

Presurgery and Postsurgery Instructions

Information for Patients

Preparing for surgery

Your doctor has determined that surgery is needed as part of your treatment plan. Most patients and families are understandably anxious about having surgery. You probably have many questions. Please do not hesitate to discuss your questions with your doctor or nurse. This material will provide you with information on what will happen before and after your surgery.

Before surgery

Consent Form

Your surgeon will explain the details of your surgery, including its risks and benefits. He or she will then ask you to sign a consent form. The consent form gives your surgeon permission to perform the surgery he or she discussed with you. It is important that you ask your surgeon questions so you will have a good understanding of the surgery.

Time of Surgery

You will be told the time of your surgery in advance. If you are an inpatient, you will be told what time family or friends should arrive before the surgery. If you are an outpatient, same-day surgery patient, or ambulatory surgery patient, you will be called the day before your surgery and told what time to come to the hospital on the day of surgery.

Tests and Examinations

Before surgery, laboratory tests and x-rays may be done. These tests may be different for each patient and may include blood tests, a chest x-ray, and an EKG (electrocardiogram). You will have a physical examination and a discussion about your medical history before surgery.

Anesthesia

The anesthesiologist is a doctor who administers the medication that puts you to sleep during the surgery or who gives you local or spinal anesthesia. He or she will talk with you before your surgery and will decide which type of anesthetic is best for you. You should tell the anesthesiologist if:

- you have any allergies
- you have been taking any medication
- you ever had anesthesia in the past
- you or an immediate family member has had problems with anesthesia (or intubation if you are to have general anesthesia)

Body Hair

Sometimes body hair in the area involved in the surgery must be removed. If hair removal is needed, staff at the hospital will do this before your surgery, unless you are told otherwise.

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Smoking

You are advised to stop smoking 24 hours before your surgery. While this can be difficult, it will help improve your breathing and circulation. It also will help decrease breathing problems after your surgery.

Food and Fluids

You will not be permitted to eat or drink anything for a period of hours before your surgery. This is important because your stomach must be empty when you receive anesthesia. Eating or drinking before your surgery can cause a delay or cancellation of your surgery.

Exercises to Prevent Complications

If you will have general anesthesia, you may learn some exercises to help you after surgery. They include deep breathing and leg exercises.

Rest

It's important to get a good night's sleep before your surgery. Sometimes your doctor will prescribe a medication to help you rest.

The day of your surgery

Bathing and Personal Belongings

On the morning of your surgery, you should bathe and brush your teeth, but do not swallow any water. Do not use any lotion, cream, powder, or deodorant on your body. Your nurse will help you get ready. You will put on a hospital gown. You will need to remove dentures, contact

lenses, nail polish, makeup, tampons, hairpieces, jewelry, and any artificial limbs. Valuables must be given to a family member or friend or locked in the hospital safe. You should empty your bladder right before leaving for surgery.

Medication

If you are an outpatient or an ambulatory or same-day surgery patient, do not take your daily medications before surgery unless you are specifically instructed to do so.

Before surgery, it is common for you to receive an injection of medication. This medication will help relax you. It may make your mouth feel dry. After receiving the medication, you will be asked to remain in bed.

Waiting Area

Your family and friends will be told where to wait while you are in surgery. They will be able to see you when you have returned from the recovery room.

Operating Room

You will arrive in a holding area in or near the operating room. Health care professionals will be available in this area to make you comfortable and to answer your questions. For your safety, the staff may ask you the same questions many times. They will ask:

- who you are
- what kind of surgery you are having
- part of the body to be operated on

An intravenous (IV) needle may be placed in your vein so you can receive fluids during the surgery.

When you are wheeled into the operating room, you will be helped onto the operating room table. Your blood pressure will be taken, and you may have an oxygen mask placed over your face. Many people will be around you preparing you for the surgery.

If you are receiving a general anesthetic, it will make you fall asleep so that you will not feel any pain or be aware of anything during the surgery. Other types of anesthesia will numb only the area of surgery, so you will not feel pain. Along with these anesthetics, you will receive medication that will allow you to drift in and out of sleep.

After your surgery

Recovery Period

After your surgery you will be taken to the recovery room. During this time you will awaken from the anesthesia. The nursing staff will monitor your blood pressure, pulse, breathing, and the area of the surgery until you are awake from the anesthesia. If you have received a local anesthetic only, you may be returned directly to your room. Otherwise, you will be returned to your room on a patient care unit when the anesthesiologist says you may leave the recovery room.

If you are an outpatient surgery patient, after your recovery period you will be monitored until your doctor determines that you are ready to go home. At this point, your doctor and nurse will provide you with discharge instructions. Your family member or friend will then be able to take you home.

Intake and Output

After surgery, it's important for your doctor and nurse to keep track of the amount of fluid that goes into and comes out of your body. Hospital staff refer to what you take in as input and to urine that you pass as output. Any liquid that you drink or that is given to you in the form of IV fluids will be measured. Your urine output also will be measured.

Depending on the type of surgery, you may have a urinary catheter in your bladder that measures the amount of urine your body makes. You also may have drainage tubes in place at incision areas. These help fluid and excess blood drain from under the skin. A nasogastric tube (NG tube) may be in place with certain types of surgery. This tube is put into the nose and stomach during surgery. It helps drain fluids from your stomach.

Pain and Discomfort

Many patients are most concerned about avoiding pain after surgery. It is normal to have pain in the surgical area. Pain medication is available, and you should take it when you feel you need it. If you had general anesthesia, your throat may feel sore. This is from the breathing tube that was inserted during surgery.

Incision

Your incision is closed with sutures (stitches), skin staples, or clips, which will eventually be removed. Your nurse and doctor will check your incision and change the dressing as needed.

Deep Breathing and Coughing

Following general anesthesia, it is important to practice deep breathing to keep your lungs clear. Your doctor may order breathing treatments for you. These involve using a device through which you practice taking deep breaths. You will be given instructions on how to use this device and will be reminded to take deep breaths. You may feel the urge to cough after taking deep breaths. Coughing is helpful in bringing up mucus. Your nurse will show you how to splint or support your incision when you cough so it won't be so uncomfortable. Avoiding smoking during the recovery period is very helpful in preventing breathing problems.

Blood Circulation

To help your blood circulate after surgery, you will be helped up and out of bed. Do not get out of bed by yourself. While you are in bed, it is important that you change position and move from side to side, if your condition permits. You will be encouraged to do leg exercises (pointing your toes, pulling your toes toward you, making circles with your feet), if your condition permits. Your surgeon may order support stockings for you to help with circulation.

Food and Nutrition

The type of surgery you had will determine how soon and what type of food you will be able to eat after surgery. Generally, a liquid diet is ordered for the first meal. Then, if you are able to tolerate liquids, solid foods are added. Sometimes patients are not

permitted to eat or drink anything for a period of time after surgery. This is true as long as an NG tube is in place. In this case, you will receive nutrition through an IV.

Leaving the Hospital

When you are ready to leave the hospital, this is a process called discharge.

You must have an adult drive you home upon discharge. Specific discharge instructions will be given to you before you leave the hospital. They will include detailed information about your condition. Be sure to make an appointment with your doctor for a follow-up visit. Remember that if you have any questions after you leave the hospital, you should call your doctor.

Recovery at home

Complete recovery from surgery can take from 4 to 6 weeks. During this time you may feel more tired than usual. It is during this time that your body repairs itself.

Activity

Limit your activity by avoiding heavy lifting (usually no more than 10 pounds) or active work such as ironing, shopping, vacuuming, or driving. You usually can do light work, like washing dishes, cooking a light meal, climbing 10 to 12 steps per day, or taking a short walk on level ground in mild weather.

You will receive specific activity instructions from your doctor and nurse before you leave the hospital. These instructions will be based on the type of surgery you had. It is helpful to take rest periods throughout the day as you recover at home.

Bowel Function

Try to avoid constipation and straining during a bowel movement. Drink at least 8 glasses of water per day. Eat foods high in fiber, unless your doctor tells you not to. These include fresh fruits, vegetables, and whole grains. Activity also helps relieve constipation. If constipation becomes a problem, call your doctor.

Diet

Your doctor will tell you which type of diet to follow at home. If needed, a dietitian can help you with meal planning or diet restrictions.

Bathing

Your doctor will give you specific instructions about bathing. Normally, taking a shower and washing your hair are permitted. Be careful when you are getting in and out of the shower or tub.

Care of Your Incision

You may have some mild discomfort in the area of your surgery until healing is complete. Your doctor may prescribe a pain medicine. You will receive specific instructions in the care of your incision as well as of any dressing, drains, or catheters, if you have these.

Call your doctor if you have any of the following symptoms of infection:

- increased redness around the incision area
- increased pain at the incision site
- swelling in your incision
- drainage coming from or around the incision that looks or smells like pus
- bleeding from the incision
- temperature above 100°F

Preparation for surgery

Patient name:

Date of surgery: _____

Time: _____

Surgeon's name:

Do not eat or drink anything after:

Time: _____

on _____

For Inpatients

Family should report to patient's room at:

Time: _____

Location: _____

Family waiting area during surgery:

PRESURGERY AND POSTSURGERY INSTRUCTIONS

For Outpatients

Report to:

Time: _____

Family waiting area during
outpatient surgery:

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***Ambulatory and same-day
surgery patients***

Report to:

Time: _____

Family waiting area during
outpatient surgery:

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