Your Surgical Experience
**DO**

- Read entire booklet.
- Call 717-721-5866 between 2:00-6:00 pm on the day before your surgery for your arrival time. Monday surgeries should call on Friday.
- Please complete the medication list and allergy information on page 7 as well as the health survey on page 8.
- Use page 19 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.
- 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 body piercings including plastic piercings.
- 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.

**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.**
Ephrata Community Hospital

Welcomes You

*Please read this entire booklet as soon as possible.*

**Important Dates and Times:**

Your surgery date is: _____________

Approximately 1 week prior to surgery, you will receive a call from a nurse and from Registration. Please complete the medication and allergy information on page 5 and the surgical/hospitalization history on page 6 upon receipt of this booklet.

You will need this information available when the nurse contacts you.

*PLEASE NOTE: The Operating Room schedule is finalized by 2:00 pm Monday-Friday. Please call the Pre-Hospital Testing (PHT) department at 717-721-5866 between the hours of 2:00 – 6:00 pm 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 Green Folder information given to you by the surgeon.

**Please have this booklet available when speaking with the PHT nurse.**
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- PATIENT’S BILL OF RIGHTS ...... please obtain your copy at the registration desk
- 5 THINGS YOU CAN DO TO PREVENT INFECTION... please obtain your copy at the registration desk

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WELCOME

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

Ephrata Community Hospital is working hard to make healthcare safety a priority. Everyone plays a role in making healthcare 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.

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

<table>
<thead>
<tr>
<th>Precautions taken for your safety</th>
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<tbody>
<tr>
<td>• Identify patient by name and birthday</td>
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<tr>
<td>• Correct procedure • Correct site • Correct physician</td>
</tr>
<tr>
<td>• 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).</td>
</tr>
<tr>
<td>• 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.</td>
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<tr>
<td>• You will be asked to remove all jewelry as a safety precaution, due to risk of injury.</td>
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</table>

We have designed this booklet to walk you through the surgical process. Please be sure to closely read page 9 on Preparing for Surgery and also review page 13 on What to Bring the day of your surgery. The last page 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

Directions to Ephrata Community Hospital:

Driving directions from Lancaster:
Follow Route 222N to Route 322W. Turn left 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 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 Ephrata Community Hospital:

Parking: Please Park in the top tier lot (Blue #3 Lot) 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>
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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>
<th>NAME</th>
<th>REACTION</th>
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# Health Survey Questionnaire

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

## Previous Surgeries and Hospitalizations
(Please list and indicate month/year if possible)

<table>
<thead>
<tr>
<th>Preadmission Tests</th>
<th>Facility Name</th>
<th>Date</th>
</tr>
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<tbody>
<tr>
<td>Chest X-ray</td>
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<td>EKG</td>
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<tr>
<td>Labs</td>
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<tr>
<td>Cardiac Clearance</td>
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<tr>
<td>Stress Test</td>
<td></td>
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<tr>
<td>PFT</td>
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<tr>
<td>Other</td>
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</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 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, clear soda (i.e. ginger ale or sprite), cola. 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), 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 738-6435 between the hours of 8 am and 6 pm 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 (CRNA’s) 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.
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**

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<th>0</th>
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<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>excruciating</td>
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**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.

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<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO PAIN</td>
<td>MILD PAIN</td>
<td>MODERATE PAIN</td>
<td>SEVERE PAIN</td>
<td>VERY SEVERE PAIN</td>
<td>WORST POSSIBLE PAIN</td>
</tr>
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</table>

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.
MANAGING YOUR PAIN, continued

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.

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. Please ask for the guided imagery CD’s in the pre-operative area the day of your surgery. Also, feel free to bring any of your own music on CD, Ipod or Mp3 player to help with relaxation. Guided Imagery CD’s are also available for purchase at the hospital gift shop.
DAY OF SURGERY

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.

• List of all your medications, you are currently taking, including over the counter medicines, herbal remedies, vitamins and diet pills.

• 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 their 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:

• Jewelry, body piercing, 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. Ephrata Community hospital is now a smoke-free campus. Smoking is prohibited on all hospital grounds.
DAY OF SURGERY

YOUR SURGICAL EXPERIENCE BEGINS

• Report to the Registration desk. Here you will be asked for your Photo ID, Insurance card, information on workers comp or auto claim if required, and 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.

• In the pre-surgical area you will be asked to change into a hospital gown and slippers. We will take your vital signs (blood pressure, pulse & temperature) and weigh you.

• Your clothing, glasses, etc. will be placed into a belonging bag and placed under your transport bed. Any valuables will 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).

• 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.
DAY OF SURGERY

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.

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 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.
DAY OF SURGERY

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.

  You must have someone to 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 prescriptions for you to take at home can be called in to a pharmacy of your choice. Any questions you have concerning your discharge can 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
- Dry beans, peas, nuts
- Poultry
- Soybeans products
- Pork
- Cheese, milk
- Fish
- Eggs

Below is a list of foods high in vitamin C

- Citrus fruit and juice
- Peppers
- Black currants
- Green leafy vegetables
- Papaya
- Strawberries
- Cantaloupe
- 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
- Increased swelling
- Redness
- Red streaks
- Pus drainage
- Increased bleeding
- Increased pain
- Tenderness
- Foul odor
- Heat
- Pain unrelieved by pain medication
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.

I. 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.

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

III. 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.

IV. 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 (Blue #3 Lot) off of Route 272. See map on page 6.

*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 9 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 9 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 9 for additional information.

Notes/Questions