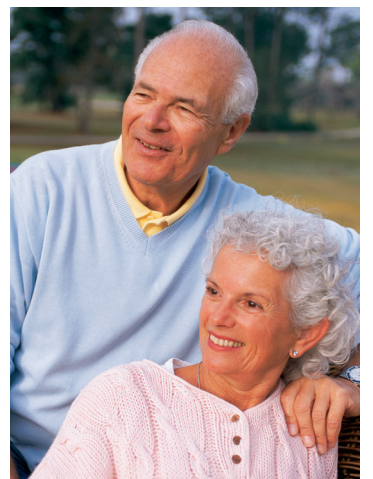


General Surgery Patient Guide



McLeod
Medical Center Dillon

McLeod General Surgery Dillon

Thank you for choosing McLeod Dillon for your surgery needs.

This Patient Guide will assist you in getting ready for your surgery. We want you to get the most out of your hospital stay. It is important that you and your caregiver read this guide carefully. Please refer to it during your hospital stay.

Please remember this is only a guide to your recovery from surgery. Not all patients have the same conditions or needs. Your doctors and nurses may change any of the advice to better suit your needs. Your primary care doctor, surgeon, other health care professionals and our entire support staff will work as a team to:

- ❑ Assess your condition
- ❑ Prepare you and your family for the surgery
- ❑ Manage your progress before, during and after your hospital stay

Your success is very important to us. We will do our best to make your stay with us a positive experience. Please let us know if you have any special needs you would like us to help you with.

Again, thank you for choosing the McLeod General Surgery Dillon.

Sincerely,

McLeod General Surgery Dillon and McLeod Medical Center Dillon

McLeod Medical Center Dillon
301 E. Jackson Street
Dillon, SC 29536
www.McLeodDillon.org

McLeod Medical Center Dillon
Located in the McLeod Dillon Professional Building
705 N. 8th Avenue, Suite 2B
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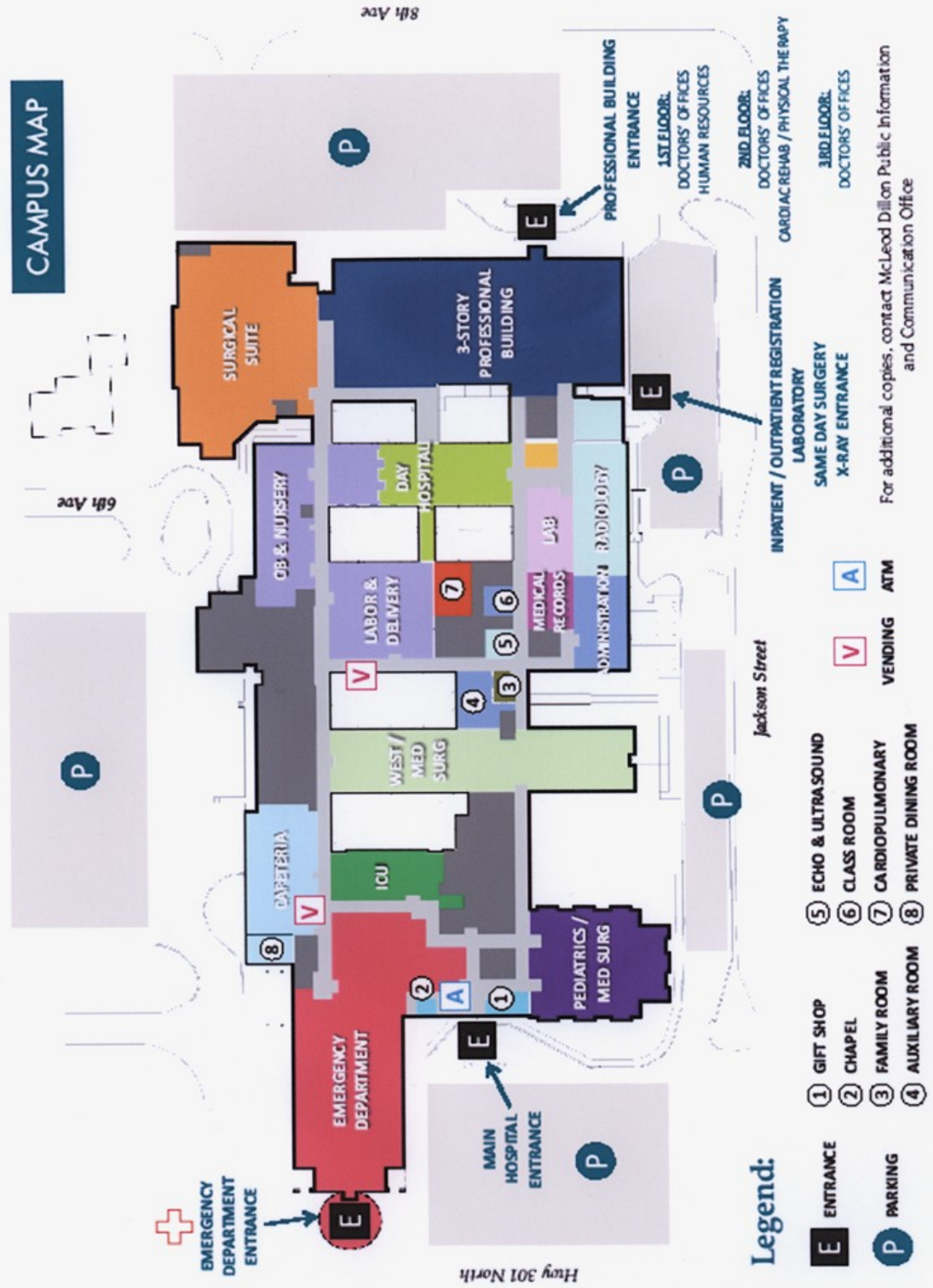
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CAMPUS MAP



Choose a Caregiver

The McLeod staff recommend that you identify a caregiver. A caregiver will help you reach your goals. Your caregiver should come with you to the pre-surgical testing appointment visit before your surgery. They will help you at home after surgery.

Things to Discuss with Your Doctor

- ❑ Review all medicines with your doctor including herbal supplements, vitamins, and minerals.
- ❑ Check with your doctor regarding blood thinners and when you should stop taking them.
- ❑ If you have diabetes or take any medicine for your heart or blood pressure, ask if you should take your medicine the morning before surgery.

Preparing for Your Return Home

The following will help prepare you for your return home after you leave the hospital:

- ❑ Move all throw rugs from your home so you will not trip over them. Also remove all power cords from walkways.
- ❑ Move all footstools, plant stands and other low floor items a safe distance from walkways.
- ❑ Arrange for pet care if needed.
- ❑ Have a chair with arms (without wheels) to help you get up and sit down easily.
- ❑ Have phone numbers of helpful friends, your doctor, etc., by each phone in case of a problem.
- ❑ Stock up on food and other supplies. Prepare meals and freeze them so meal preparation is as easy as possible.
- ❑ Move things you might need (medicines, magazines, phone, cooking utensils) to areas where you can reach them easily.
- ❑ Refill any medicines you take on a regular basis to avoid trips to the pharmacy.
- ❑ If your bedroom is upstairs, make arrangements to sleep downstairs for a few days. You may not be able to climb stairs as soon as you go home.

HOME MEDICINE LIST

Please list all of your medicines and dosage (strength) you are currently taking at home:

[illegible]

SURGERY EVENT CALENDAR

Pre-Surgical Testing Appointment and Total Joint Replacement Education Class

Place: McLeod Dillon Day Hospital

Date: _____ Time: _____

What to Bring:

- This Book
- Caregiver

It is important to have the following information available to assist with pre-registration:

- Name, address, phone number
- Date of birth
- Your surgeon's name
- Date of your surgery
- Insurance company name and policy number
- Paperwork from doctor's office
- Completed patient home medicine list or your bottles of medicines
- List of all the doctors you see on a regular basis
- List of your allergies and your reactions to them
- List of past surgeries and medical problems
- Insurance card

This visit may take up to 2 hours. Common medical tests will be done to give your doctor important information. These tests include a blood test, a urine sample, a nose swab, an EKG, and possibly a chest x-ray. The nurse will review your past surgeries and medical problems.

CONTROLLING RISK FACTORS

With any major surgery there are certain risks. It is important you know the risks and what you can do to prevent problems after your surgery.

Conditions that may increase your risk for complications include obesity, smoking, lung disease, heart conditions, diabetes, and any recent infections. If you see a family doctor or a specialist on a regular basis please inform them of your surgery.

The following activities are important to help you prepare for surgery, help with a speedy recovery and prevent problems after surgery.

Healthy Eating

Eat a healthy well-balanced diet. If you are overweight or obese, we recommend you discuss with your family doctor about starting a weight loss program. Losing weight will help reduce the pressure on your joints. This may also reduce your pain.

If you have diabetes, it is very important to follow your doctor's recommended diet.

Stop Smoking

If you smoke, we encourage you to stop smoking before your surgery. This will decrease the chances of lung problems and speed your recovery. McLeod Medical Center Dillon is Tobacco Free, which means tobacco use of any kind is prohibited indoors and outdoors.

PREPARING FOR SURGERY

The Night Before Surgery

DO NOT eat or drink anything after midnight, including water, chewing gum or candy. Brush your teeth or rinse your mouth as often as you wish, but **DO NOT** swallow.

DO NOT shave your legs the day before or day of surgery

The Day of Surgery

DO NOT EAT OR DRINK

Sips of water may be allowed with your medicines.

DO NOT wear or bring jewelry to the hospital. If you prefer not to remove your wedding band, it will be taped to your finger during surgery.

DO NOT wear any make-up or nail polish.

ARRIVE at the hospital at the appointed time given to you during your pre-admit teaching. Go directly to the Day Hospital nurse's desk. This is the same area where you received your pre-admit teaching.

What to Bring:

- ☐ This Book
- ☐ Copies of Advance Directive documents (i.e., Living Will) if you have any
- ☐ Dentures, glasses, hearing aids (if you have them)
- ☐ A current list of your medicines. **Include the name of each prescription or over-the-counter medicines and any vitamins or herbs, the dosage (or strength), and how often you take it.** The hospital will provide all medicines you will need. Herbals and vitamins may not be ordered while you are in the hospital.
- ☐ Loose comfortable clothes, enough for 3 days
- ☐ Strong, flat shoes that are non-slip
- ☐ Personal care items (toothbrush, comb/brush, razor, deodorant, etc.)
- ☐ If you use a C-Pap or Bipap, bring all of your equipment

When you arrive for your surgery, report to the Nurse's Desk in Day Hospital. Your family/friends will be directed to the Surgical Waiting Area.

Pre-Op (Day Hospital)

- You will change into a hospital gown, and remove dentures, contact lenses/glasses and jewelry.
- Your vital signs (temperature, pulse, blood pressure, respirations) will be taken.
- An intravenous (IV) line will be started so you can receive medicine.
- The nurse will review your past surgeries and medical problems. They will also review the results of your pre-surgery testing.
- Your doctor will be there to answer any last minute questions. With your help, he will mark the location of your surgery.
- An anesthesia provider is a provider who gives you the medicine that puts you to sleep during the surgery. This person will talk with you about the type of medicine you will receive and answer any questions you have. This person will also discuss managing your pain and what options are available.

Operating Room (OR)

- The operating room staff will wear face and head coverings to keep the area germ free.
- After you are safely asleep, a urinary catheter may be placed in your bladder.
- Your surgery may last 1 to 2 hours. Your family should not be alarmed if your surgery takes longer.

Post Anesthesia Care Unit (PACU)

- After your surgery, you will be taken to PACU.
- A nurse will be at your side as you wake up.
- You will be hooked up to monitors and oxygen.
- The nurse will ask you to rate your pain on a 0-10 scale. With this scale, 0 is no pain and 10 is a lot of pain. This will help the nurse determine how much pain medicine you need. Some pain after surgery is normal.
- You will remain in the PACU until your pain is under control and your vital signs are stable, usually 1 - 2 hours. Your family will be told how you are doing and where you are.
- When you are ready to be taken to your room, your family will be called to join you.

In the Patient Room

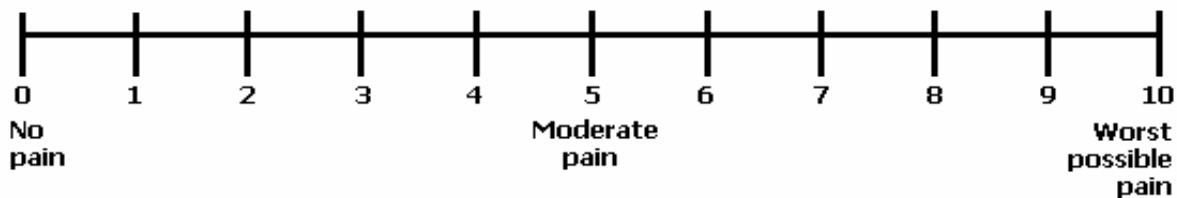
- From PACU, you will be taken by bed to your room. You will be greeted by your nurse.
- Your vital signs will be taken and you may be hooked up to monitors and oxygen.
- You will have fluids given intravenously (IV).
- If needed, a urinary catheter may still be in your bladder so you will not have to get out of the bed to urinate.
- You may have drains to remove fluid from the surgical site.
- Your family and friends will be able to visit. We encourage one to two visitors at a time.
- Post-operative instructions will be reviewed with you and your family following the surgery.

PAIN AND PAIN RELIEF

You will have pain after surgery. Our goal is to make you comfortable. We will ask you to rate your pain using the 0-10 scale. If you have pain, please let us know.
DO NOT wait until the pain is over a "5" to ask for medicine.

- Pain medicine can be given three ways.
 1. Pill: you are given medicine to swallow
 2. Injection: the nurse gives you a "shot" in your muscle
 3. Intravenously: you get the medicine in a line that goes into a vein (**IV line**)
- You may receive pain medicine in the IV line using **Patient Controlled Analgesia**, also known as a **PCA**. A nurse will explain how to use the "button". With a **PCA**, you will have a set amount of pain medicine going into your **IV line** all the time. If you are still having pain, you can push the "button" to receive another amount of pain medicine. **Only the patient may press the button.**
- For additional pain relief, refer to the pain booklet, *Managing Your Pain*, which you will receive when you are admitted to your patient room.

0-10 Numeric Pain Intensity Scale



Source: Acute Pain Management, Operative Medical Procedures and Trauma, Clinical Practice Guideline No. J-AHCPR Publication No. 92-0032, Rockville, MD: AHCPR, Feb. 1992.


PREVENTING COMPLICATIONS WHILE IN THE HOSPITAL

As with all major surgical procedures, complications can occur. The following information is not a complete list of the possible complications. These highlight some of the most common ones. Precautions are taken to reduce the chances of any surgical complication from occurring.

1. Blood Clots (Thrombophlebitis)

Blood clots are a risk after surgery. Many steps will be taken to prevent this from happening.

NOTE: Most blood clots do not cause any symptoms. However, blood clots that go to the heart or lungs are dangerous. The following are ways to prevent a blood clot.

- Anticoagulant Therapy: You will be receiving medicine (by mouth or by injection) to thin your blood, unless there is a medical reason for no blood thinner. This will require that you have daily blood tests done. This is to closely watch your blood so that the proper doses can be given.
 - Leg Pumps: You will have special wraps placed on your legs. The leg wraps attach to a device to help circulate blood in your legs. They should be worn at all times while you are in bed. If they are removed for care or therapy and not reapplied, you should call the nurse to put them back on.
 - Antiembotic Stockings (TEDS): Your doctor may order these support stockings for you to wear.
 - Early Ambulation: Every effort will be made to get you up and n
 - Leg Exercises: Soon after surgery, you will be asked to exercise.
- circulation problems. (See pages 16 - 18)
- 



2. Pneumonia

After surgery, it is important to exercise your lungs by taking deep breaths. The Respiratory Therapy staff will provide you with an incentive spirometer. They will show you how to use it after surgery. By taking deep breaths, your lungs will expand and help clear the air passages. This helps prevent post surgery fever and pneumonia. Use your incentive spirometer 10 times every hour while awake.

Incentive Spirometer

3. Constipation/ Bowel Movements

Anesthesia and/or pain medicine can effect your bowels. Your first meal will be clear liquids (juice, broth, gelatin). You will also be given a daily stool softener to prevent constipation, which is a common side effect of pain medicine. A laxative is also ordered if you should require it before discharge. Please ask your nurse for a laxative if you have not had a bowel movement.

Ways to prevent constipation include eating more fiber, drinking plenty of water, plenty of exercise and laxatives (only if your doctor approves).

Our goal is to have you safely on your way the day of discharge.

It is anticipated that you will be discharged from the hospital 3 days after surgery. For your safety, you will have to meet certain requirements before you can be discharged from the hospital, for example:

- ☐ Your pain is managed with oral medicine or other pain relief options
- ☐ You are able to walk and safely perform transfers (bed to standing, sitting to standing, bathing, etc.)
- ☐ You have had a bowel movement
- ☐ You are able to keep down food and liquids

Wound Care at Home

- q Check wound daily for redness, swelling or drainage. If you are unable to see the wound, have someone check it for you. Report any problems to your doctor right away.
- q Your wound may have staples. The staples will be removed in 1 to 2 weeks after surgery in your doctors office.
- q You may feel some numbness in the skin around your wound.
- q Avoid soaking the wound in water until the wound is completely healed and dried.
- q Change dressing as directed by your doctor.

Preventing Infection

The most common causes of infection following surgery are from bacteria that enter the blood during dental procedures, from urinary tract infections or skin infections. These bacteria can cause infection to your new surgical site. Your doctor may want you to take antibiotics when you have dental work or other surgical procedures. It helps reduce the risk of spreading germs.

Blood Clot Prevention at Home

A blood clot can occur during the first several weeks of your recovery.

Your doctor may prescribe medicine to prevent blood clots from forming. Please follow the exact dosing instructions. Lab work may be necessary to closely monitor blood clotting levels. Your doctor will tell you when/where to go for your lab work. The most common medicines to prevent blood clots include:

1. Warfarin (also called Coumadin) is a blood thinning medicine used to prevent blood clots from forming in your body.

Follow these additional guidelines while taking Warfarin:

- ☐ Take the Warfarin at the same time each day
- ☐ Never miss your doctors appointment to have your lab work checked
- ☐ Use a soft bristled toothbrush
- ☐ Use an electric razor

2. Low Molecular Weight Heparin (LMWH) may also be called Lovenox

Your doctor may place you on LMWH injections to help stop a blood clot from forming. It is very important that you follow these exact orders.

If you or a family member is taking LMWH, remember to:

- ☐ Change injection site each time - do not inject in the same place every time
- ☐ Never inject it within 2 inches of the belly button
- ☐ Cleanse the site of the injection with an alcohol swab and let it dry
- ☐ Pinch the area receiving the injection and keep it pinched while injecting the medicine
- ☐ Inject the needle at a 90 degree angle and pull straight out
- ☐ Do not massage the area of the injection
- ☐ Correctly dispose of a used needle by placing it in the provided needle box. You may return the needle box to your doctors office or pharmacy for proper disposal.

Driving

You can begin driving when your doctor says you can, this is usually about four to six weeks after surgery. **DO NOT** drive if you are still taking any pain medicine.

Medicines

Continue medicines at home as prescribed by your doctor. A list of medicines that you received in the hospital will be sent to your doctor. You will receive prescriptions for pain medicine. If your pain medicine is not strong enough, or you experience unwanted side effects, call your doctor. Pain medicine may cause constipation. Your doctor may recommend a stool softener. If you have any questions about your medicines, call your doctor.

When To Call The Doctor

- ☐ Increase in pain or swelling
- ☐ Sudden increased shortness of breath
- ☐ Chest pain that comes on quickly
- ☐ Chest pain when coughing
- ☐ High fever (higher than 101 degrees when taken in your mouth)
- ☐ Shaking and chills
- ☐ Increase in redness, tenderness or swelling in the wound
- ☐ Drainage or bleeding from the wound
- ☐ Increase in pain with both activity and rest
- ☐ Severe pain that prescription medicine does not control

If on a Blood thinner, Call your doctors office if you:

- ☐ Fall or hit your head
- ☐ Have bleeding that does not stop
- ☐ Have bleeding when you brush your teeth
- ☐ Have pink, red, or dark brown urine
- ☐ Have blood in your stool or the stool is black

NOTES:

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www.mcleoddillon.org

McLeod

Medical Center Dillon

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