Thank you for choosing Faxton St. Luke’s Healthcare’s Surgical Services!

Our mission is to provide the highest quality health care in our region.

We are dedicated to providing you with an experience that is efficient, high quality and as comfortable as possible. This booklet provides you and your family with the general information needed when having a surgical procedure at Faxton St. Luke’s Healthcare (FSLH).

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Relationship-Based Care (RBC)

Nurses at FSLH provide high quality patient care using a Relationship-Based Primary Care Delivery model. FSLH nurses recognize that their focus is on patients and their families and that improved outcomes are achieved when patients feel safe within a respectful, trusting relationship with a specific registered nurse. The nurse-patient relationship is strengthened as continuity of care is delivered employing an interdisciplinary collaboration which improves patient and staff satisfaction.

FSLH nurses follow The Seven Principles of RBC:
- Responsibility for relationship and decision making
- Accountability
- Continuity of care through work allocation and patient assignment
- Communication
- Management
- Process improvements
- Managing the healing environment of care.

Prior to Surgery

If you have not already met with a preadmission nurse, one will call prior to your scheduled surgery to review preoperative instructions with you. Not all surgeries require diagnostic testing. Your surgeon works with your anesthesiologists to decide what preoperative work will be required.

For your safety and the safety of the surgical team, you will be instructed to remove all jewelry prior to the procedure. This includes watches, rings, necklaces, medals and all piercings. If you arrive with rings on that cannot be removed, we will have to use a ring-cutter to remove them prior to surgery. To ensure the safety of your valuables, we recommend that you leave your jewelry and other valuables at home. Also, prior to arriving at the hospital, please remove all nail polish from your fingers and toes, and do not wear any makeup.

Please be sure to bring your co-pay if your insurance requires one.

If you have had any changes in your physical condition prior to the day of surgery, such as a cold or fever, please notify your physician before coming to the hospital.

Be sure to follow your medication schedule as discussed in your preadmission consultation.
Day of Surgery

Do not eat or drink anything after midnight the day of your surgery unless otherwise directed by the preadmission nurse (this includes coffee, tea, gum, candy and breath mints). Surgery may be canceled if you eat or drink after midnight. Specific feeding instructions will be given to parents or guardians of young children and babies that will be going under anesthesia.

A shower or bath is required the evening before and the morning of surgery. You may brush your teeth the morning of surgery.

You will be asked to arrive earlier than your scheduled surgery time in order to allow enough time for the completion of admission procedures, examinations and consultations with the anesthesiologist.

Special equipment, such as artificial limbs, braces, canes and oxygen tanks, should be brought with you the day of surgery as indicated in your preadmission consultation.

All jewelry and piercings should be removed and you should not be wearing makeup, nail polish or hairpins.

If you are going home the same day after surgery, you will need someone to accompany you home. Your surgery will be canceled if you do not have someone to drive you home.

If you are being admitted to the hospital after the procedure, essential items such as a bathrobe, comb, toothbrush and toothpaste will be provided to you. Personal items from home are allowed in order to make your stay more comfortable.

If your child is having surgery, bring his or her immunization record (if instructed to do so) and an empty bottle or sippy cup if he or she is still using one. A favorite toy, blanket or pacifier may be comforting and can go into the operating suite (no metal objects please). Legal child car seats are needed upon discharge for age appropriate children.

Anesthesia is an important part of surgery. The anesthesia team will ask you questions regarding your previous experiences with anesthesia and explain the recommended anesthetic method to you. This is a good time to ask any questions that you may have.

For your protection, all persons in the operating room will wear surgical gowns, hats, masks and gloves.

Once your surgery is completed, you will have a recovery phase. Depending on the method of anesthesia, you will either be taken to the Ambulatory Surgery Unity (ASU) or the Post Anesthesia Care Unit (PACU) — if you are being admitted to the hospital, you will be transferred to your room after the PACU.
Anesthesia

General anesthesia produces unconsciousness so that you will not feel, see or hear anything during the surgical procedure. The anesthetic medications are given to you through an intravenous line or through an anesthesia mask.

If monitored anesthesia care (MAC) is being used, you will be made very comfortable with sedatives so that you are sleepy but able to be awakened. You will also be given local anesthesia in the area of the surgical incision. You will probably not remember much of the operation and will recover quickly.

Local anesthesia will be used for some very minor procedures that do not require any form of sedation. The surgeon will use local anesthesia directly at the surgical site.

Regional anesthesia produces numbness with the injection of local anesthesia around nerves in a region of the body corresponding to the surgical procedure. Epidural or spinal blocks anesthetize the abdomen and both lower extremities. Other nerve blocks may be done with the nerves in the arms or legs to anesthetize individual extremities. With regional anesthesia, medications can be given that will make you comfortable, drowsy and blur your memory.

Recovery

The PACU staff will monitor your recovery and you may still be on oxygen. Once you have met specific recovery criteria, you will be transferred back to the ASU or your hospital room if you are being admitted. The ASU will continue to monitor you and ensure certain recovery criteria are met prior to discharge. Discharge criteria depend on the type of anesthesia used during the procedure.

Ambulatory surgery patients go home the same day as surgery. Once you are able to tolerate fluids by mouth, walk around and use the restroom, you will be able to be discharged. You will also need to meet the observation criteria unless otherwise ordered by your physician. You will receive written instructions for recovery at the time of discharge.

For safety purposes, ambulatory patients cannot drive, drink alcohol or operate machinery for 24 hours after discharge.

A responsible adult is recommended to accompany you for those 24 hours. Further limitations may be given to you by your surgeon depending on the type of procedure.
After Surgery

- If you have any nausea or pain, please talk to your nurse. There are medications that can help.
- If you receive general anesthesia, deep breathing five to 10 times a day, every hour you are awake, will help prevent any postoperative respiratory problems.
- Drink fluids as indicated to help flush out the residual anesthesia medicines.
- Be a participant in your recovery and be sure that you understand any instructions. Always ask questions if the information is not clear to you.
- If you have diabetes, be sure that you and your doctor discuss the best way to control your blood sugar before, during and after your surgical procedure (high blood sugar increases the risk of infection).
- Wound care post-procedure is very important to prevent postoperative infections (hand washing before and after dressing/wound care is very important). Your surgical site should be kept as clean as possible to prevent infection.
- If you have a fever greater than 100.5 degrees, redness, drainage or a foul odor coming from your incision site, notify your physician immediately.

Hourly Rounding

In order to better meet your care needs, you can expect that a staff member will round on you hourly. The night staff may need to wake you for ordered medications and treatments. If they do wake you, they will do their best to combine all the things you need done at one time to help maximize your hours of rest. The staff member rounding will ask you about your pain and how well it is controlled. They will offer assistance with your positioning and toileting needs as well as any other requests you may have.

We believe that these efforts will better meet your needs and improve the care we provide to you during your stay. Please feel free to ask us questions and provide us with feedback during your time with us.
Pain and Pain Control

We recognize that surgical procedures are not common events for many people. Typically, you can expect some postoperative discomfort. We are committed to relieving your pain as much as possible in a safe manner. The staff will ask you to rank your pain using our zero to 10 pain scale prior to the procedure, after the procedure and throughout your visit at FSLH. This will help us to provide you with the best pain relief possible.

Please use the pain scale on page 15 as a reference.

Our surgical team is committed to providing proficient, effective and timely care to our patients and their families before, during and immediately after surgery.
Universal Pain Assessment Tool

<table>
<thead>
<tr>
<th>Verbal Descriptor Scale</th>
<th>No Pain</th>
<th>Mild Pain</th>
<th>Moderate Pain</th>
<th>Severe Pain</th>
<th>Worst Pain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wong-Baker Verbal Description Scale</td>
<td>Alert/Smiling</td>
<td>No humor serious flat</td>
<td>Furrowed brow pursed lips breath holding</td>
<td>Wrinkled nose raised upper lips rapid breathing</td>
<td>Slow blink open mouth</td>
</tr>
<tr>
<td>Activity Tolerance Scale</td>
<td>No Pain</td>
<td>Can be ignored</td>
<td>Interferes with tasks</td>
<td>Interferes with concentration</td>
<td>Interferes with basic needs</td>
</tr>
</tbody>
</table>

Spanish: NADA DE DOLOR UNPOQUITO DE DOLOR UN DOLOR LEVE DOLOR FUERTE DOLOR DEMASIDO UN DOLOR INSOPORTABLE

Vietnamese: Không Đau Đau nhẹ Đau vừa phải Đau Nặng Đau thật nảng Đau đònmuştur cùng

Bosnian: Ne Boli Malo Boli Umjerena Bol Jaka Bol Vrlo Jaka Bol Najgora Mogusca Bol

Russian: Боли нет Слабая боль Умеренная боль Сильная боль Очень сильная боль Невыносимая боль