

Patient Name: _____

Surgeon: _____

Date of Surgery: _____



Atlantic General Hospital Surgical Services
9733 Healthway Drive • Berlin, MD 21811

Preoperative Patient Handbook



Dear patient,

Thank you for choosing Atlantic General Hospital for your surgical needs. Our team looks forward to caring for you on your day of surgery. We aim to provide exceptional care to each and every patient.

This surgical handbook includes important pre- and post-operative surgical details and outlines what to expect during the entire surgical process. Please take time to review the information included.

You will be notified of your surgery arrival time the day prior to your procedure (Monday patients will be notified on the Friday prior). You will arrive approximately 1 ½ hours prior to your scheduled surgery time to provide an opportunity to answer any questions you may have and allow our staff the appropriate time to prepare you for your surgical experience. Unfortunately, emergencies, delays and cancellations cannot be predicted in a medical facility and can affect your estimated surgery time. If this happens, we ask for your patience and understanding. The surgical staff will make every effort to keep you and your family informed of changes as they occur. Please do not hesitate to ask any of us if you have any questions or concerns during your visit.

Thank you again for choosing Atlantic General Hospital,

Your Surgical Services Team

Preoperative Information – Before the Day of Surgery

Preadmission Testing (PAT)

Approximately one week prior to your surgery, a member of our pre-admission nursing team will be contacting you to discuss your surgical care. Medical history, day of surgery medications, plan of care and other important information will be covered at that time. If you would like to schedule a specific date and time to review this information with the pre-admission nurse, please call 410-641-9814.

Please make sure the following items are completed **at least two weeks prior** to your surgery date so any results can be reviewed with the pre-admission nurse, the anesthesia team and/or your surgeon.

Lab work

(If you have recently had lab work and are not sure if you need additional lab work done, please call 410-641-9814 to have the pre-admission testing nurse assist you in making sure everything you need for surgery is completed.)

EKG (Electrocardiogram)

ECHO (Echocardiogram)

Chest X-Ray

Appointment with specialist for surgical clearance

(for example – cardiologist, pulmonologist, neurologist, endocrinologist)

Preoperative NPO (Nothing by Mouth) Guidelines

ADULT FASTING INSTRUCTIONS - PLEASE READ BEFORE DAY OF PROCEDURE

Please note, patients are normally told to arrive 1 ½ hours prior to their surgery start time. You will be called to review nothing by mouth instructions and notify you of your arrival time the day before surgery.

Clear Liquids	<p style="text-align: center;">THE ONLY CLEAR LIQUIDS ALLOWED ARE:</p> <ul style="list-style-type: none"> ● Water ● Gatorade® (except red) ● CLEAR Apple Juice (no pulp or cider) <p>NO other clear liquids allowed including alcohol</p> <p>*See Exceptions Below</p>	<p>Stop all clear liquids 4 hours prior to your surgery ARRIVAL time!</p>
ALL other foods and non-clear liquids	<p>All solid food, all liquids you are unable to see through, all candy, chewing gum and mints</p> <p>*See Exceptions Below</p>	<p>STOP 8 hours prior to your surgery ARRIVAL time!</p>

*** Exceptions:**

- If you are having bariatric surgery, please follow the diet instructions given to you by your surgeon.
- If your surgeon has instructed you to stay on a clear liquid diet prior to the day of surgery, follow your surgeon’s instructions and avoid all food and non-clear liquids.

Importance of NO ALCOHOL Preoperatively



If you drink alcohol prior to surgery, many complications could occur including, but not limited to:



Poor Wound Healing

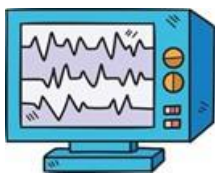


Increased Risk of Infection



Increased Bleeding

And, most importantly, **problems with anesthesia**, as alcohol interferes with medications and may cause:



Unstable Vital Signs



Difficulty Awakening After Surgery



Difficulty Breathing



Even Death

The single most important thing you can do is be completely honest about your alcohol use. This is true if you had one drink the night before surgery, recently binged, or if you are alcohol dependent. This discussion could save your life!



Please speak to your doctor or nurse regarding alcohol cessation programs available to you prior to surgery. The earlier you quit, the better!

Our goal at Atlantic General Hospital is not to judge you, but to help you have the best surgical outcome possible!



Preoperative Information – Before the Day of Surgery

One week prior to surgery:

- Review your medication list and make sure that you are following the stop dates given to you by your surgeon and/or pre-admission testing nurse. Also make sure you are aware of which medications to continue taking up to and including the day of surgery. If you have any questions, call the pre-admission testing nurse office at 410-641-9814.
- **Blood thinners are typically stopped prior to surgery per the doctor/care provider that prescribes the medication.**
- **Patients who have been diagnosed with diabetes and/or take diabetic medications will be given specific instructions by the pre-admission testing nurse.**
- Registration staff will be calling to verify your personal and insurance information, and discuss any financial responsibilities.
- Prepare to begin pre-surgical showers (if applicable to your surgery) to reduce the amount of bacteria on your skin. The instructions for pre-surgical showers are included in this handbook.
- Do not shave the surgical area. If needed, a member of the surgical team will remove hair with clippers when you arrive in the surgical area. Shaving can increase the risk of infection.
- Remove artificial nails and nail polish (all types including gel polish). These types of nails have been shown to retain germs and can interfere with the monitoring equipment.

The day prior to your surgery:

- Confirm with your support person/transportation the time you need to arrive at the hospital.
- Make sure you have your identification and insurance information ready to bring with you.
- Follow all the medication instructions you have been given.
- Anticipate a call from the Pre-admission Testing Department with your arrival call. Use this call to ask any questions you may have!
- Make sure you are aware of when to stop eating and drinking!

Surgical Site Infections (SSIs)

Surgical site infections, or SSIs, are infections that occur in or around the site of surgery. Most patients who undergo surgery do not develop an infection. To prevent SSIs, our OR team will prepare the surgical area with a solution that reduces the germs on your skin. The discharge nurse will also instruct you on how to care for your surgical site to prevent an infection after you go home.

Staphylococcus aureus

You may be asked by your surgeon to have a nasal swab test at the lab prior to your surgery. This test identifies if you are one of the many people who carry the staphylococcus bacteria in their nose. People who carry this bacterium are more likely to develop an infection after surgery. If the test is positive, a prescription will be sent to your pharmacy for an antibiotic ointment named Bactroban

(mupirocin). This is to be applied inside of your nose twice a day for five days. Please follow the instructions provided with your prescription.

The patient's role in preventing surgical site infections includes:

- Reviewing **all** medical history with your surgeon including allergies and medications.
- Quitting smoking – the earlier you quit smoking prior to surgery the greater the benefit!
- Eating a healthy diet.
- Following the discharge instructions.
 - NO bathtubs, swimming pools or ocean until cleared by the surgeon.
 - Keep the surgical site and/or bandage clean and dry.
 - Do not use lotions or creams around your surgical site.
 - Wash your hands before and after touching your surgical site.
- Completing pre-operative skin cleansing (if applicable).
- Nasal ointment as directed (if applicable).

Once in the operating room, your operative site will be washed with a surgical prep solution that may cause temporary skin discoloration.

Preoperative Shower Instructions

You may have been asked by your surgeon and/or the pre-admission testing nurse to take preoperative showers. Showers need to be taken two nights prior to surgery, the night prior to surgery and the morning of your surgery. After each shower, clean linens should also be placed on your bed.

The preoperative shower instruction steps are:

1. Wash hair with your usual shampoo and rinse thoroughly.
2. Wash your entire body with soap using a clean washcloth each time you shower. Let soap stay on the skin for one minute before rinsing.
3. Wash your entire body again with the CHG soap provided.

- **DO NOT** apply to face, mouth, genitals or any open wounds.
- Allow the soap to stay on the skin for one minute before rinsing.
- Make sure to clean under any skin folds and in the belly button.

4. Rinse thoroughly.

5. Pat yourself dry with a clean towel (change or wash towel for each shower).

6. Put on clean clothes.

7. **DO NOT** use creams, ointments, or lotions.

Day of Surgery

What to bring:

- List of medications (name, amount/dose, frequency, last time taken)
- Photo ID
- Insurance card
- Copy of living will or medical POA
- CPAP machine (if applicable)
- Dentures, glasses and/or hearing aid case.
- Brace, sling or surgical shoe if you have been given one for after surgery at your doctor's office.
- Co-payment/deductible (if applicable)

Eating and Drinking

The PAT nurse will review what time to stop eating and drinking with you the day before surgery. Please make sure you follow these instructions carefully and follow the attached NPO chart.

If you develop a cold, sore throat, fever, diarrhea or other illness, contact your surgeon's office.

Medications

- Take any medications your surgeon and/or pre-admission nurse instructed you to take with sips of water.
- Be prepared to tell your pre-operative nurse what time these medications were taken.

Getting ready to come to the hospital

- Take a shower.
- Wear clean, loose, comfortable clothing.
- Remove all jewelry/piercings and nail polish.
- Do not wear contact lenses or makeup.
- Brush your teeth and rinse with mouthwash.
- Do not apply lotion or makeup to your face or body.

Where to park/surgery registration

When you arrive at Atlantic General Hospital, you will park in the main parking lot in front of the hospital's main entrance (NOT the Emergency Department entrance). The staff at the front desk, directly inside the main hospital entrance, will sign you in and direct you to registration.

Family member/support person

- You are asked to bring only one family member/support person with you when you come for surgery.
- Your support person will be asked to wait in the surgical waiting room while you are being prepared for surgery by our staff in the preoperative area. Once you are ready for surgery, your support person will be brought back to wait with you until the OR is ready to begin your procedure.
- During the procedure, your support person will be able to keep track of your progress by utilizing the tracking board in the surgical waiting room.

- Your surgeon will speak with your family member or support person in the surgical waiting room or by phone when your surgery is complete.
- When your surgery is complete, you will be taken to the Post Anesthesia Care Unit (PACU). Each patient's length of time in PACU varies. Once you are ready, you will be taken to the discharge area to prepare to go home. Your family member/support person will join you there to review your discharge instructions. If you are to be admitted to the hospital for an overnight stay, your family member/support person will be directed to your assigned room and will meet you there.

Preoperative Area

Once you have been registered for surgery, you will be taken to the preoperative area to prepare you for your procedure. In the preoperative area, you will:

- Be asked your name and date of birth by each of the staff members that will be caring for you.
- Remove all of your clothing and put on a hospital gown, slippers and hair covering.
- Have your vitals signs taken and recorded.
- Submit a urine specimen (if indicated).
- Be asked questions regarding your allergies, past medical history, current home medications, etc.
- Have an IV started and any blood for lab tests drawn.



- Sign a surgical consent after reviewing the procedure with your surgeon (if not done in the office prior to the day of surgery).
- Have the surgical site marked by your surgeon.
- Discuss your plan of care with your anesthesiologist, ask any anesthesia-related questions and sign an anesthesia consent form.



- Meet the nurse who will be with you in the operating room, answer questions he/she has for you and ask any questions you have before being taken to the operating room.
- Have sequential compression devices (SCDs) placed on your lower legs to prevent blood clots.



In the operating room

Once the operating room staff is ready to begin your surgery, they will come to the preoperative area to confirm with you again your name and date of birth and take you to the operating room.



The stretcher will be placed next to an operating room table and the team will assist you in moving to and positioning for the surgery.



During this time, your anesthesiologist will begin giving you sedation.

Post Anesthesia Care Unit

Monitoring

During your surgery and in the recovery area, your vital signs including your blood pressure, heart rate, breathing rate and blood oxygen saturation will be monitored.



Blood clot prevention

You may feel the SCDs that were placed on your legs in the preoperative area squeezing your lower legs to keep blood circulating and prevent blood clots.



Pain

Depending on your pain level, pain medication will be given per the anesthesiologist's medication orders.



When will I move?

Once you are awake and your pain is controlled, a member of the PACU staff will assist you in transferring from a stretcher to a recliner, and will assist with walking to the bathroom.



Nausea can occur during the recovery period after surgery. The nurses can give you medication in the PACU if you experience nausea. If you have experienced post-operative nausea in the past, please inform your anesthesiologist in the preoperative area so that medications can be given to help prevent nausea.

A scopolamine patch may be placed behind one of your ears if your anesthesiologist feels you need nausea control. This patch will remain in place for 72 hours. When it is time to remove the patch, do not touch the underside and wash hands immediately afterward.



When can I eat and drink?




Depending on the type of surgery you have had, you will be able to drink after you can remain awake in the recovery area. You will start with clear liquids and can progress to solid foods once you have been discharged from the surgery department, as long as no nausea occurs.



Deep breathing and coughing exercises

Your nurse in the PACU may direct you to do deep breathing and coughing exercises to help expand your lungs and get rid of mucus. They may also recommend you continue these exercises at home.

Deep breathing and coughing exercises are as follows:

		
<p>Step 1</p> <ul style="list-style-type: none">• Sit on the edge of a bed or a chair. Or lie on your back with your knees slightly bent.• Lean forward slightly. Hold a pillow firmly against your incision with both hands.• Breathe out normally.	<p>Step 2</p> <ul style="list-style-type: none">• Breathe in slowly and deeply through your nose.• Then breathe out fully through your mouth. Repeat.• Take a third deep breath. Fill your lungs as much as you can.	<p>Step 3</p> <ul style="list-style-type: none">• Cough 2 or 3 times in a row.• Try to push all of the air out of your lungs as you cough.• Then relax and breathe normally.• Repeat as directed.

Incentive Spirometry

An incentive spirometer may also be used during your recovery with us and at home to avoid pneumonia and promote healthy breathing.



To use an incentive spirometer:

1. Sit as far upright as you can.
2. Breathe normally a few times.
3. After you exhale normally, close your lips around the mouthpiece.
4. Breathe in slowly and steadily through your mouth until your lungs are full.
The volume indicator will rise to show how much air you have breathed in.
5. Hold your breath until the volume indicator goes back to the bottom.
6. Breathe out slowly.
7. Take a few normal breaths.
8. Repeat steps 3-6 approximately 10 times per hour.

Discharge to Home

Your nurse will determine when you are ready to go home based on your mobility, vital signs, pain level, nausea, alertness and ability to empty your bladder.

Before you leave:

- Instructions for home will be reviewed with you and your caregiver
- You will receive a folder with all of the information you will need after you are discharged. Please take time to review this information again at home.
- Your care team will make sure you have any prescriptions you need for home.
- The IV will be removed.
- Your nurse will answer any questions you may have.

Depending on your type of surgery, you may also meet with a member of the physical therapy team before going home.



Who to call and when to seek medical care

Complications, although rare, can occur after surgery. **Call 911 anytime you think you may need emergency care!** For example, if you:

- Lose consciousness (pass out)
- Have severe trouble breathing

- Have severe chest pain
- Have severe bleeding

Call your surgeon's office if you have any concerns about your recovery. For example, if you:

- Have been unable to urinate for 4-6 hours
- Temperature over 101 degrees/signs of infection
- Feel faint, dizzy or lightheaded
- Persistent nausea or vomiting
- Have pain that is uncontrolled by your pain medication
- Have bleeding you feel is excessive.

Managing pain at home

It is important to remember:

- Take your pain medication only as directed by your surgeon.
- Treating pain early usually brings quicker and better pain control.
- Healing occurs faster when pain is kept under control.
- If you are having difficulty managing your pain at home, call your surgeon's office.
- Patients who have had a laparoscopic surgery may experience pain in their shoulder blades/upper back. This is caused by trapped gas and is best relieved by walking.



Bleeding

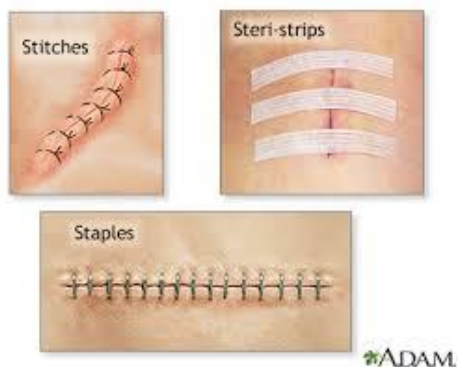
It is common to see a small amount of bleeding through the bandage after surgery. Call your surgeon's office if you have a saturated bandage, persistent bleeding or have concerns about the amount of bleeding.

Surgical site care

Follow all instructions for the removal of the surgical dressing (if applicable) and surgical site care given to you in your discharge instructions folder. Surgical sites are closed by sutures, staples, skin glue or steristrips.

If you have skin glue on your surgical sites, follow directions given for when to shower and then pat the incision sites dry (**do not rub!**).

Steristrips will gradually come off over time. Steristrips that have not come off on their own should be removed at home after **7 days**.



When caring for your surgical site, you should:

- **NOT** take a tub bath, go in pools, ocean, hot tubs or go swimming until your surgeon says it is okay.
- Keep the surgical site clean and dry
- Wash your hands before and after touching your surgical site
- **NOT** use lotions or creams around the surgical site

Signs of Infection

Call your surgeon's office if you notice any sign of infection!

Signs and symptoms of infection include:

- Fatigue – sudden feeling of exhaustion
- Fever of 101 or more
- Hot incision – incision feels hot to touch
- Redness or red streaks around the incision and surrounding skin
- Swelling/hardening around the surgical site – may appear swollen or puffy
- Drainage – foul-smelling drainage or pus



Tips for preventing nausea and vomiting

Control your pain

Don't skip your pain medication because you are feeling nauseated. Pain control can decrease nausea and vomiting after surgery.

Don't rush your diet

A slow return to normal foods is an ideal way to minimize nausea. Start with clear fluids and mild foods such as dry toast, clear soup, crackers and cooked cereal.

Combat dehydration

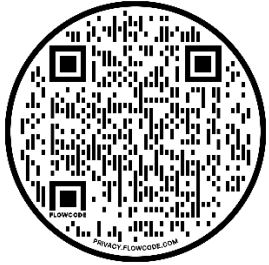
Drink plenty of fluids! Choose water or caffeine-free clear liquids. "Flat" ginger ale can also be soothing.

Scan the QR codes below with your mobile device to view in-depth videos about what to expect on the day of your surgery and discharge instructions:

What to Expect



Discharge Instructions



We look forward to providing you with an excellent surgical experience!





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