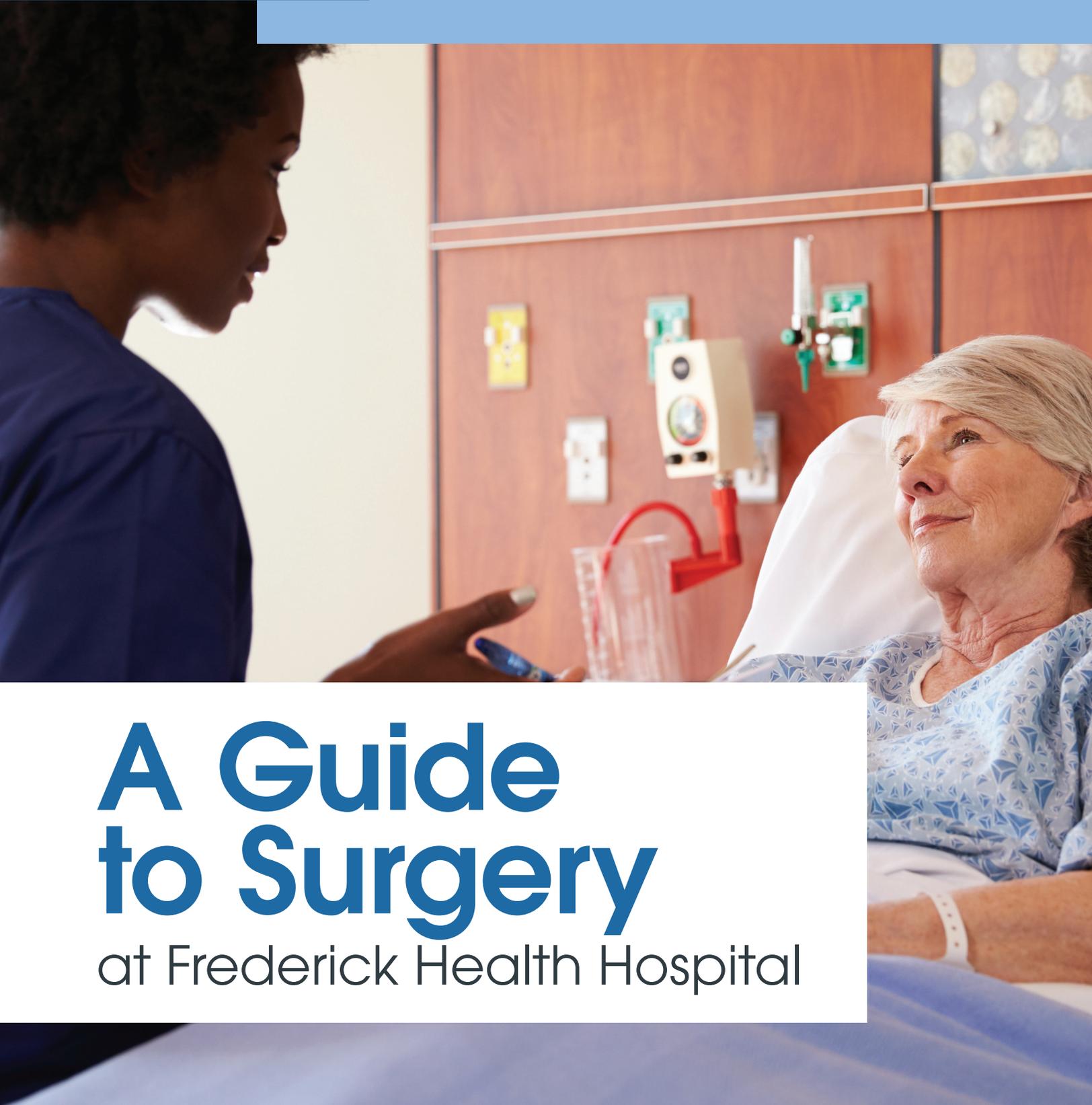


Date of Surgery: _____



A Guide to Surgery

at Frederick Health Hospital

Welcome to Frederick Health Hospital Perioperative Services

As a patient, you are the most important part of healthcare. This guide was developed with you in mind and provides materials to help you make the most of your surgical care experience. It offers information about how to prepare for surgery, as well as what to expect during a hospital stay and after you are released from the hospital. The tools have been separated into sections so they can be used at the right times during your surgical experience.

This guide is part of a toolkit for you and all of the partners in your healthcare, including your family, doctors and nurses, hospital, health plan, and your employer, to help prevent Surgical Site Infection (SSI), the most common preventable complication from surgery. Each of these groups has a stake in your health and your healthcare. By working together, we will help you have the best surgical outcome possible.

This book was created for you by the Safe Surgery Initiative task force at Frederick Health Hospital (formerly Frederick Memorial Hospital), 2016



Pre-Admission Screening

Prior to surgery, you may need to speak with up to three Frederick Health representatives:

- The Registration department to pre-register (240-566-4150). You can also pre-register online at [FrederickHealth.org](https://www.FrederickHealth.org).
- The Imaging Scheduling Center to pre-register (240-566-3400 or 800-995-1438)
- The Preadmission Screening Nurse (240-566-3918)



One of our Preadmission Screening nurses will call you 3-5 days before your surgery. The call usually takes 15-20 minutes. Calls are shorter if you have already set up an account on our patient portal and filled in your health history.

If we have your email address on file, our patient portal web company (ePREOP) will invite you via email to create a patient portal account. All patient information in the portal—including name, address, and contact details—is confidential and secured by industry-standard encryption technology. If we do not have your email on file, please visit fmh.ePREOP.com/IntakeForm/WebPad/Account.aspx to create your account. With your account you can complete your health history online, and a short video is available to help familiarize you with the portal's features. **You are not required to create a portal account, and our nurse will contact you either way.**

If you are not available when the nurse calls, we will leave a message for you to call back before a certain time with the phone number to reach us. If we are unavailable when you call, please leave a name and a number where we can reach you. If we do not speak with you before the day of your surgery, we will take your health information from your portal account or collect the information on the day of your procedure.

You will be asked to verify your name and date of birth. If you don't have a portal account set up, we will ask for your health history so we can document it in our system. Health history questions include height and weight; medication(s), including type (prescribed, over-the-counter, vitamins/supplements, or herbals), dosage, and frequency; and any allergies and associated reactions. The preadmission screening nurse will review with you what medication you should take with water the morning of your surgery. Please bring a list of your medications and the last time/date you took them, including the day of surgery.

You may need tests performed prior to your surgery. You must request that the results be faxed to the hospital at 1-844-461-4690. The nurse will ask you to identify when/where you had preoperative testing or consultations with medical, heart, or lung specialists, so we can contact them to obtain the information if it has not been received.

It is important for you to know that you have patient rights, including the right to ask questions, to participate in your care, to refuse treatment, and the right to comfort, privacy, and safety.

Your surgical experience is important to us. We look forward to serving and engaging with you as active partners in your care.

Must-Knows Before Your Surgery

As you get ready for surgery, there are a number of things you must know. This tool will help you to be better prepared.

1. Control Your Blood Sugar (if you are diabetic)

Blood sugar range should be between 140 and 180 mg/dL before meals, and less than 200 mg/dL two hours after starting a meal. The better your blood sugar is controlled in the days and weeks before and after surgery, the better you will heal and the less likely you will experience any complications.

2. Quit Smoking—Quitting Helps You Heal Faster

The longer you remain smoke-free before surgery, the better you will heal. Quitting smoking before your surgery is an important step for a successful recovery. Smoking increases your chance of complications like infection, pneumonia and heart attacks, both during and after surgery. Most doctors recommend quitting smoking as soon as you decide to have surgery. This includes electronic cigarettes.

Consult the **Frederick Health Smoking Cessation program** if you need help to quit. Call 240-566-3622 or visit [FrederickHealth.org/QuitHelp](https://www.FrederickHealth.org/QuitHelp).



3. Know Your Medications

Know the names of your medications, the dose and how often you take it. Ask your doctor if you should take any of your medications before your surgery, even if you are told not to eat or drink anything.

4. Keep Warm

Use clean blankets and heat in the vehicle that transports you to the hospital.

5. Take Your Pre-Operative Shower or Bath

MUST-KNOWS BEFORE YOUR SURGERY

Enhanced Recovery After Surgery—Patient Education: Introduction

Enhanced Recovery After Surgery (called “ERAS”) is a care plan that was made for you by your Surgery and Anesthesiology Teams at Frederick Health Hospital. This plan is called a clinical pathway. The pathway helps to prepare your body for surgery, recover safely, and return home as soon as possible after your surgery.

Enhanced Recovery After Surgery, or ERAS, is a patient-centered program for surgical recovery. The basic principles of this ERAS pathway are to ensure your strength before and after the procedure through diet and nutrition, to help provide appropriate pain relief after your procedure, and to encourage early walking and exercise. Most importantly, you will participate in every aspect of your care and you can help determine how your recovery occurs!

Why do we use the ERAS pathway?

The ERAS pathway helps you to recover quickly and lowers the chances of you having any problems after your surgery. This pathway helps you and your team work together to:

- Keep your hospital stay short
- Keep your pain level under control
- Help you get out of bed and walk within 24 hours
- Allow you to eat and drink as soon as it is safe for you
- Listen to your concerns and explain things clearly
- Make sure you are happy with your care at Frederick Health Hospital

What medications will be used to treat my pain?

The underlying cause of pain is inflammation . Medications that treat inflammation therefore become an important part of your pain management plan. It is important you take them even if you are not in pain. This will help cut down the amount of opioids you need, which slows down your recovery. Your surgical and anesthesia teams will work with you on which combination of medications will be best for you and your type of surgery.

MUST-KNOWS BEFORE YOUR SURGERY

What will happen after my surgery?

When you are ready, you will be moved to a post-operative surgical unit in the hospital for your recovery. It is important for you to get out of bed, sit in a chair, and walk as soon as possible. Do this as often as you can. Your nurse will help you move around safely. If any bladder catheters or tubes are placed by the surgeon, they will be removed as soon as possible. Your Frederick Health surgery team will tell you when you can start drinking fluids and eating solid food. Your team will tell you when it is safe for you to go home.

Things to do now to prepare

Quit smoking. We encourage you to quit completely. Stop smoking 4 weeks prior to your surgery. If you feel this will be hard for you, please ask your primary care doctor, surgeon, or anesthesia team member for advice on ways to help you to quit.

Increase your strength and improve your recovery by walking at least 30 minutes a day before your procedure. You will be expected to walk after your procedure also. Exercise before surgery will help you recover after your surgery. Early mobilization is a core component of all enhanced recovery programs. The ability to be out of bed and to ambulate is a strong marker of successful early recovery and is believed to prevent complications, including pneumonia and blood clots. Common goals include sitting up on the side of the bed or in a chair on the evening of surgery and ambulating at least four times per day thereafter. Other programs prescribe a certain number of hours out of the bed per day.

At least a week before surgery, eat healthy foods to fuel your body with the nutrients that it will need during surgery. This leads to a faster recovery after your procedure, and a faster recovery may mean that you can go home sooner!

MUST-KNOWS BEFORE YOUR SURGERY

Instructions for bathing with Chlorhexidine (CHG) Soap

Bathing with CHG is done to decrease the number of potentially harmful germs on the patient, which decreases the risk of getting a postoperative infection.

- Patients who are known to have MRSA, VRE or any other multi-drug resistant organisms should bathe daily for at least 2 days (or up to 5 days if advised by your surgeon) before surgery with CHG antiseptic solution.
- Patients who do not have a history of MRSA or VRE or other multi drug resistant organism or infection should receive a bath or shower the night before surgery, then the morning of surgery, with CHG soap.

Gather the supplies

- Antiseptic solution: a 2%-4% chlorhexidine gluconate (CHG) solution (a brand name is *Hibiclens*, which your surgeon can give you or can be purchased at your local pharmacy)
- Clean wash cloths (2-3)
- Clean towels and clean sheets
- Clean (freshly washed) clothing to put on after bathing

Using CHG in the shower*

1. With each shower, wash and rinse your hair first using your normal shampoo. Make sure you completely rinse the shampoo from your hair and body.
2. Apply the antiseptic solution (CHG) to a wet clean washcloth. Turn the water off in the shower or move away from the water spray to avoid rinsing the soap solution off, then lather your entire body, except your face and hair.
Do not use CHG on your face.
3. Once you've completed the entire lather-down of your body, concentrate for 3 minutes gently washing and lathering your surgical site area.
 - Do not shave any parts of your body.
 - Pay particular attention to skin folds under the breast and the armpit area.
 - Avoid scrubbing too hard—you don't want to irritate or break the skin.
 - Never use the antiseptic solution on your face or near your eyes.
4. Once you have completed the scrub, turn the water on and rinse the CHG solution off your body completely. CHG can be drying and irritating to the skin if left to dry.
5. Do not wash with regular soap after you have used the CHG solution.
6. Pat yourself dry with a clean freshly washed towel. **Do not** apply any powders, deodorants, or lotions. Dress with freshly washed clothes. Place clean, freshly laundered sheets on your bed to avoid re-contamination of your skin from cells shed on previous nights.

****Do not attempt to do this bathing in the tub, as the bath water will wash off the CHG soap too quickly.***

If you do not have a shower, use a washcloth and the CHG solution when you bathe in place of your regular soap. Wash your entire body (except your face and hair), concentrating on crevices or skin folds. Rinse off the CHG soap solution with warm tap water.

Getting Ready for Your Surgery

Checklist for Your Surgery Complete the checklist on the next page and bring the entire booklet with you the day of your surgery.

Important Reminders

- Follow the instructions on page 7 for showering. Use CHG and clean towels.
- Do not use lotion or conditioner on your skin or hair.
- We monitor your breathing using a device that is placed on your finger. If you have nail polish, the polish may have to be removed from one finger the day of surgery.
- Leave all jewelry and valuables at home.
- Do not wear makeup, perfume, or cologne.
- Make arrangements for someone to drive you home and stay with you after surgery.
- Stop smoking 4 weeks before surgery, and do not smoke after midnight the day before surgery. Do not vape, use chewing tobacco, or smoke cigars.
- Do not drink alcoholic beverages 24 hours before surgery.
- If you develop a cold, fever, or other health problem within 48 hours of your scheduled admission, please call and inform your physician.
- For children having surgery, at least one parent must be present at all times while the child is in the hospital

Food & Drink: Reminders for Adults

For pediatric patients up to age 18, please consult your doctor.

- If you have been instructed by your surgeon to have nothing by mouth after midnight, follow those orders set by your surgeon.
- 6 hours prior to your report time, it is recommended that you eat a small, low fiber and low fat meal so it does not take long to digest. *See the list on the following page for acceptable foods to eat during this time.*
- You may consume **clear liquids, carbohydrate drinks, or water**, as described on the following list. These must be consumed 3 hours prior to your report time. You may consume lemon drops or peppermint rounds as part of clear liquids.
- **If you consume food, clear liquids, carbohydrate drinks and/or water outside of the listed times, this could cause your surgery to be delayed or canceled.**

Medications

- If you are taking any medications, ask your physician in advance if you should take them the morning of surgery. If you are supposed to take medications the morning of surgery, take them 3 hours prior to your report time with clear liquids or water.
- Contact your doctor for advice if you are taking any blood thinners, aspirin, anti-inflammatory medication, insulin, or diabetes medication.

Preparing for Surgery Checklist

PATIENT NAME _____

PATIENT DATE OF BIRTH _____

You must complete this checklist and bring it with you on the day of your surgery.

Presurgical Lab Work Completed DATE: _____

Preregistration Completed DATE: _____

Prescreening with RN Completed DATE: _____

Presurgical MRSA Test Completed DATE: _____

Iodine Allergy?

Yes No

Latex Allergy?

Yes No

MRSA results received DATE: _____ MRSA Positive MRSA Negative

Patient Education Booklet received DATE: _____

CHG SHOWER (See page 7 for CHG Instructions)

Day Before DATE: _____

Day of Surgery DATE: _____

Nozin Swab DATE: _____

Joint Replacement and Surgical Spine CHG Shower

MRSA Negative:

Day 3 DATE: _____

Day 2 DATE: _____

Day 1 DATE: _____

Day of Surgery DATE: _____

MRSA Positive:

Day 5 DATE: _____

Day 4 DATE: _____

Day 3 DATE: _____

Day 2 DATE: _____

Day 1 DATE: _____

Day of Surgery DATE: _____

Bring With You:

- A list of your current medications, including dose and time taken
- Photo ID
- Insurance card and co-pay, if needed
- Something to read or do while you are waiting
- A copy of your Advance Directives and Living Will if you have them
- CPAP or BiPAP Machine (sleep apnea)
- Eye glasses case/contact lens container and solution

Instructions for the Day of Surgery

- Wear clean comfortable, loose-fitting clothes that are easy to change and will not fit tightly over the area of your surgery.
- Remove all jewelry (including piercings), nail polish and makeup.
- Take your medications as directed by your surgeon or pre-admission screening nurse with only a sip of water. If not sure, call your surgeon's office.
- Do not smoke or use electronic cigarettes or chewing tobacco.

GETTING READY FOR YOUR SURGERY

Important Reminders, cont.

- Frederick Health is not responsible for money or valuables you bring with you. We strongly recommend that you leave all money at home, unless you have a copay. If it is necessary to bring valuables with you, a locker will be provided for you in the outpatient area. When you arrive for admission, notify your nurse and arrangements will be made.
- For patients being admitted after surgery: Please leave your luggage in your vehicle until you have been brought to your post-op room. At that point a family member may bring it to your room.

If you have any questions, call your doctor's office or Pre-Admission Screening at 240-566-4970.

Acceptable Light Pre-Op Meals

You may have one single serving item from each column in the table below, with the exception of sandwich options, which would disqualify the starch option. This meal must be consumed six hours before your report time.

Protein	Starch	Clear Liquid
Scrambled eggs (no butter): ½ cup (0 carbs if made without milk)	Grits: ½ cup (15g carbs)	Water (plain, carbonated or flavored)
Boiled Eggs: 1-2 whole eggs (0 carbs)	Cream of Wheat: ½ cup (15g carbs)	Fruit juices: (without pulp): apple, white grape juice or lemonade
Greek Yogurt: ~5 oz (8g carbs)	White toast: 1 slice w/ butter (15g carbs)	Coffee: 12 oz. (0 carbs)
Greek yogurt w/ fruit: ~5 oz (18g carbs)	Diced peaches: ½ cup (15g carbs)	Tea: 12 oz. (0 carbs)
Low-fat Milk: 8 oz. (12g carbs)	Special K® cereal: 1 cup (29g carbs)	Soft drinks: ginger ale, cola, Sprite®, 7-Up®*
Fish: 1-3 oz. (0 carbs)	Rice Krispies® cereal: 1 cup (23g carbs)	Gelatin**
Grilled Chicken: 1-3 oz. (0 carbs)	Canned fruit in juice: ½ cup (23g carbs)	Strained tomato or vegetable juice**
Roasted turkey breast: 1-3 oz. (0 carbs)	Buttered noodles: 1 cup (35g carbs)	Sports drinks (Gatorade®, Gatorade 2®, Powerade®)**
Turkey sandwich (30g carbs)	White rice: 1/3 cup (24g carbs)	Chicken or Beef bouillon/ broth, low sodium, fat free**
Grilled chicken sandwich (30g carbs)	Mashed potatoes: ½ cup (18g carbs)	Honey or sugar**
	Mashed sweet potatoes: ½ cup (18g carbs)	Hard candy, such as lemon drops or peppermint rounds**
	Cooked green beans: 1 cup (5g carbs)	Popsicles without milk, bits of fruit, seeds or nuts**
	Mixed vegetables: 1 cup (8g carbs)	
	Steamed carrots: 1 cup (5g carbs)	
	Dinner roll: 1 small roll (15g carbs)	

*Contains carbohydrates. Refer to nutrition facts label for appropriate serving size and carbohydrate amounts.

Carbonated beverages **should not be consumed on day of surgery

GETTING READY FOR YOUR SURGERY

Day of Surgery

3 hours before your report time, it is recommended to consume **50g of a complex carbohydrate**, such as maltodextrin, in a clear liquid beverage. It must be consumed three hours before your report time.

Carbohydrate Beverage	Manufacturer	Amount Needed	Total Carb (g)	Maltodextrin (g)	% Carb	Calories
Clearfast	BevMD/USA	12 oz	50	50	100	200
PREcovery	EMN Health	13.5 oz	50	50	100	200
Ensure Pre-Surgery	Abbott	10 oz	50	50	100	200
Beverages also used						
Impact AR	Nestle	3 6-oz cartons	45	--	31	600
Ensure Clear	Abbott	8 oz.	52	0		240
Boost Breeze	Nestle	8 oz.	54	0	86	250
Pedialyte Classic	Abbott	60 oz.	45	0	100	175
Powerade	Coca-Cola	20 oz. bottle	34-35	0	100	130
Gatorade	PepsiCo	2 15-oz bottles	54	0	100	200
Gatorade Low Calorie G2	PepsiCo	7 12-oz. bottles	49	0	100	210
Minute Maid Lemonade	Coca-Cola	12 oz can	42	0	100	150
Minute Maid Apple Juice	Coca-Cola	16 oz. bottle	48	0	100	180
Welch's Grape juice	National Grape Cooperative Association	11.5 oz.	55	0	100	200

GETTING READY FOR YOUR SURGERY

Special Notes

- Read package of food item to determine single serving size.
- Read package to determine calories per serving.
- Your light meal should not have any more than 450 calories total.
- This light meal is not meant to make you feel full. You are not to eat more than recommended or your surgery may get delayed or canceled.
- Ensure you adhere to this list.
- A number of studies show that patients do and feel much better if they're allowed to drink up to three hours before surgery. They use less IV fluid, have better metabolism, reduce hospital stay, and minimize protein loss through healing. It also reduces post-operative complications.

Contraindications for carbohydrate beverages include:

- Your doctor said you must have nothing by mouth after midnight.
- Having fluid in the abdomen (ascites) that limits the amount of fluid that can be consumed or if patients have been told to limit their fluid intake due to certain conditions including Congestive Heart Failure (CHF), End Stage Renal Disease (ESRD), or Addison's disease.
- People with Diabetes who use an insulin pump for glucose control or who is insulin deficient (Type 1 Diabetes Mellitus).
- Difficulty breathing due to fluid in the lungs.
- Difficulty swallowing or neurological disorders such as Parkinson's disease.
- Documented medical conditions including achalasia, severe gastroparesis in which the patient has been prescribed a prokinetic agent (e.g. metoclopramide), hiatal hernia or severe gastroesophageal reflux disease (GERD).
- Prior surgeries that involved the gastrointestinal system including total gastrectomy, partial gastrectomy and/or gastric resection.

Please check with your surgeon to ensure you qualify for the carbohydrate loading protocol based on surgical history.

Bariatric Surgery: This paperwork is NOT for Bariatric Surgery. Follow your doctor's specific plan.

Bowel Preparation For those that have been prescribed a bowel preparation. Please follow your surgeon's guidelines for Bowel Prep, and include carbohydrate beverage (from the list) 3 hours prior to your report time.

Important

- Remember to have your light meal completed **6 hours prior to your report time.**
- Remember to have your carbohydrate load and/or clear liquids completed **3 hours prior to your report time.**
- You may drink water anytime up until 3 hours prior to your report time!

Example: Your report time is 6 A.M. Your meal must be consumed prior to midnight and the clear liquids/ carb load must be consumed prior to 3 A.M.

What to Expect When You Arrive

Arriving at Frederick Health Hospital

Patients admitted the morning of surgery should arrive at the hospital two hours before the scheduled procedure (or as directed by your physician). This ensures that there is adequate time to prepare you for a safe surgical experience. A complimentary parking valet service is available for your convenience.

Admission

You will be greeted by an Frederick Health staff member or an Auxiliary volunteer. He or she will check you in on the computer and as soon as he or she receives your room number, you will be escorted back to the pre-operative area to meet the staff. A registrar will review your insurance documents, collect copay, obtain necessary signatures, and copy your ID and insurance cards.

A Surgical Waiting Room staff member or volunteer will explain the computerized patient tracking system to the person who has accompanied you and provide him or her with your confidential ID number. He or she will be able to follow your progress on the large computer screen in the waiting area as you prepare for surgery, move to the operating room, recovery area and discharge, or transfer to your room. That person will also receive a pager to let them know when they are needed at the desk for a surgeon post procedure conference.

In Pre-Op

Once you are settled in pre-op, your nurse will again verify some basic information for your safety, perform a physical assessment, complete required documents, carry out any tasks ordered by your physician and start an IV. You will be visited by your surgeon, your anesthesiologist and your operating room nurse. They will answer any further questions you might have and will take very good care of you throughout your surgery.

One family member or friend may stay with you during your preparation. Once you are ready for the operating room, other family members can join you and then will be directed to the waiting area when you go back for surgery.

Although our goal is to begin all of our surgeries on time, sometimes surgeries must be delayed due to unforeseen circumstances. If this happens, your nurse will keep you updated as to the status of a delay.



WHAT TO EXPECT WHEN YOU ARRIVE

Marking of Surgical Site and Clipping of Hair

If indicated, your surgeon will mark your surgery site by writing directly on your skin the day of surgery. Don't be afraid to ask for this; it will remind the surgeon of your correct surgical site. Do not mark the site yourself. Do not shave surgical site. Someone will clip the hair the day of surgery in Pre-op area, if needed.

Antibiotic Treatment

Ask your doctor if you will be receiving antibiotic medication before surgery to prevent infection. Most people receive one dose of antibiotics at the time of the surgery and may remain on antibiotics for a day or two after surgery, depending on your surgical procedure.

Nasal Antiseptic

Thirty percent of people carry bacteria in their nose. You are at higher risk to develop infections from the bacteria. Your healthcare providers will provide you with a nasal antiseptic one hour before surgery to reduce the bacteria in the nose and reduce the risk of you getting an infection after surgery. You will be given specific directions the day of your surgery.

Anesthesia

On the day of surgery, the anesthesiologist will discuss your anesthesia options. The type of anesthesia you receive will depend on the type of surgery you are having or any health conditions you have.

- **Regional anesthesia:** This is also called a "nerve block." Numbing medication (local anesthesia) is injected near the nerve to prevent feeling in an arm or leg
- **Spinal or Epidural anesthesia:** Numbing medication is injected in your back to keep you from feeling anything in the lower body and legs during surgery
- **General anesthesia:** This type of anesthesia makes you unconscious and unable to feel anything. The medication is usually inhaled through a breathing tube and injected through a vein in your forearm. Once the surgery is completed, the anesthesiologist will remove the breathing tube and wake you up. It is not unusual to have a sore throat for a day or two after the surgery if you had a breathing tube.

You will need to arrange for a responsible adult to take you to and from the hospital, since you may be somewhat disoriented from the anesthesia. We suggest that you have a responsible person stay with you the first night following your procedure. Adult patients with children should consider making child care arrangements for children for 24 hours following surgery.

WHAT TO EXPECT WHEN YOU ARRIVE

Medications

During your hospital stay, you may be asked to confirm the medications you are currently taking. This is meant to keep you safe and should occur during admission, transfers within the hospital, and when you are released from the hospital.

Some of your medications may be changed during your hospital stay and others may be added or eliminated. Be sure to ask your physician to explain these changes to you, and don't be afraid to ask any questions you may have about a new medication. Each time a physician or nurse reviews your medications with you is an opportunity to ask questions.

Source: U.S. Department of Health & Human Services. Agency for Healthcare Research and Quality.

Build Your Question List. <http://www.ahrq.gov/questionsaretheanswer/questionBuilder.aspx>. Accessed July 27, 2010.

In the Operating Room

You will be wearing a special warming gown and transferred to the OR table for your procedure. Monitoring equipment will be connected and your anesthesiologist will begin administering medication through your IV. At the completion of your surgery, you will be transferred to the Post Anesthesia Care Unit (PACU) for your recovery.

A registered nurse will accompany you through your surgical experience, beginning with preparing you for the procedure, remaining with you through the procedure and managing your care afterward.

Standard precautions are measures that are followed to protect both you and our staff against the transmission of communicable disease. These measures involve the use of protective equipment such as gloves, gowns, or masks in conjunction with good hand washing practice and appropriate disposal of contaminated needles and waste.

Visitor Guidelines

We want to reunite you with your family member or friend as quickly as it is safe to do so, and we understand that they are important to your recovery. Please share the following guidelines with the person accompanying you to the hospital.

- Outpatients can have one visitor in the PACU when the patient is approximately 20 minutes from being discharged. This person should be the individual who will be caring for you at home. Discharge instructions will be reviewed with him or her as well as with you.
- Clinical discretion will be used to determine readiness of visitors in all departments.
- **No children of visitors or patients will be allowed in the PACU.**
- If the visitor is going to leave the surgical waiting area, he or she should inform the volunteer to ensure that he or she is present to speak with the surgeon after the procedure and available to go to the PACU when you are ready for discharge.

Information for Visitors

The Coffee Bean is located on the First Floor.

Monday-Friday 6:30 a.m.-11 p.m.

Saturday-Sunday 8 a.m.-8 p.m.

Frederick Health Auxiliary Gift Shop is located on the First Floor.

Monday-Friday 9 a.m.-7:30 p.m.

Saturday 10 a.m.-4:30 p.m.

Sunday 1-4 p.m.

The Cafeteria is located on the lower level of the hospital and offers a wide variety of meal choices and vending machines.

Breakfast 6:30-10:30 a.m.

Lunch 11 a.m.-2 p.m.

Grill Open 6:30 a.m.-8 p.m.

Pastoral Care Services are available 24 hours a day, 7 days a week. Please call the switchboard to connect.

Free WiFi is available throughout the hospital.

Immediately After Surgery

PACU/Recovery Room

After receiving anesthesia for your surgery or procedure, you will be transferred to the PACU (post-anesthesia care unit), also known as the recovery room. Here the anesthesiologist and operating room nurse will transfer your care to the PACU nurse for you to continue to recover and wake up. Every patient's length of stay in the PACU is different, but on average is usually one to three hours.

The PACU is a critical care unit where a registered nurse will closely watch you. You will have monitors attached to you to evaluate your blood pressure, heart rate and rhythm, breathing and oxygen levels and temperature. You may have oxygen administered to you via mask or nasally. Intravenous fluids and pain medications will be given as needed. Your surgical site will be examined closely. Most patients remember very little of their recovery room experience.

Your comfort after surgery is important to us

- It is common to experience a sore throat, feel tired and have aching muscles for up to 24 hours after surgery.
- You may encounter a very dry mouth. Ice chips and water may be given to you by your PACU nurse, if there are no contraindications, once you are alert. This feeling usually goes away in a few hours.
- You may experience shivering in the PACU. This will be controlled by your PACU nurse using warm blankets and/or your warming gown.
- Pain is common after surgery. It is important that you describe your pain using a 0 to 10 scale (0 means no pain, 10 means the worst pain you can imagine). Based on your level of pain, pain medication will be given to make you more comfortable.
- Nausea and vomiting may occur. It is important that you share any previous history of postoperative nausea and vomiting or motion sickness with your anesthesiologist prior to surgery.

Medications may be given to decrease the likelihood of nausea and vomiting symptoms. If nausea and vomiting occur in the PACU, your nurse will administer medications to help relieve it.

IMMEDIATELY AFTER SURGERY

When You Are Awake, Stable, and Comfortable

Outpatients will be assisted to a recliner chair, ambulated to the restroom if needed and given something to drink. It is not uncommon for you to feel dizzy, lightheaded or have brief nausea when first transferring from the stretcher to a recliner. At this point, we will call your family to be with you and review your discharge instructions and any prescriptions you may have. If your surgeon gave you prescriptions at your preoperative appointment, please have them filled before the day of your surgery. The Walgreen's prescription program through our surgical services is optional; however, these prescriptions need to be generated before surgery to be guaranteed to be ready for pick up by the time of your discharge.

Inpatients will be transferred to a hospital room from the PACU area when you are awake, stable, comfort is managed, and the room is ready. The nurse caring for you will call the waiting room to inform your family of your room number and where it is located.

Just for Children

When your little one is scheduled for surgery, you want everything to be as stress-free as possible—and so do we.

As a general rule, children under five years of age may have their IV started in the operating room after they are asleep. Young children may be accompanied into the operating room by one parent, who will be allowed to remain with his or her child until he or she is asleep.

When your child is awake and stable, you will be called directly back to be with him or her in the PACU. If your child is to be discharged, you may carry him or her out of the hospital, or he or she can have a ride in a wheelchair—most children love this part! You will be escorted to your waiting car by staff or volunteer.

Pain Management

Pain management starts immediately after surgery while you are in the recovery room. It is important for you to remain comfortable after surgery. Good pain management will help you recover faster and allow you to get out of bed more quickly. This is important to prevent complications, such as pneumonia and blood clots.

In order to know how much pain medication to give you, the nurses will often ask you to rate your pain on a scale of 0 to 10, with 0 being “no pain” and 10 being the “worst pain you can imagine.” Be honest when you answer. Bearing the pain may limit your ability to move around and increase your risk of complications.

For the Best Pain Management During Your Hospital Stay:

- Rate your pain on a scale of 0 to 10 when asked about your pain level using the reference scale described above.
- Ask for pain medication as soon as the pain begins.

Different pain-control treatments will be used at different times during your hospital stay. Pain medication may be delivered by IV or by mouth.

After Surgery

Follow-Up and Discharge

If you are discharged directly from the PACU, you will receive a phone call from one of our Perioperative Services nurses within a few days of going home. The nurse will ask how you are feeling and answer any questions you have about your discharge instructions. In the meantime, if you have any questions concerning your instructions, please call your doctor's office or PACU/Perioperative Services at 240-566-3435.

Avoiding Problems After Surgery: Speak Up

Let your doctor know if you are concerned about a medication, your IV fluids, or if you are experiencing pain. Doing so may make all the difference in your care. Let your doctor know what is on your mind, whatever it is. Don't be afraid to speak up. It can help save your life!

Set a Follow-Up Appointment with Your Doctor

Before you leave the hospital, you will be given instructions on when to follow up with your doctor. If possible, try to schedule the appointment before you leave the hospital.

Expected Activity—Do's and Don'ts

Make sure you know how active you are allowed to be after discharge. Ask your doctor when you may:

- Lift anything (and if you are permitted to lift, how many pounds?)
- Drive a car
- Exercise
- Have sexual relations



AFTER SURGERY

Medication Safety

It is important to keep an up-to-date list including over the counter, supplements, herbal and essential oils with you and share it with your doctor at each visit.

There are four main elements that should be included on your medication list:

1. What you are taking (name)
2. The strength (for example, number of milligrams) and how much you should take (dose)
3. When to take it (frequency)
4. What it is used for

Wound Care

In order to avoid wound infection after surgery, you need to be diligent about wound care and hand washing. By following these tips, you will be less likely to get a wound infection:

- Keep the dressing clean and dry.
- Wash your hands thoroughly before changing a dressing or emptying a drain.
- Do not remove the dressing and don't let anybody touch the dressing or the wound unless otherwise instructed by your physician.
- Do not probe, pick at, or squeeze your wound.
- Follow your doctor's instructions for wound care.
- Contact your doctor immediately if you experience any symptoms that may indicate an infection, such as unexpected pain, chills, fever, excessive wound drainage, increasing redness, or swelling of the surgical area.

AFTER SURGERY

Preventing Infection: Using the Stoplight System

STOP: Early warning signs that require medical evaluation include the following:



- Swelling, pain, tenderness, or warmth around the wound site
- Yellow or green discharge from the wound site or change in odor
- Change in the size or an opening of the incision
- Excessive bleeding through the wound dressing
- Severe pain that does not improve following surgery
- Painful urination or cloudy, strong-smelling urine
- Fever or low body temperature
- Low blood pressure
- Combination of foul-smelling diarrhea, abdominal pain and fever
- Other signs and symptoms of a post-surgical complication identified by your surgeon or primary care physician

If you are not able to reach your primary care physician or surgeon, go to the Emergency Department. Please call Frederick Health Infection Prevention & Control at 240-566-3509 if you get an infection.

Go about your recovery: Monitor your condition closely at home.



- **Keep the wound dry:** If you experience tenderness, tingling, numbness, itching, small amounts of discharge, bruising, or a small lump around the wound, these are signs of healing and no cause for concern. Continue to monitor the wound site for changes.
- **Proper hand washing is the best way to prevent infection.** Keep your hands clean in order to protect yourself, and encourage your family, friends, and other visitors to do the same. Speak up if you do not see the doctor or nurse wash their hands. Health care professionals come in contact with a lot of bacteria and viruses, so it is important to make sure they have clean hands and clean gloves before making contact with you.
- **Blood clots:** Clotting is important; it prevents excessive bleeding when an injury occurs. When you are inactive while recovering from surgery, blood moves more slowly through veins and sometimes pools, causing a blood clot to form. Pain in your calves and shortness of breath are signs of a clot. There are several ways to prevent blood clots, including special stockings, a device to promote blood flow, or medication. It is also helpful to begin to move, sit up from bed, or walk around as soon as you are able following surgery. By doing so, you'll be doing your part to help prevent blood clots.

AFTER SURGERY

- **Pneumonia** is an infection that develops from a buildup of fluid in the lungs. It can result from lying in bed and not moving for too long. Fever, shortness of breath, cough, or chest pain after surgery could be signs of pneumonia. Patients who are older and undergo certain types of operations may be at higher risk of developing pneumonia after surgery.

To prevent fluid buildup in the lungs, you may be given an incentive spirometer to use for breathing exercises. Use this device for several days after surgery to exercise your lungs ten times an hour while awake. Pace yourself; repeating this exercise too quickly may cause you to become dizzy or lightheaded. If this occurs, stop the exercise and rest.

Because pneumonia is a serious complication that can interfere with your recovery and even become life threatening, it's important to prevent it whenever possible. With that in mind, a vaccine is available to help prevent pneumonia in those people who are at greatest risk. (See the chart to follow.) If you fit into any of the categories listed in the chart, ask your doctor if the vaccine may be right for you.

Source: Annals—Summary for Patients

AFTER SURGERY

Post-Discharge Care and Rehabilitation

Discharge planning starts when you are admitted to the hospital. A case manager will visit you during your hospital stay if you are not able to be discharged home to your own care. Your insurance and your physical restrictions will also play a role in your discharge planning. Depending on your surgery, rehabilitation may be recommended.

Nutrition

If you are discharged to recover at home, you should be aware of the food you should eat to aid your recovery. Eating well after surgery can affect how quickly you heal; increasing your water intake and eating more protein can aid the healing process. Foods rich in protein include:

- Meats, poultry, and fish
- Milk and milk products
- Legumes (dry beans and peas)
- Grains, some vegetables, and some fruits (provide only small amounts of protein relative to other sources)
- Tofu
- Yogurt, especially if you have received antibiotics
- Eggs
- Nuts and seeds

For more information about nutrition, visit [cdc.gov/nutrition/](https://www.cdc.gov/nutrition/).

Billing

You may need to pay co-insurance or co-payments at registration. We accept cash, personal checks, and credit cards.

You will receive additional bills for professional services you received from physicians who are contractors and not Frederick Health Hospital employees. You may receive additional bills from:

- Anesthesiologist/CRNA practice
- Surgeons
- Pathologists
- Radiologists



We value your opinion...

Our mission is to positively impact the well-being of every individual in our community. You may receive a survey about your stay with us, and we would value your input. Please take a few moments to fill out the survey and return it. Our goal is to be the best, and that means being consistent and **always** providing a level of service that exceeds your expectations.

Thank you for allowing us to give you very good care!

In accordance with state law and hospital policy, smoking is banned in all areas of Frederick Health Hospital.



**Frederick
Health**

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