Silver Cross Hospital

PRE-PROCEDURE INSTRUCTIONS



1900 Silver Cross Blvd. New Lenox, IL 60451 (815) 300-1100

www.silvercross.org





Dear patient,

Welcome! We would like to thank you for choosing Silver Cross Hospital for your surgical care. We promise to care for you and your loved ones with respect, compassion, encouragement and the utmost concern for your safety.

We realize that hospitals can sometimes seem overwhelming, especially when you are requiring surgery. This packet was developed to help prepare you for your upcoming visit to our Procedural Care Unit for your surgery, to inform you of some of the pre-op requirements that may be needed and to help you anticipate the different levels of care you may encounter during your stay with us.

Included in this folder are the following:

- What to Expect During your Surgical Visit
- Pre-op Instructions
- Day of Surgery Instructions
- Map of Facility
- Quality/Standards Info Sheet

If at any time throughout your stay you don't feel as though we are treating you the way you should be treated, please don't hesitate to contact one of our staff members or service ambassadors. We encourage patients to speak up and share their feedback. Our number one priority is our patients, and our goal is to provide you with an exceptional Silver Cross Experience every time.

Sincerely,

The Procedural Care Unit Family

Silver Cross Hospital 1900 Silver Cross Boulevard New Lenox, IL 60451

Pre-op Anesthesia Evaluation Interview/Testing



Why is it important that I am interviewed?

An anesthesia evaluation nurse will interview you over the phone. This is a good time for you to ask questions about getting ready for surgery or discuss any special needs you may have. The goal of this interview is to talk about any possible risks to you before you receive anesthesia and discuss which type of anesthesia you will be given. It is very important that you give all important information about your health history and family history, including any problems with anesthesia, medications you are taking and allergies.

What kind of testing can I expect?

Depending on your age, physical condition and/or procedure, your doctor may order one or more of the following tests:

- blood testing
- chest X-ray
- EKG
- woman: pregnancy test

There are some patients who may be asked to see another specialist to assure their safety with the stress of surgery and anesthesia. These specialists may include a cardiologist or your family doctor.

To preregister, schedule your blood work or other diagnostic tests, call Central Scheduling at (815) 300-7076. Please note, for your safety you may be asked to verify your demographic information multiple times.

Can I continue taking all of my medications before surgery?

There are certain medications that should be stopped before having surgery; your physician should instruct you on these. The nurse may ask you if you've stopped any blood-thinning medications like aspirin, naproxen, ibuprofen, coumadin, and herbals along with your last dose taken. The anesthesia evaluation nurse will instruct you on what to take and what not to take on the morning before surgery.

What important papers should I bring, if I need to bring any?

Advance directives are not required, but if you have them, you should bring them.

Living Will - advance directive: you give direction to your health care providers about your future treatment choices, should you be unable to express your wishes.

Power of Attorney for Health Care - advance directive: you direct another individual to speak on your behalf, should you be unable to express your wishes.



What to Expect on the Day of Surgery



What can I expect on the day of surgery?

It is normal to be nervous as the day of surgery gets closer. Please know that every measure will be taken to ensure your safety throughout. Remember that surgical treatments and procedures are different for each person. Although you may be having the same procedure as someone else, the way you will need to prepare and the things that are done before, during and after your surgery may be unique to you.

If you get a cough, cold, flu-like symptoms, fever or any other strange symptoms before your procedure, let your doctor know right away.

On the day of surgery, you will meet all the members of your surgical team. This may include:

- Your surgeon
- Anesthesiologist
- Nurse anesthetist
- Pre-op nurse
- Operating room nurse
- Post-Anesthesia care nurse
- Various other healthcare professionals

How do I prepare for my surgery?

- As a general rule, you should not eat or drink anything after midnight before surgery. In some cases, you may be allowed to drink clear liquids up to a few hours before your anesthesia. Not being able to have a sip of water or coffee may seem strict, but this decreases the risk of problems such as aspiration during surgery.
- You may brush your teeth and rinse your mouth with a small sip of water, but do not swallow any of it.
- If you have been told to take medications the day of surgery, take them with just a small sip of water.

- Do not chew gum on the day of surgery.
- Stop smoking for at least 24 hours before surgery.
- Do not drink alcohol for at least 24 hours before surgery.
- Bathe or shower the day of surgery.
- Clothing should be loose fitting, comfortable and appropriate for wearing after the procedure you will be having. Do not wear jewelry, including wedding rings and body piercings (e.g., tongue piercing), or bring money or things that are important to you. Rings may be cut off if unable to be removed to lower the risk of problems such as swelling during surgery.
- No hairspray or hairpins should be worn.
- You will be asked to remove your glasses, contacts, hearing aids and dentures. Please bring your eyewear case, your hearing aid case and/or a denture cup.
- If you have a C-Pap or Bi-Pap machine ask if you should bring it the day of surgery.
- Bring items such as:
 - your inhaler if you have asthma
 - cane if you use one
 - crutches/walker if needed post-op
- You must have a driver who is at least 18 years old and will accept responsibility for your well-being. This person must be present prior to discharge to review all of your restrictions/instructions with your nurse. You will not be able to take a taxi/car service home without having a friend/family member accompany you.

What to Expect in the Operating Room



What can I expect in the operating room?

Once you arrive in the operating room, you will notice that it is a very busy area and that everyone is dressed the same way. Do not be alarmed! You may notice bright lights, instruments, and the entire area/room is extremely clean. We call it "sterile." You will notice the operating room team members putting masks on their faces as they enter the operating room to keep the room free of germs.

Will I remain on the stretcher for surgery?

No. The nurse will help you move onto the operating table, which will feel hard and sometimes cold. Since the operating room table is narrow, a safety strap will be placed across your lap, thighs or legs. Your arms are placed and secured on padded arm boards to help keep them from falling off the table.

What will the anesthesiologist do?

A nurse anesthetist or the anesthesiologist will attach a blood pressure cuff, EKG leads (sticky pads with little "nubs" on the end that will be used to monitor your heart during surgery), and a pulse oximeter (a plastic clip attached to your fingertip and used to measure the amount of oxygen in your blood during surgery). If you are receiving a general anesthetic, you may be given a mask and asked to breathe deeply. The nurse anesthetist or anesthesiologist may inject anesthetic into your IV to relax you and make you comfortable. Some patients report the medication burns slightly or feels "tight" at the site of the IV.

What is a time out?

A "pause" or "time out" will take place just before starting your surgery by everyone that is in the operating room with you. This is final proof that everyone agrees they have the correct patient, procedure, site, side, position and that they have all the correct equipment needed.

Will my family receive updates while I am in the operating room?

While you are having your surgery, your family may receive updates on the progress of your surgery. We also have an electronic tracking board that your family will be given a unique code for, so they can see where you are in the process. Once your surgery is complete, the surgeon will talk with your family. The anesthesia provider will see you awaken safely and take you to the post anesthesia care unit or "recovery room."



Pain Management



What does effective pain treatment mean?

Effective treatment of pain will help you get better faster, help you go home sooner and, hopefully, go back to your normal activities. It is important to talk about how to control your pain with your doctor before your surgery. Let the doctors know what methods you have used in the past to help control your pain.

How do I report my pain?

If you are hurting and have pain, tell someone! When you are recovering, your nurses will often ask you to give your pain a number from a scale of 0-10, with "0" being "no pain" and "10" being "the worst pain you ever had or can imagine." Giving your pain a number helps the nurses know how well your pain is being managed and if your plan with your doctor is working.



What other techniques will be used to help treat my pain after surgery while I am in the hospital?

PCA (Patient Controlled Analgesia)—
this tool allows patients to give themselves
intravenous (through IV) pain relief
immediately. There is a special push button that
is attached to a small pump that is programmed
by the nurse. When the patient pushes the
button, medicine is released from the pump

Nerve Block—a nerve block is used when a patient has surgery on a smaller part of the body, such as an arm, leg, or shoulder. Local anesthetics are injected near the nerves around where the surgery is being performed to "numb" the surgical area.

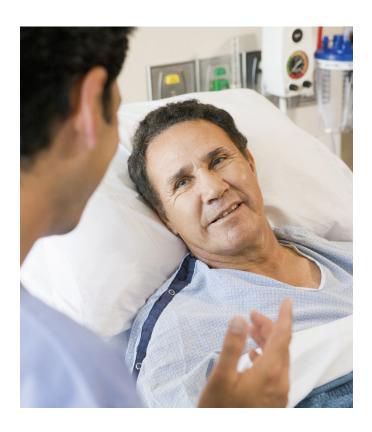
into the IV line.

Pain Medications Taken Orally—medicine that the patient will swallow by mouth. There will be directions on the medication bottle and instructions from the pharmacy on how to take.

Intravenous (IV) Pain Medication—medicine that a patient is given by IV injection. It acts quickly, but does not last too long.

Outpatient Surgery





How quickly can I go home after outpatient surgery?

The type of surgical procedure, type of anesthesia, and your medical history will determine how long you will stay.

The type of anesthesia you were given (how you are sedated or if you were asleep for your surgery) will determine which type of room you will be assigned. You will either be taken to the recovery room or an outpatient post-operative care area. When you are in these rooms, you will be monitored and you may need to demonstrate some simple tasks before you can leave. These tasks may include drinking some fluids and eating some food without getting sick to your stomach. In some cases, you may need to be required to pass urine as well.

What do I need to know before I go home?

Before you are sent home, the nurse will go over your after-surgery instructions with you and your family/ friend. The goal is to teach you what you will need to do when you are home. The nurse will go over the following with you:

- activities you can do
- what you are allowed to eat
- how to manage your pain
- when you should see your doctor again
- how to take care of your wound/stitches
- anything special related to the procedure you had done
- the medicine you are taking.

It is very important that you ask questions and are familiar with how to care for yourself once you leave.

Can I drive myself home?

After you have outpatient surgery, you are not allowed to drive home. It is also important that you have a family/friend stay with you for 24 hours after your procedure.

Will someone follow up with me after surgery?

Depending on what day you have your procedure done, a nurse will usually call you within 72 hours. He or she will ask you how you are doing and ask if you have any further questions. Please make sure that the phone number you leave with the staff is correct and is a number where they can easily get in touch with you.

Staying at the Hospital



What will happen if I need to stay overnight?

When your surgery is over, the surgeon will speak with your family/friend to let them know how things went and how you are currently doing. If the surgeon decides you need to stay overnight or stay for a longer amount of time, you will be taken from the recovery room, where you go after surgery, to your new room in the hospital. Your family/friend can meet up with you in your new room.

How should I get ready for my stay?

- Leave anything that is important to you at home. Your personal belongings (wallet, phone, and purse) will be stored and kept safe while in surgery and then brought to you when you are done. Wear and bring only what you will need the day of surgery and after.
- If you have completed an Advance Directive, Power of Attorney, Durable Power of Health Care Attorney, or a Living Will, bring it with you the day of surgery.
- When you are in your room, you will meet your nurse and be shown how you can reach the nurse.
 The nurse will also help you become familiar with what is in your room, your call button and any other equipment that you might need to know about.
- The nurse will go over what the doctor has ordered including your medications, what you can eat and how much activity you are allowed.

Will someone tell me what to do when I get home?

Before you leave and are sent home, you will be given written directions on what to do at home. The nurse will go over all your instructions with you. Your instructions will tell you about:

- activities you can do
- what you are allowed to eat
- the types of medicine you are taking
- anything specific related to the type of surgery you had
- when you should see your doctor again.

The nurse will also make you aware of any signs to watch for that you may need to contact the doctor about. You may also be sent home with prescriptions from your doctor that you will need to get filled at a pharmacy.

You play a vital role in your care and getting better, so it is very important that if you do not understand something that you ask questions and let the staff know how you are doing.

Day of Surgery Instructions



Arrive on Time

You will need to arrive at the time the pre-admission nurse gave you over the phone. Please plan ahead and consider weather, traffic conditions, and parking. If you arrive late, your procedure may be delayed or rescheduled. If you are unable to keep your appointment, please call the nursing staff at (815) 300-5993.

Arrival

<u>Main Hospital Entrance:</u> Please check in with the staff at the front desk. They will provide visitor passes and then direct you to the elevators across from the main entrance. Take the elevators to the second floor reception desk. There are kiosks available for self-check in. Some patients may have to check in with the registrars at the desk.

Parking

You will be coming to the Main Entrance of the hospital. Patient and visitor parking is available near the hospital, pavilion, outpatient testing center, emergency department and cancer center entrances. See campus map on page 10. Complimentary parking is available 24 hours a day, seven days a week. Please be sure to lock your car.

Free valet parking is available:

Hospital Entrance

Monday through Friday 5:30 a.m. to 8:00 p.m. Saturday through Sunday 8:00 a.m. to 4:30 p.m.

If a vehicle needs to be picked up after these times, please call Public Safety/Security at (815) 300-7301.

Day of Surgery Instructions (continued)



Pre-Procedure Care

You will need to remove all of your clothing (including undergarments and socks) and put on a hospital gown. Do not bring or wear any jewelry, as you will be asked to take it off. Contact lenses must be taken out prior to surgery.

In Surgery Pre Post Recovery (SPPR), you will encounter a variety of caregivers. You will primarily be taken care of by a registered nurse and a certified nurse's assistant. They will be easily identified by their ID badges and by the color of scrubs they are wearing (gray = RN, teal = Certified Nursing Assistant). You will also meet the anesthesiologist, nurse anesthetist, and operating room nurse in your pre-op room prior to being brought back to surgery.

- The CNA caring for you may assist in the following tasks to help get you prepped for surgery:
 - take vital signs (blood pressure, heart rate, oxygen saturation, and temperature)
 - request a urine sample (for women of childbearing age) and perform a pregnancy test
 - use electric clippers to remove all hair from the operative site (if applicable)
 - administer and possibly assist you in completing your pre-surgical CHG (Chlorhexidine Gluconate) bath. These skin-friendly cloths are easy to use and provide a uniform dose of CHG that stays on the skin to help prevent infection for up to 6 hours
 - help apply compression hose to your legs (if requested by your physician)
 - assist you up to the bathroom, if requested.

- The RN caring for you will do the following tasks to help get you ready for surgery:
 - perform a complete health assessment, verify previous information given
 - go over each and every one of the medications you are taking and the last time you took those medications. It's important to know the exact name, dosage, and frequency for each one of your medications (it may be helpful to bring an up to date list with you, but do not bring medications with you to the hospital)
 - insert your IV.

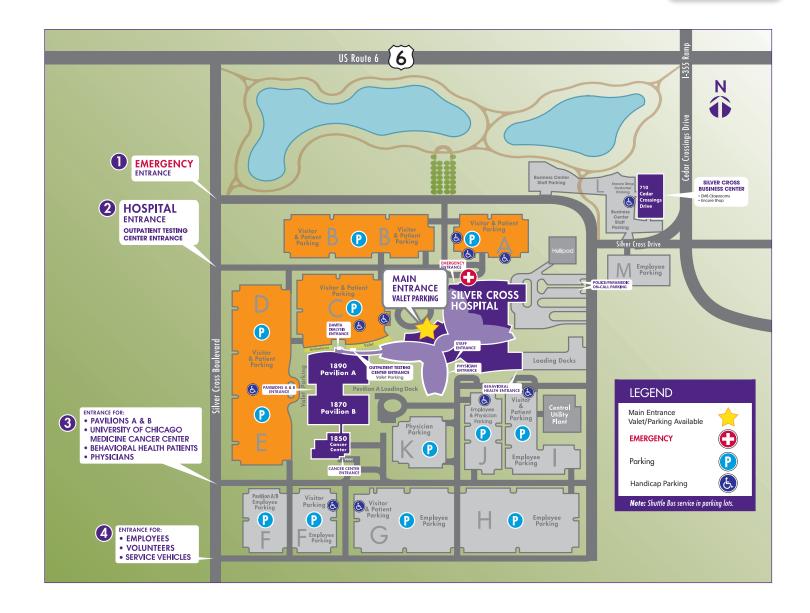
Your anesthesiologist will discuss the plan of care with you prior to surgery. Most patients will also receive their first dose of sedating medication prior to being brought to the operating room.

Your surgeon will also meet with you prior to surgery to discuss and questions/concerns you may have. If your surgery involves either right/left side, or laterality, then your surgeon will verify the correct side with you and mark the site with a marker.

Before the surgery you will receive intravenous fluids directly into your veins. The IV fluid only provides hydration, but also allows medications for pain and/or nausea to be given, if needed.

Silver Cross Campus Map





Pre-Surgery Instructions for Patients



Anesthesia Evaluation (AE) Office (815) 300-7891

Monday - Friday, 8 a.m. - 6:30 p.m.

IMPORTANT: Your surgery could be cancelled if you fail to comply with the following instructions:

STEP 1: One Week Before Surgery

- If you are taking coumadin, aspirin or any bloodthinning medications, check with your surgeon/ prescribing physician to confirm if these meds should be taken or discontinued prior to surgery.
- Make sure that all medical, cardiac clearances, labs, and EKG were requested by your surgeon and are completed and sent to your surgeon's office.
- Stop use of non-steroidal anti-inflammatory drugs (Ibuprofen, Motrin, Aleve, Naprosyn, Advil) celebrex, fish oil, 5-7 days before surgery.

STEP 2: 24 Hours Before Surgery

- If there is any change in your scheduled surgery time a member of the Anesthesia Evaluation (AE) Team will contact you. Please check your voicemail.
- If you develop a fever, cold or flu, notify your surgeon immediately to determine if your surgery needs to be rescheduled.

STEP 3: Midnight Before Surgery

- no food
- no beverages (plain water only with medication)
- no chewing gum, mints or candy
- if on insulin check with your primary care provider for evening dosage
- nail polish is acceptable
- no smoking
- do not apply skin lotions, powders
- shower or bath prior to your surgery



Pre-Surgery Instructions for Patients



STEP 4: Take the following medications the day of surgery with a small sip of plain water

- Blood pressure/heart medication
- GERD (acid reflux) medication
- Pain medication
- Thyroid medication
- Anti-anxiety/seizure medication
- Do not take insulin or any diabetes medication on the day of your procedure unless specifically instructed to do so by your physician. If morning glucose level is abnormally low or high, call (815) 300-5993 to inform Silver Cross nursing staff and determine next steps.

STEP 5: Appropriate Attire

- Wear comfortable, loose-fitting clothing and shoes
- Do not wear:
 - contact lenses
 - hair accessories
 - any jewelry (including wedding bands)
- Remove all body piercings or replace with plastic body-piercing retainers
- Dentures may need to be removed prior to surgery

STEP 6: What to Bring

- Picture ID & insurance cards
- Eyeglasses with case
- Hearing aids with case
- Prescribed inhalers
- CPAP machine (for patients that regularly use to treat diagnosed sleep apnea)
- Brace or immobilizer if provided by surgeon
- Dentures may be required to be removed prior to surgery

STEP 7: Arriving at Silver Cross Hospital

- Complimentary valet parking is available at the Main Hospital Entrance. Registration will take place on the second floor Procedural Care Unit Patient Waiting Area.
- An anesthesiologist will explain his/her role and answer any questions you may have concerning your anesthesia.
- Your surgeon will mark the surgical site and answer any questions prior to the procedure.
- You will meet other members of the surgical team before going to the operating room.
- The type of surgery and your response to anesthesia will determine the length of stay.
- Your surgery may require hair clipping and/or CHG skin prep prior to surgery.

STEP 8: Going Home

- You must have a driver who is at least 18 years old and will accept responsibility for your well-being. This person must be present prior to discharge to review all of your restrictions/instructions with your nurse. You will not be able to take a taxi/car service home without having a friend/family member accompany you.
- For your safety, it is recommended that you have someone stay with you at home for 24 hours after surgery.
- If staying overnight in the hospital, leave all valuables at home. Cellphone/laptop computers are acceptable; however, we are not responsible for lost or stolen property.

Give Us Your Feedback



ALBERT EINSTEIN 1879-1955

"Truth is what stands the test of experience."

We encourage your feedback to improve care.

YOUR SATISFACTION

Your healthcare is our priority. To determine where improvements are needed, Silver Cross takes part in the Outpatient and Ambulatory Surgery Consumer Assessment of Healthcare Providers and Systems (OAS CAHPS) survey. The OAS CAHPS survey measures your satisfaction with the quality of your care. It is designed to be a standardized tool for measuring and reporting satisfaction across all hospitals in the U.S. After you are released from the hospital, you may be selected to participate in this survey via email or the telephone. Please take the time to participate in the customer service survey; your feedback is valuable!

Hospital Compare is a government website that allows users to compare the quality of care provided by hospitals. The information provided on this website is based on HCAHPS/OAS CAHPS survey results. www.medicare.gov

The Leapfrog Group rates hospitals that take part in the Leapfrog Hospital Quality and Safety Survey. The survey



measures how well hospitals meet the Leapfrog Group's quality and safety standards. Survey results are reported on Leapfrog's website for users to compare hospitals. www.leapfroggroup.org/cp

The Joint Commission has created quality and safety standards for healthcare organizations. The Joint Commission reviews, accredits and certifies healthcare organizations that meet its high standards. Quality reports for all accredited organizations are available on its website. www.qualitycheck.org

YOU ARE PART OF THE TEAM

COMMUNICATE

It's your health; don't be afraid to ask your doctors and nurses questions.

PARTICIPATE

You are the center of your healthcare team so ask questions, understand your treatment plan and medications, and communicate with your doctors and nurses.

APPRECIATE

There are hundreds of people in the hospital who need help; please be patient as doctors and nurses attend to everyone.