip of water. Do not give yourself your morning insulin or take any oral diabetic medications, unless instructed by Anesthesia to do so. We will check your blood sugar when you arrive the day of surgery. If your arrival time is later in the day, monitor your blood sugar as you normally would.

\*No more than two visitors will be allowed in the Outpatient Surgery Unit at a time. This will allow us to ensure efficiency while preparing you for surgery, and provide privacy and reduced noise for all patients in the unit. Do not bring small



children with you the day of your surgery for the same reasons, and for infection control purposes.

## ANESTHESIA

\*Before your surgery, you will meet with an anesthesia provider. Anesthesia is a medication that keeps you from feeling pain during surgery. Your anesthesia provider is responsible for evaluating you before surgery to determine the safest and best anesthetic to use.

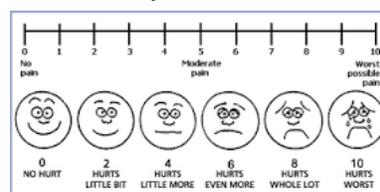
\*There are several kinds of anesthesia. The one chosen for you is based on factors such as your physical condition, the nature of the surgery and your reaction to medications.

\*Anesthesia providers will monitor you the entire time you are having your procedure. They will work closely with your surgeon and nurses to provide appropriate levels of pain management for you before, during, and after the surgical procedure.

## AFTER SURGERY

\*After surgery, you may be brought to the post-anesthesia care unit (PACU or recovery room). You could be there from 15 to 60 minutes. You will receive constant care from a post-anesthesia care nurse. Anesthesia will decide when you can be moved from this area. If you are an in-patient or staying overnight for extended recovery, you will be taken to your hospital room. If you are an outpatient, you will be taken back to the Outpatient Surgery area for continued care before discharge. Visitors are not allowed in the Recovery Room, but may see you when you are taken to the floor or back to the Outpatient area.

\*In the Outpatient Surgery area, your vital signs will be monitored frequently. (Blood pressure, heart rate, respiratory rate, oxygen saturation, and temperature) We will also ask you to rate your pain on a 0 to 10 scale, with 0 being no pain, and 10 being the worst pain possible. The Wong-Baker pain scale may also be used for those who cannot understand the number scale.



The doctors and nurses want to help you control your pain. Keep in mind, we cannot make the pain go away, but we want to assist you in being as comfortable as possible. This may also mean administering medications for nausea or vomiting.

\*Patients who are physically able will be expected to walk or sit on the edge of the bed as soon as they are able. This activity is essential to prevent complications including deep vein thrombosis (a serious type of blood clot), and any respiratory issues. Taking deep breaths and coughing frequently will also keep your lungs clear and help prevent pneumonia.

\*When you have met discharge criteria as set forth by your physician, you will be dismissed from the Outpatient Surgery area. We will discuss your home instructions with you before you leave, and provide you with a copy of these. Please ask questions if you have concerns or do not understand. You will also be given any prescriptions your physician has prescribed for you and instructions.

\*At home, rely on family and friends to assist you and help you recover as efficiently as possible from your procedure. Notify your physician if you experience any problems after you get home or go to your nearest Emergency Department if necessary for severe complications. The Outpatient Surgery Department staff will call you within 72 hours of your procedure to check in on you and monitor your post-op progress. Please feel free to call anytime if you have questions, concerns, or need to reach your physician.

**OPS: 660-785-1720**

**PAT: 660-785-1138**

**Hospital Main: 660-785-1000**

**Emergency Department: 660-785-1300**

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