About WellSpan

WellSpan Health is south central Pennsylvania’s most comprehensive health system—serving the region with an extensive network of providers, leading hospitals, health centers, home care and walk-in care centers conveniently located in our local communities. Our mission is to partner with communities and residents to improve health by providing exceptional care that helps our neighbors not only get better but also stay healthy. Our physicians and caregivers work together to help you achieve optimal health. And with MyWellSpan, it’s easier than ever to manage your health online—anytime, anywhere.

At WellSpan, our goal is to help you reach your health goals in life.
Important Directions to Follow

Do:

• Read entire booklet.

• Call (717) 721-5866 between 2:30-6:00 p.m. on the day before your surgery for your arrival time. (Monday surgeries – please call on Friday.)

• Expect two phone calls from WellSpan Ephrata Community Hospital:
  – One from a Pre-Hospital Testing Unit nurse regarding medical information
  – One from Pre-Service Staff to complete your pre-registration

• Please complete the medication list and allergy information on page 9 as well as the health survey on pages 10 and 11.

• Use page 20 to note questions you may have for the nurse and instructions that she will give you during the phone interview.

• Have your questions and information available for your phone interview.

• Take medications as advised by your physician or PHT nurse with a sip of water.

• Please arrange a ride to and from the hospital. For short-stay patients, arrange for someone to stay with you for 24 hours after surgery.

• Shower/bathe the morning of your procedure.

• Brush teeth but spit out water. Do not swallow.

• Wear loose-fitting clothing.

• Bring eyeglasses, hearing aids and cases for both.

• For children, please bring a favorite stuffed animal, doll or security blanket.

• Remove ALL jewelry and piercings before coming to the facility.

• Be sure to bring a bra with you if you are having breast surgery.

• If you get sick (even a simple cold) before surgery, please call your surgeon’s office to inform him/her.

• If you use CPAP for sleep apnea, bring your mask and machine settings along to the facility.

Do Not:

• Do Not eat anything after midnight. No mints, candy, gum or chewing tobacco. They all count as food.

• Do Not drink after midnight unless instructed by the physician or nurse.

• Do Not wear lotion, powder, hair gel, hair spray, deodorant, perfume or cologne.

• Do Not wear jewelry.

• Do Not wear nail polish.

• Do Not wear make-up.

• Do Not wear contact lenses.

• Do Not bring tobacco products with you. We are a tobacco-free facility and campus.

If you do not follow these directions, your surgery could be delayed or cancelled for your safety.
WellSpan Ephrata Community Hospital Welcomes You

Please read this entire booklet as soon as possible.

To ensure a safe, positive surgical experience and help to prevent cancellation of your surgery, it is very important for you to review your health history and pre-operative instructions with the PHT nurse. Please return the call as soon as you receive the message by calling (717) 738-6435.

Important Dates and Times:

Your surgery date is: ________________________________

Approximately 1-2 weeks prior to surgery, you will receive two calls: one from a PHT nurse and one from Registration staff. Please complete the medication and allergy information on page 9 and the surgical/hospitalization history on pages 10 and 11 upon receipt of this booklet.

You will need this information available when the nurse contacts you for your pre-operative interview. The call will take 15-20 minutes (or longer, depending on your medical history).

PLEASE NOTE: The Operating Room schedule is finalized by 2:30 p.m. Monday-Friday. Please call the Pre-Hospital Testing (PHT) department at (717) 721-5866 between the hours of 2:30-6:00 p.m. the day before your surgery for your arrival time. If your surgery is Monday, please call the Friday prior to the surgery date.

On the day of surgery, please bring this booklet and the Blue Folder information given to you by the surgeon.

Please have this booklet available when speaking with the PHT nurse.

The nurse must speak with you, the patient, unless you give permission for someone else to answer questions for you. (If the patient is a minor—under 18 years of age—the nurse must speak with a parent or guardian.)
## Table of Contents

**Introduction**
- Welcome ................................................................................................................................................. 6
- Directions to WellSpan Ephrata Community Hospital ................................................................. 7
- Parking .................................................................................................................................................. 8

**Brochures**
- Notice of Privacy Practices ................................................................. Please obtain upon arrival at the registration desk
- Patient Rights and Responsibilities ........................................................ Please obtain upon arrival at the registration desk
- 5 Things You Can Do to Prevent Infection ........................................ Please obtain your copy at the registration desk if not already received with this booklet

**Before Surgery**
- Medication/Allergy Form ...................................................................................................................... 9
- Health Survey Questionnaire (Surgeries, hospitalizations) ............................................................ 10 – 11
- Preparing for Surgery ........................................................................................................................ 12

**Day of Surgery**
- Anesthesia ............................................................................................................................................. 13
- Managing Your Pain .............................................................................................................................. 14
- What to Bring ......................................................................................................................................... 15
- What to Leave at Home .......................................................................................................................... 15
- Your Surgical Experience Begins ........................................................................................................ 16
- Inside the OR ........................................................................................................................................ 16
- Notes For Your Family/Friends ............................................................................................................ 17
- Post Anesthesia Care ............................................................................................................................. 17
- Preparing For Discharge ....................................................................................................................... 17

**Going Home**
- Wound Care .......................................................................................................................................... 18
- When to Call Your Surgeon .................................................................................................................. 18
- Help Yourself to Recover ...................................................................................................................... 19
- Frequently Asked Questions ............................................................................................................... 19
Welcome

The staff at WellSpan Ephrata Community Hospital would like to take a moment to thank you for choosing to have your surgery at our facility. Our goal is to provide exceptional quality health care in a supportive environment that focuses on your individualized needs.

WellSpan Ephrata Community Hospital is working hard to make health care safety a priority. Everyone plays a role in making health care safe including doctors, nurses, technologists and you, the patient. This booklet is designed to help you understand what will happen before, during and after your surgery and how your doctors and nurses are taking steps to make sure that everything goes as planned.

Precautions taken to prevent Surgical Site infections:
• Hand hygiene including hand-washing and hand sanitizer
• No surgical skin shaving with razors; disposable clippers only
• Frequent use of gloves
• Antibiotics may be ordered by your physician
• Control of medical conditions such as diabetes before and after surgery

Precautions taken for your safety:
• Identify patient by name and birthday
• Correct procedure
• Correct site
• Correct physician
  • Physician will initial the area where he/she will perform surgery. Ask your nurse if your procedure site will be marked (there are a few exceptions).
  • Just before surgery begins, everyone in the Operating Room will take a final “time out” and check that they have the correct patient, are doing the correct procedure on the correct body part, and that any special equipment needed is available.
• You will be asked to remove all jewelry as a safety precaution, due to risk of injury.

We have designed this booklet to walk you through the surgical process. Please be sure to closely read page 12 on Preparing for Surgery and also review page 15 on What to Bring the day of your surgery. The back cover is for any questions or comments you have for the staff, surgeon or anesthesiologist.

Again, we thank you for choosing our hospital and look forward to meeting you soon.
Checking In

Driving directions from Reading:
Follow 222S to Route 322W. Turn right at the exit ramp to 322W. Follow 322W (Main Street) through the town of Ephrata approximately 2 ¼ miles. Turn right at the intersection of Main Street and Martin Avenue. Follow Martin Avenue to the parking entrance located on the right.

Driving directions from Lebanon:
Take Route 72S to Route 322E. Follow Route 322 to Ephrata. Route 322 becomes Main Street in Ephrata. Turn left at the intersection of Main Street and Martin Avenue. Follow Martin Avenue to the parking entrance located on the right.

Driving directions from Downingtown:
Take Route 322 W to Ephrata. Route 322 becomes Main Street in Ephrata. Turn right at the intersection of Main Street and Martin Avenue. Follow Martin Avenue to the parking entrance located on the right.
Parking at WellSpan Ephrata Community Hospital

Parking: Please park in the top tier lot (Lot #3) off of Rte. 272. Report to the Day Surgery Center Registration Desk as you enter the building.

Horse-and-buggy stable parking is accessible near the Main Entrance to the Hospital beside the Employee Parking Garage.
Medication/Allergy Form

Please complete this form with all of your prescription medications, vitamins, supplements and over-the-counter medications. You will need this information available when the nurse contacts you. Please have your medical and surgical history available as well.

<table>
<thead>
<tr>
<th>Name of Medication</th>
<th>Dose</th>
<th>When do you take it?</th>
<th>Date/Time last dose taken</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

☐ I have no known sensitivity or allergy.

OR

List anything that you avoid because of a sensitivity or allergic reaction (for example, medications, foods, latex).

<table>
<thead>
<tr>
<th>Name</th>
<th>Reaction</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Health Survey Questionnaire

<table>
<thead>
<tr>
<th>Question</th>
<th>NO</th>
<th>YES</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you ever had a problem with anesthesia?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Has anyone related to you ever had a problem with anesthesia?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Could you be pregnant? Date of last period_________________________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tubal Ligation/Hysterectomy?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Do you have any breathing problems?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bronchitis                  COPD                   Cancer                  Asthma                  Inhalers                  Pneumonia                  Cough: Yes                  No                  Productive: Yes                  No                  Sleep Apnea                  Wear CPAP/BiPAP                  Settings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Have you ever had an abnormal chest x-ray?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Do you have any difficulty lying flat on your back?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Do you have heart problems? Heart Attack                  Chest Pain                  High Blood Pressure                  Heart Murmur                  Heart Surgery                  Cardiac Stent                  Heart Bypass Surgery</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Do you have a defibrillator or pacemaker? Date last checked_________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Do you have diabetes? How is it controlled? Insulin                  Oral meds                  Diet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Do you have any stomach problems? Ulcer                  Hiatal Hernia                  Reflux</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Have you ever had a stroke?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Epilepsy                  Fainting Spells                  Seizure                  Tremors</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Do you have any communicable diseases? Tuberculosis                  Hepatitis                  Jaundice                  MRSA                  VRE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Do you have any eye problems or diseases? Glaucoma</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Do you have any kidney problems? Dialysis                  Kidney Stones</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Do you have any numbness, tingling, or weakness in your arms or legs?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Do you have any chipped or loose teeth, dentures, caps, bridgework, braces, difficulty with your jaw, or opening your mouth? TMJ</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Do you smoke, drink alcohol, chew tobacco or use recreational drugs?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. What is your height? __________________   What is your current weight?________</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Do you have any other medical problems not mentioned?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Are you feeling anxious about surgery?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Have you received written preoperative instructions from your surgeon’s office?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Previous Surgeries and Hospitalizations**

(Please list and indicate month/year if possible)

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preadmission Tests</th>
<th>Facility Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chest X-ray</td>
<td></td>
<td></td>
</tr>
<tr>
<td>EKG</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Labs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiac Clearance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stress Test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PFT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Primary Care Physician (Name and Phone #): ____________________________________________________________

Specialist Physician (Name and Phone #): ______________________________________________________________
Before Surgery

Preparing for Surgery

- Make arrangements for someone to drive you home and stay with you for the next 24 hours following surgery. Failure to follow these instructions may result in cancellation of your procedure.

- **NOTHING TO EAT AFTER MIDNIGHT.** Mints, gum, candy, cough drops and chewing tobacco count as food. Clear liquids are permitted up to 4 hours before your scheduled surgery time unless the surgeon or Pre-hospital Testing Nurse gives you special instructions.

- **Examples of clear liquids include:** black coffee, black tea (no milk, cream, or lemon permitted) apple juice, water, soda. If you don’t follow these directions, your surgery could be delayed or cancelled for your safety.

- **FOR YOUR SAFETY, DO NOT** wear jewelry (including body piercings, wedding and engagement rings), contact lenses, deodorant, make-up, nail polish, hair spray or hair gel.

- **DO NOT** take any medications prior to surgery unless told to do so by your surgeon or anesthesiologist or PHT Nurse. Make sure you review with your surgeon all medications you are currently taking including vitamins and herbal supplements. Any pre-op medications should be taken with a **sip of water**. If you have any questions about which medication you should be taking prior to surgery, call Pre-hospital Testing at (717) 738-6435 between the hours of 8:00 a.m. and 6:00 p.m. and ask to speak with a nurse.

- Shower/bathe with soap and water the night prior or day of surgery.

- Wear loose, comfortable clothing that is easy to take off and on. Women having breast surgery should wear a supportive bra.

- If you have young children, please arrange to leave them at home and have someone take care of them while you are having surgery and recovering.

- To protect the rights and privacy of our patients we **strongly encourage limiting the number of family/friends accompanying you on your day of surgery to two people. This person(s) can serve as your advocate.**

- **For the safety of others with severe allergies, DO NOT** use any scented products like lotion, perfumes or colognes.
Day of Surgery

Anesthesia
Your surgery will require some type of anesthesia to ensure your safety and comfort during the procedure. A team of certified registered nurse anesthetists (CRNAs) and anesthesiologists will be working together to administer the anesthesia, monitor your vital signs and keep you comfortable.

Pre-Anesthetic Interview
You may meet an anesthesiologist prior to the day of surgery based on your health history. Otherwise, you will be interviewed immediately prior to your surgery and meet your anesthesia team at that time.

Types of Anesthesia
Your anesthesia provider, in consultation with your surgeon, will determine the best type of anesthesia for you. On occasion you may have a choice regarding the type of anesthesia you would prefer. There are three main types of anesthesia: general, regional and local.

- General anesthesia: You are in a state of total unconsciousness resulting from a variety of drugs with the overall aim of ensuring unconsciousness, amnesia and analgesia.
- Regional anesthesia: Local anesthetics (numbing medicine) are introduced to block the nerve supply to a specific part of the body, such as a limb, so you cannot feel pain. Sedation is also offered for your comfort.
- Local anesthesia: Your surgeon introduces a local anesthetic (numbing medicine) into the skin and tissues to numb a small area requiring surgery.

Monitored Anesthesia Care (MAC) will be provided by your anesthesia team. They will administer sedation for your comfort during the procedure.

These options will be discussed with you during your pre-anesthetic interview. You will then be asked to sign a consent form by your anesthesiologist.
**Day of Surgery, continued**

**Managing Your Pain**

Managing pain and keeping you comfortable is not only our responsibility, it is our priority. As part of your care, nurses will routinely ask you to rate your pain on a scale of 0-10 with 0 being no pain and 10 being the worst possible pain. Please refer to this scale when asked what level pain you are experiencing.

**Adult Scale**

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Pain</td>
<td>Mild</td>
<td>Discomforting</td>
<td>Distressing</td>
<td>Horrible</td>
<td>Excrutiating</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Pediatric Scale**

For children we use a pain scale that ranges from 0-5 with 0 being no pain and 5 being the worst possible pain.

0 1 2 3 4 5

No Pain Mild Pain Moderate Pain Severe Pain Very Severe Pain Worst Possible Pain

We will also ask you to describe the quality and duration of your pain. Is your pain sharp, throbbing, stabbing or burning? Or is it dull, aching, nagging or tender? Is it constant or does it come and go?

We also want to know which pain medications, if any, you have taken in the past. Did they help you? Did you experience any side effects from them? To what degree was your pain controlled?

The most effective pain control results from teamwork among the patient, nurse and physician. Ask questions about pain relief options and make sure to discuss your concerns about pain control with your surgeon or anesthesiologist so that we can provide you with the best possible care.

There are also ways to treat pain that complement or work with the pain medicine to give you an added benefit. Examples are relaxation techniques such as deep breathing, listening to music or using guided imagery. If you are interested in these tools to help you relax, please ask your nurse in the pre-operative area.

Guided Imagery encourages relaxation using a combination of soothing music, environmental sounds (like an ocean or stream), and voices that soothingly redirect your thoughts, so you can focus on healing and health instead of anxiety and fear. Also, feel free to bring any of your own music, along with your headphones/ear buds, to help with relaxation.
Day of Surgery, continued

What to Bring:
• Please arrive at the Day Surgery Registration Desk with your insurance cards, photo I.D. and claims forms/referral form if required, and any co-pay due.
• A parent or legal guardian, if you are **under age 18**, must accompany and remain at the hospital for the patient’s entire stay.
• Documents regarding guardianship, legal custody and POA (for medical care) must be present on admission if the patient is unable to sign informed consent.
• List of all your medications you are currently taking, including over-the-counter medicines, herbal remedies, vitamins and diet pills. Be prepared to tell the nurse the last date and time you took each of your medications.
• List of all your allergies you have to foods, medications or **latex** and any sensitivities to adrenaline or epinephrine.
• Bring eyeglasses, hearing aids and cases for both.
• For children: a favorite stuffed animal, doll or security blanket.
• Patient’s family member is encouraged to bring his or her cell phone.
• Bring a copy of your Advance Directive/Living Will to keep on file if you have not already done so.

Special Note for Cosmetic Surgery Patients
• Arrangements for payment of both the physician and hospital bills must be made in advance of cosmetic surgery.
• Your surgeon’s office will explain the details.

What to Leave At Home:
In order to provide you with the safest and most positive surgical experience at our facility, we must ask you to remove all jewelry and piercings before coming to the facility.

The reasons are as follows:
1. To prevent loss of your personal possessions
2. To prevent burns when electro cautery units are used during your procedure
3. To prevent the need for cutting off a ring if swelling of the hand occurs

In addition to jewelry and piercings, please leave at home:
• Credit cards, cash, wallet and other valuables. Due to limited secure storage availability, the hospital cannot be responsible for personal belongings.
• Young children. Please leave young children at home with a babysitter, as they can distract you and our staff.
• Tobacco products. WellSpan Ephrata Community Hospital is a smoke-free campus. Smoking is prohibited on all hospital grounds.
Day of Surgery, continued

Your Surgical Experience Begins

• Report to the Registration Desk. Have your photo ID, insurance card, information on workers compensation or auto insurance claim if required, as well as any co-pay due according to your insurance policy. Upon completion of the registration, an ID band will be placed on your wrist. A staff member will escort you to the pre-surgical area to begin the admission process.

• We will take your vital signs (blood pressure, pulse and temperature) and weigh you.

• In the pre-surgical area you will be asked to change into a hospital gown and slippers. In order to provide you with the safest and most positive surgical experience at our facility, you will be asked pre-operatively to remove all clothing including underwear and bra before coming to the operating room.

The reasons are as follows:
1. Bras will be in the way of heart monitors.
2. Metal in underwire bras may cause possible burns.
3. You may unintentionally empty your bladder during surgery and soil your underwear.

• Your clothing, glasses, etc. will be placed into a Belongings bag and placed in a locked locker. Any valuables should be sent along with your family.

• You will be instructed to remove all jewelry before your surgery as a safety precaution (due to the risk of injury, burns or loss).

• For your safety, we will repeatedly ask you to identify yourself using your name and birth date.

• A nurse will review your health information, start an IV and complete any pre-operative tests, if indicated.

• You will meet with any or all of the following at this time: The anesthesiologist, CRNA (Certified Registered Nurse Anesthetist), operating room nurse and your surgeon. It is during this time that your surgeon will take a marking pen and initial your surgical site.

• When you are taken to the Operating Room, your family will be escorted back to the waiting room.

Inside the OR

• You will be taken into the operating room by a CRNA and RN. Once in the room, you will be connected to special equipment to monitor your blood pressure, heart rate and oxygen levels. The surgical team consisting of a CRNA, RN and surgical technicians will remain with you throughout your procedure.

• Just before surgery begins, everyone in the operating room will take a final “time out” and check that they have the correct patient and are doing the correct procedure on the correct body part. At the end of the procedure, a CRNA and RN will accompany you to the recovery room.
Day of Surgery, continued

Notes for Family/Friends
It is important that we maintain communication with you. Please do not leave the waiting area without notifying the waiting room ambassador of your whereabouts and how you can be reached.
• Hot and cold beverages are available in the waiting areas. If you would like, we can direct you to the cafeteria, coffee shop, vending machines or the gift shop. Ambassadors are usually available in the surgical waiting area to assist you.
• Please be courteous to our patients by not bringing any food or beverages into the waiting room, pre-operative area or recovery area. Food smells are often nauseating after anesthesia.
• To protect the rights and privacy of our patients, we strongly encourage limiting the number of family/friends accompanying you on your day of surgery to two people. This person(s) can serve as your advocate.

Post Anesthesia Care
• After surgery you will be taken to the recovery area where your blood pressure, heart rhythm and breathing will be closely monitored. Any pain or nausea will be treated at this time. We will routinely ask you to rate your pain on the 0-10 pain scale. We want to keep your pain at its minimum. By using the pain scale, it gives us feedback on what degree your pain is controlled. Please don't hesitate to inform your nurse if you are having pain or feel the medicine is not working for you.

Preparing for Discharge
• Discharge criteria and time of discharge varies depending on the type of procedure you had and what your physician has specified.

If going home the same day of your surgery, you must have someone look after you for the next 24 hours.

• A nurse will review instructions for care at home with you and your responsible party. You will receive a written copy of the Discharge Instructions to care for yourself at home. Any questions you have concerning your discharge should be addressed at this time.
Going Home

Wound Care
To help promote wound healing, it is important to eat foods rich in vitamin C and protein.

Below is a list of foods high in protein:

- Beef and lamb
- Poultry
- Pork
- Fish
- Dry beans, peas, nuts
- Soybeans products
- Cheese, milk
- Eggs

Below is a list of foods high in vitamin C:

- Citrus fruit and juice
- Black currants
- Papaya
- Cantaloupe
- Peppers
- Green leafy vegetables
- Strawberries
- Tomatoes and tomato juice

The above guidelines are generalized instructions. Any instructions given to you by your doctor should supersede these guidelines. Patients with dietary restrictions should avoid the above food items restricted in their prescribed diets.

When to Call Your Surgeon

Signs and Symptoms of a Wound Infection

After surgery it is important to look for and be able to recognize signs and symptoms of infection. If you develop any of the signs/symptoms listed below, please notify your doctor immediately.

- Fever
- Red streaks
- Increased pain
- Heat
- Increased swelling
- Pus drainage
- Tenderness
- Pain unrelieved by pain medication
- Redness
- Increased bleeding
- Foul odor
Help Yourself to Recover

For a better recovery and to prevent complications after surgery, do these exercises every two (2) hours for the first twenty-four (24) hours after your operation.

1. Cough and Deep Breathe
   - Take a slow, deep breath in.
   - Hold it and count to two.
   - Blow out through your mouth.
   - Cough deeply after two deep breaths, unless told not to cough.
   - Your nurse will show you how to protect your incision.

2. Change Position
   - Lie on each side as well as on your back.

3. Exercise Feet and Legs
   - Point toes of both feet towards the foot of the bed, then towards the head of the bed.
   - Turn both ankles in a circular motion.
   - Bend each knee—one at a time.
   - Do each exercise several times.

4. Pain Management
   - Pain medicine is available to help keep you comfortable. Ask your nurse.

Frequently Asked Questions...

Where should I park when I come for my procedure?
Park in the top tier lot (Lot #3) off of Route 272. See map on page 8.

What medicine should I take on the morning of my surgery?
Do not take any medications prior to surgery unless told to do so by your surgeon, anesthesiologist or PHT nurse. See page 12 for more details.

Are clear liquids allowed four hours prior to my arrival time or my scheduled OR time?
Yes, you can consume clear liquids up until four hours prior to your scheduled surgery unless instructed otherwise by your surgeon. See page 12 for more details.

What should I wear when I come to the hospital?
You should wear loose, comfortable clothing that is easy to take off and put on after your procedure. See page 12 for additional information.