



Preparing for Your Surgery at Winchester Hospital



***A resource
for patients
having
surgery at
Winchester
Hospital***

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Welcome to Winchester Hospital

A Community of Caring

Thank you for choosing Winchester Hospital for your surgery. This educational booklet provides information about what you will experience before, during and after your surgery. You are encouraged to read this booklet in full to prepare yourself for your procedure. You are also encouraged to ask questions and express any concerns you may have to your doctors and nurses. It's important that you understand what your procedure entails, the risks of surgery and potential complications, no matter how unlikely they may be. At Winchester Hospital, we want you to be an active partner in making decisions that are best for you.



Health Care Proxy Reminder: The Health Care Proxy is a simple legal document that allows you to name someone you trust to make health care decisions for you if, for any reason and at any time, you become unable to communicate those decisions. Under Massachusetts law, any competent adult 18 years or older may use this form to appoint a Health Care Agent. We encourage all patients to fill out this form regardless of their age or medical condition.

- For a Health Care Proxy to be valid, Winchester Hospital **MUST** have a signed copy of it in your medical record.
- If you have already signed a Health Care Proxy but Winchester Hospital does not have it on file, please bring a copy to Central Registration on the ground floor of the hospital.
- If you have already signed a Health Care Proxy at Winchester Hospital you do not need to sign a new form unless you want to change the proxy name.
- **Your Health Care Proxy form MUST be dropped off at Central Registration (ground floor) BEFORE you arrive for surgery.**

Day of Surgery

- When you arrive on your day of surgery please report to the Day Surgery area on the first floor of the hospital. As you enter the unit, please sign in as directed and take a seat in the waiting room. Your comfort and privacy are important to us. Out of respect for every patient, we ask that you limit your number of visitors to one. Also, food and drink are not allowed in this waiting area.
- A clinical person will then greet you. You will be asked to state your name, birth date, allergies and surgical procedure. For safety reasons, you will be asked this same information many times throughout your hospital stay. An identification bracelet will then be applied. If you have allergies you will receive a red bracelet alerting your health care team. A purple bracelet will be applied if you have an arm that should not be used for blood pressure checks, intravenous (I.V.) or drawing blood.



Identification Bracelet



Please keep in mind that the scheduled time of your surgery is approximate. Everything possible is done to see that surgeries start on time, but delays are sometimes unavoidable.

- Before you are brought to the preoperative suite, you will be instructed to undress completely and put on a hospital gown.
- In the preoperative suite, you will meet your surgeon, anesthesiologist, operating room nurse and other members of the surgical team.
- If your surgery requires skin preparation (shaving), it will also be done at this time.

- When you meet your anesthesia care provider, you will have a chance to ask any questions you may have regarding anesthesia. There are a wide range of options for keeping you comfortable. Your anesthesiologist will listen to your preference and will recommend a type of anesthesia based on your comfort, the location of your surgery, and your overall physical condition. **If you or any of your family members have ever experienced any adverse reactions to anesthesia or any other substance, be sure to let your surgeon or anesthesiologist know.**
- At this time, you will be asked to sign an anesthesia and/or surgical consent form. Once all consent forms are signed, you may be given medication that will sedate you through your I.V. (a vein in your arm) before you are brought into the operating room.

Types of Anesthesia

There are three main categories of anesthesia:

General Anesthesia

With general anesthesia you are unconscious (asleep). There are different types of general anesthetic drugs that can be used. Some are gases or vapors which you breathe through a mask or tube, while others are given through your I.V. While under anesthesia, you are carefully monitored with the use of sophisticated equipment. Your anesthesia care provider will monitor you and control your comfort.

Regional Anesthesia

With regional anesthesia, your anesthesiologist numbs the area of your body that will be operated on by injecting anesthetic medication into nerves at the area of your surgery. You may remain awake or you may be given medication into your I.V. to make you sleepy. This is usually done

before you enter the operating room. Two of the most frequently used are spinal anesthesia and epidural anesthesia. Your lower back will be cleansed and the anesthesia care provider will inject medication into your lower back to numb it. A small tube will be placed in your lower back where medication can be delivered; this may feel warm.

Temporarily, you won't have any feeling from your waist down. After surgery, while you are in the recovery room, the feeling will start to come back to your legs and feet.

Local Anesthesia

With local anesthesia, the anesthetic drug is usually injected into the tissue to numb just the specific location of your body that is requiring minor surgery. This is commonly used for hand or foot surgeries.

Often, medication is given through your I.V. to help you relax before you get into the operating room. You will discuss this with your anesthesia care provider on the day of surgery. You may ask for more medication to relax if needed.

Please note, with all types of anesthesia, the anesthesia care provider will monitor you during your procedure and make sure that you are comfortable.



**Remember, NO JEWELRY is allowed in the operating room (including wedding rings).
Please leave all jewelry at home.**

- Before you are brought into the operating room, we will remove and store your dentures and glasses.
- Once in the operating room you will be made comfortable and a safety belt will be placed over your knees for security. Additional blankets are available if you are cold.

Visitors

- While you are undergoing your procedure, we encourage your contact person to wait where he/she will be most comfortable. Visitors can be reachable by telephone. If they choose to stay at the hospital, a coaster pager will be provided so that your surgeon may contact them. Visitors are encouraged to wait in the hospital's coffee shop, cafeteria or main lobby.



Coaster Pager

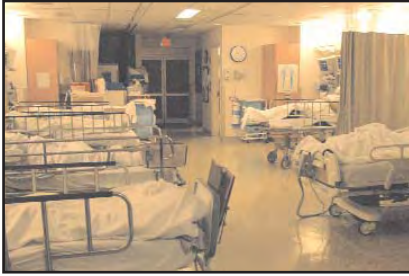
- **Visiting Hours:** If you are admitted to a hospital room, your family and friends may visit you between the hours of 12:00 p.m. and 8:00 p.m.

- ⊘ No visitors will be allowed to go to the preoperative suite or recovery area unless deemed necessary (e.g. parents of underage child, patient's translator, caregiver of mentally challenged patient).

Who is a contact person?

A contact person is a spouse, family member or friend named by you to receive information about your progress and condition. This is done to protect your privacy and allows you to choose who has access to your medical information. The HIPAA (Health Insurance Portability and Accountability Act) law prohibits staff from giving information to anyone other than your contact person. Please let your family and friends know they are to speak to your contact person. They should not call the hospital. This policy allows the staff to spend more time taking care of your needs. Family or friends who call for updates about your condition will be directed to speak to the contact person you have identified.

After Surgery



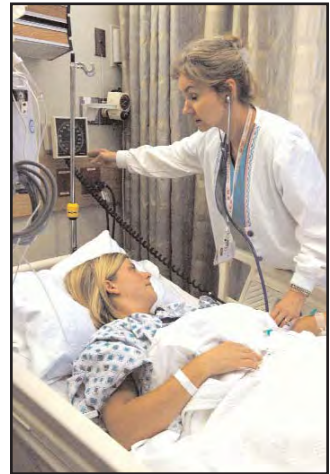
Recovery Area

- Following the procedure you will be moved onto a stretcher and brought to a recovery area where you will be closely monitored.
- At this time, the surgeon will speak with your designated contact person.

- You will stay in the recovery area until you are stable and comfortable - and if you are being admitted, until your hospital bed is available. In the recovery room there will be other patients, a lot of activity and some noise due to a variety of equipment used to monitor and treat you.

- When you first wake up you may feel cold and you may shiver. This is normal if you've had general anesthesia. The nurses will provide you with warmed blankets.

- Your vital signs and the amount of oxygen in your blood will be checked frequently. If you need additional oxygen after your anesthesia, you will feel a mask on your face.



- You will wake up with an I.V. in place to provide you with fluids and medication. Depending on your surgery you may have a tube (catheter) draining the urine from your bladder, a temporary drain at the surgical site, a bandage on the incision and/or a tube in your nose draining your stomach. You may

also have venodyne boots (inflatable leg wraps) on your lower legs. These promote leg circulation in order to decrease your risk of blood clots.

- You will be encouraged to take deep breaths. This will help you wake up from the anesthesia and get enough oxygen. This will also help prevent pneumonia.
- Nausea can be a side effect of the anesthesia. Medication to relieve this sensation will be provided as needed.

Pain Management

- Most patients experience at least some pain following surgery. You have an important role to play; be sure to ask your doctor before surgery about the type and duration of pain you should expect.
- Your pain can be managed with great effectiveness. The nurses will frequently ask you the amount of pain you are experiencing. You will be asked to rate your pain using the pain scale of 0-10. Zero means no pain and 10 is the worst pain you can imagine. Our goal is for you to feel no more than mild pain (3 or less).

Numeric Pain Intensity Scale



- Review the *Patient/Family Information about Pain*

Management brochure provided in your admission packet.

You will learn that pain medication, repositioning yourself in bed, massage, heat and cold as well as distraction, such as music, may help decrease your pain level. Although you may not have total relief from your pain, you should be comfortable.



Remember to be an active partner in your health care. It is your responsibility to ask for pain medication as needed.

- It is important that your pain is controlled. It is necessary for you to breathe deeply, cough and increase your activity as directed by your nurse or doctor to prevent serious complications.

Pain Management Techniques:

PCA Pump

For patients staying overnight, you may have a PCA (patient controlled analgesic) pump. This device will allow you to control the amount of medication that you receive. Your physician will prescribe the specific medication and dose which will be programmed into the pump. To give yourself a dose, there will be a button clipped onto your hospital gown; just press it. There will be preset limits, so you do not need to worry about giving yourself too much medicine. As you progress in your recovery, your doctor will change your medication from the PCA pump to oral pain medication (pills).

Epidural Catheter

You may have an epidural catheter in place for several days after your surgery. This is a tiny tube placed in your spinal column by the anesthesiologist just before your procedure. The pain medication will be prescribed by the anesthesiologist and delivered continuously through a pump. You may have some weakness and decreased feeling in your legs. This will be temporary and your nurse will check on your comfort level. An anesthesiologist will also check on you daily. It is important that you ask for assistance when getting out of bed because the decreased feeling in your legs may cause you to feel unsteady and weak.

Nerve Blocks

Nerve blocks are sometimes used to control your pain. A tiny, thread-like tube is inserted along the nerve of the surgical site. It provides a slow, constant flow of pain medication. Nerve blocks are usually used for orthopedic surgery.

I.V.

Pain medication may also be given through your I.V. This is delivered periodically and should make you comfortable. Your doctor will prescribe the type, amount and frequency of this medication.

Injections

Medication can also be given by injection into your muscle or under your skin. This is delivered periodically by a needle and should make you more comfortable for several hours. Your doctor will prescribe the type, amount and frequency of this medication.

Oral Medication

Oral pain medications (pills) are frequently used to help keep you comfortable. Your doctor will order the type, amount and frequency of your pain medication. Upon discharge you will be given a prescription for pain medication to take at home as directed. A common side effect of pain relievers is constipation. This can be avoided by drinking plenty of fluids. Senna tea and prune juice are good laxatives. You may also want to try an over-the-counter stool softener. If constipation is a problem for you, you may want to discuss this early on with your doctor.

A Note About Pain Medication

Patients often have a concern that they may become addicted to pain medication. Addiction is an extremely rare occurrence in hospitals and home care. Addiction is when you take pain medication when you don't have pain. As you heal, your need for medication will become less.

Helping Yourself Heal

After surgery, you need to be involved in your care to help yourself get better. There are several ways that you can do this:

Deep Breathing

- Deep breathing and coughing every hour helps to prevent pneumonia. If you had surgery on your abdomen (stomach area) or chest, put the palms of your hands together across the incision (stitches). Lace your fingers and support your incision firmly. This helps to make you more comfortable while taking deep breaths. You may hold a pillow over the incision instead of your hands. Breathe in deeply until you feel your rib cage fill with air. Hold this breath for a few seconds and then breathe out slowly. Repeat this several times and then cough.

- For patients staying overnight to recover, we will give you a Deep Breathing Device (incentive spirometer) to use. The directions for use are as follows:
 1. Expand the tube by pulling on both ends at the same time. Attach tube to Tubing Port.
 2. Slide the target to the volume level prescribed by your clinician.
 3. Close your lips around the mouthpiece.
 4. Inhale slowly, as if sucking through a straw, keeping the Flow Rate Guide between the arrows.
 5. When you can't inhale anymore, hold your breath for six seconds. Try to reach your prescribed volume.
 6. Exhale slowly and allow the Volume Indicator to return to the bottom of the column.
 7. Repeat steps 3-6 ten times per hour.
 8. Cough after each set of ten.



Incentive Spirometer



Smokers have a higher chance of breathing problems after surgery. We encourage you to stop smoking before surgery or at least decrease the amount that you smoke.

There is a Smoking Cessation program offered through Winchester Hospital's Community Health Institute.

Call (781) 756-4700 for more information. If you experience some difficulty during your admission at Winchester Hospital, nicotine patches are available to you by asking your doctor or nurse.

Physical Activity

Another important way that you can help yourself recover is by increasing your physical activity as directed by your health care providers. Activities like turning side to side, arm and leg exercises and getting out of bed to walk decrease the risk of blood clots and will also help to prevent pneumonia. These are very important steps to prevent serious complications after surgery.

Venodyne Boots

You may have venodyne boots (inflatable leg wraps) on your lower legs. These promote leg circulation in order to decrease your risk of blood clots. If you are staying overnight in the hospital, these will be kept on your legs while you are in bed and until you are walking enough on your own.

In Bed Exercises

1. Keep the top side rails of your bed up. This will help you to move side to side and up and down in bed.
2. To increase the circulation in your legs, pull your toes toward your knees and then point them toward the foot of the bed. Do this five times every hour.
3. While in bed, tighten your thigh muscles and press your knees down into the bed. Do this five times every hour.

Out of Bed Activity

1. On the evening of your surgery, depending on your procedure, your nurse may help you to sit on the edge of the bed to dangle your legs or assist you in getting out of bed and walking. It is important to have help the first few times you get up because you may feel weak or unsteady.



2. We encourage you to take at least three walks per day. Remember the frequency is more important than the distance that you walk.
3. Some patients require and will receive special physical or rehabilitative services while in the hospital. These services will be determined by your surgeon and are routinely provided after total hip and total knee replacement surgeries.

Your Incision (Stitches)

- You may or may not have an incision depending on your surgery. If you have an incision it may be closed by staples, stitches or steristrips and covered by a bandage.
- Do expect some bruising at the incision; this is normal.
- Your nurse will be checking your bandage and changing it as needed.
- Upon discharge, you will be instructed on how to care for your incision. At home, you should be watching for signs of infection at your incision site such as excessive redness, swelling, pain, heat, foul drainage or fever greater than 101 degrees. Call your doctor if you experience any of the above symptoms.

Tubes

It is sometimes necessary to temporarily have special tubes after your surgery to help in your recovery. The three most common tubes are foley catheters, nasogastric tubes (NGT) and Jackson Pratt (JP) drains. Below is a description of each.

Foley Catheter

- A foley catheter is used to drain the urine from your bladder. This allows the nurse to monitor your urine output as well as allow you to be more comfortable. It is usually placed while you are under anesthesia and is held in place by an inflatable balloon. When you are able to move around more your catheter will be removed. Your health care provider will deflate the balloon and it will easily come out. You may not pass urine for several hours. If you have had surgery on your urinary system, you may be sent home with a catheter to allow for healing. You will receive written instructions and a demonstration on how to care for the catheter upon discharge.

Nasogastric Tube (NGT)

- Depending on the your type of surgery, you may wake from anesthesia with a NGT. This is placed in your nose and goes down to your stomach. It is attached to suction and will drain your stomach juices allowing your stomach to be kept empty. This tube is temporary and allows your bowel to rest and promote healing after surgery.
- You may find this tube irritating to the back of your throat. You will not be able to eat or drink while this is in place, but you will be given moistened swabs for comfort. The tube is taped to your nose to secure it.

- Your bowel may be “waking up” when your nurse or doctor hears bowel sounds with a stethoscope, or when you are passing gas. At this point you are progressing in your recovery and your doctor may decide to have the tube removed.
- Your doctor or nurse will remove the tube by loosening the tape, having you take a deep breath and gently removing it.

Jackson Pratt Drain

- During the procedure, your surgeon may put a drain (a thin tube) at your incision to remove extra fluid to allow your wound to heal. The tube is attached to a collection bulb. Depending on the amount of drainage, your doctor will decide whether to remove the drain(s) before you leave the hospital or send you home with it in place. If you are sent home with the tube, you will receive written instructions and a demonstration on how to empty and care for it.

Diet

- Depending on your procedure you may or may not be able to eat or drink after surgery; your doctor will make that decision. You may hear or read the acronym NPO, which means nothing to eat or drink. Because of surgery and anesthesia, your diet may be restricted to only liquids at first.
- You will get fluids through an I.V. in your hand or arm until you are able to drink or eat without experiencing nausea.
- As you recover, your diet will be advanced to include solid foods as your doctor prescribes.
- If your doctor recommends a special diet for you at home, a member of the dietary team will teach you about your diet.





Research shows that patients who take part in decisions about their health care are more likely to have better and safer outcomes.

Speak up. Ask questions. It's very important for you to understand what is happening to you and why. You will be provided with a pad of paper and pencil at your bedside. Use this to list any questions you may have or to jot down notes.

Pay special attention to the care you are receiving. You should expect that your health care provider checks your wrist band for identification before receiving medications, treatments and having blood drawn.

Educate yourself about your diagnosis, the medical tests you are undergoing and your treatment plan. Alarms on equipment must always be managed by nurses. It is **IMPORTANT** that you and your visitors **DO NOT TOUCH** the equipment.

Ask a trusted family member or friend to be your advocate. Make sure this person understands your preferences for care and your wishes.

Know what medications you take and why you take them.

Use a hospital that has undergone a rigorous onsite evaluation of established, state-of-the-art quality and safety standards such as that provided by JCAHO (Joint Commission on Accreditation of Healthcare Organizations).

Participate in all decisions about your health care. You are the center of the health care team. Be an active partner in making the decisions that are best for you.

Planning For Discharge

- Information on how to care for yourself at home and your medicines will be explained to you before you leave. Although your doctor may have “discharged” you, it is required that you wait until your nurse reviews your instructions and prescriptions with you and answers any questions that you may have before you leave.
- If your doctor has prescribed a pain medication for you, it is important that you do not drink alcohol or drive while taking this medication. Arrange for someone to stay with you the first 24 hours after your discharge from the hospital. You may need help around the house or getting your prescriptions filled.
Do not drive for 24 hours after undergoing anesthesia.
- Your physician will determine whether you require home care services upon discharge. These services will be arranged by the case manager assigned to you. The case manager will contact a home care agency that is approved by your insurance. The goal of the home care agency is to teach you or a family member specific treatment that is required.
- Sometimes upon discharge from the hospital your doctor may feel that you would benefit from further rehabilitation and recuperation at another facility. The case manager assigned to you will help you choose the appropriate facility. The ultimate decision will be made by your insurance carrier based on your individual policy.



Frequently Asked Questions

For Your Family Members, Friends and Visitors

What is my role as the contact person?

If your family member or friend chooses you to be the contact person there are several things you should be prepared to do. You should be available by phone, cell phone or hospital coaster paging system to speak with the doctor and hospital personnel. You should find out from the patient if there are other family members or friends who need to be updated and if so, have their telephone numbers on hand.



Winchester Hospital Main Lobby

The patient must have a responsible adult to accompany him/her home. If you are the person who will be taking the patient home after surgery, you should be reachable and within 45 minutes of the hospital, so you are at the hospital when the patient is ready for discharge. If you choose to wait at the hospital, you can relax in the main lobby, coffee shop or cafeteria.

How long will the operation take?

Every operation and every patient is different. Even if the nurse and doctor give you an estimated length of time for the operation, it is just an ESTIMATE. Sometimes surgery is shorter or longer than you were initially told it would be. Longer surgery does not mean there is a problem; it just means that giving the best surgical care is taking more time that day.

When can I see my family member or friend again?

When the operation is over, your family member or friend is continuing to receive highly skilled nursing care in the Post Anesthesia Care

Unit (PACU). This is the area where patients are closely monitored by skilled critical care nurses while they recover from their anesthesia and become ready to be transferred to Day Surgery or an inpatient room. The doctor or nurse may give you an expected length of time that the patient will be in the PACU. Remember, this is only an estimate, as each recovery is different. **The PACU is a restricted area and patients are not able to have visitors.** One parent or guardian of patients under the age of 18 is allowed to be with their child in the PACU. No siblings are allowed. When the patient is comfortable, stable and awake from anesthesia, they are transferred to Day Surgery or an inpatient unit. If the patient is admitted to the Intensive Care Unit (ICU), there will be visitation restrictions. If your family member or friend is in Day Surgery, the Day Surgery nurse will call or page you to let you know the patient is ready for discharge.

What are the most important things I can do to help my family member or friend?

- Be available to take the patient home when you are called. If you are waiting outside the hospital, please be no more than 45 minutes away.
- Make sure the patient has all of his/her prescriptions filled. Antibiotics and pain medication must be filled so the patient will be able to start taking them as directed. Winchester Hospital does not have a retail pharmacy.
- Check to see that the patient has several light meals prepared and plenty of non-alcoholic beverages (juice, water and ginger ale) available at home.
- See that the patient has a family member or friend available to stay at home with him/her during the first night following surgery.

