

# **A GUIDE FOR THE SURGERY PATIENT**



**"Putting Veterans First"**

**HOUSTON  
VETERANS AFFAIRS MEDICAL CENTER  
OPERATIVE CARE LINE  
2202 Holcombe Blvd.  
Houston, Texas 77030**

**AUGUST 2002**

# WELCOME!

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**You and your surgeon have agreed that you need surgery. The purpose of this handbook is to help you prepare for your surgical experience at the Houston VA Medical Center (HVAMC). Having surgery is a very stressful event in one's life and it is our mission here at the HVAMC to make that experience as safe and comfortable as possible. It is natural to have many questions. We will try to answer those questions and give you a brief explanation of what to expect during your surgical experience.**

# INPATIENTS

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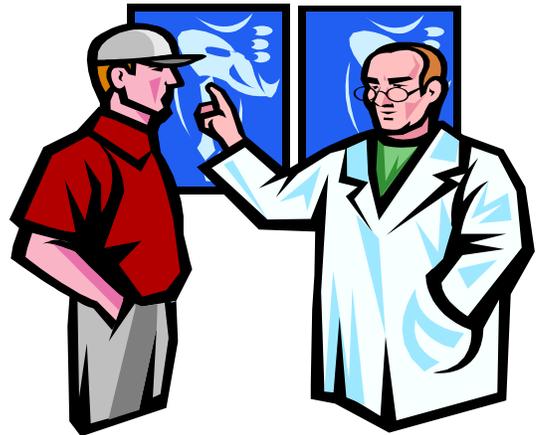


Inpatients are usually admitted the day of surgery and remain in the hospital for a few days. Occasionally, you may be admitted the day before surgery.

# OUTPATIENT SURGERY/PROCEDURE

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Outpatients are admitted the day of the surgical procedure and go home the same day to recuperate in the comfort of their home. You will start with your visit to the physician in the 5C-Surgery Clinics and then go to the Preoperative Screening Clinic.



Occasionally, a medical or surgical need may require an overnight stay in the hospital. If this occurs, your physician will discuss the situation with you.

# PRE-OPERATIVE SCREENING CLINIC VISIT

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The Pre-Operative Screening Clinic (POSC) is located on the 5<sup>th</sup> floor in Nursing Unit 5D. The POSC is available for all veterans scheduled for surgical procedures. The POSC Team consists of nurses, physician assistants, clerks, and a social worker. This team will answer all your questions, speed up your admission



process, help you to be better prepared for surgery, and reduce the amount of time spent in the hospital. The Preoperative Screening Clinic Team will explain tests, procedures, post-operative care, and pain management. In addition the team will assist in scheduling tests or procedures that your physician has ordered.

The team will also assist you in obtaining any preoperative consultations from other sub-specialties and will assist in making return appointments and getting needed prescriptions. Please share any questions or concerns you have regarding your pre-operative preparation or anticipated home care needs, such as transportation, home care assistance, or housing. You should request to see a Social Worker if you need assistance. This will help make your discharge home smoother.

## ADVANCED DIRECTIVE

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Advanced Directives are documents created to advise physicians of your health care decisions in the event you become mentally or physically unable to make those decisions yourself. Information will be provided to you when you see your healthcare provider in the Pre-Operative Screening Clinic. The social worker can assist you with completing the Advanced Directives' forms, if that is what you decide. If you would like to review the forms at home and discuss them with your family, by all means do so, but be sure to complete the forms before

surgery. You may contact the social worker at 713-794-7664 Ext. 6227 for assistance or to schedule an appointment.

## YOUR PRE-OP EXAM

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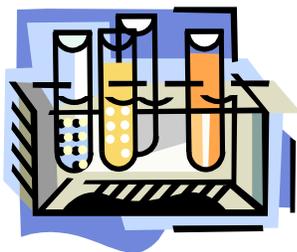
Your physician or physician assistant will ask you about your medical history and do a physical exam. Routine tests may also be done to check on the state of your health.



Blood tests provide information about your blood cells and body chemistry.



An ECG or EKG (electrocardiogram) offers basic information about your heart and how it is working.



Urinalysis (Urine Test) can help check your body chemistry and the state of your kidneys.

A chest x-ray can help determine if your lungs are safe for surgery and anesthesia.



# PREPARING FOR SURGERY



Since you will probably come to the VA Medical Center the day of surgery, you may need to do some preparation while still at home. It is extremely important to follow the instructions given to you prior to surgery regarding when to stop eating and drinking (including candy and chewing gum). You

should not take medications unless instructed to do so by your nurse or physician.

# REASONS FOR POSTPONING SURGERY

**IF ANY OF THE FOLLOWING CONDITIONS OCCUR BEFORE YOUR SURGERY DATE, PLEASE NOTIFY THE PREOPERATIVE SCREENING CLINIC TEAM AT (713) 794-7664 OR (713) 791-1414 EXT. 6798 OR THE SURGERY AMBULATORY CARE CENTER (SACC) AT 713-791-1414 EXT. 6131.**

<p>If you develop cold symptoms, fever or other illness</p> 	<p>If you have questions about your admission or surgery</p> 
<p>If an emergency arises, which may require canceling your surgery</p> 	<p>Please keep the lines of communication open.</p> 

## “DO”(s) AND “DON’T”(s) BEFORE SURGERY



1. **DO** bring all medications you are currently taking with you when you come to the Houston VA Medical Center for your surgical procedure. Medications will be reviewed for dosage, etc. by clinical staff and afterwards family members are encouraged to take the medications home.

2. **DO** take your blood pressure and/or heart medications with a small sip of water the morning of surgery.



3. **DO NOT** take blood thinners (Aspirin, Motrin, Advil, Ticlid, Plavix, or Coumadin)



one week prior to surgery or as instructed by your physician's.



4. An **enema** and/or **laxatives** may be given before abdominal surgery to clear the bowel, which reduces the chance of a bowel problem after surgery, i.e., prevents infection and speeds up healing.

5. **DO NOT SMOKE 24 - 48 HOURS PRIOR TO SURGERY.**



Try to quit or at least cut down a week prior to surgery.



6. **DO NOT** drink any alcoholic beverages 24 hours before surgery.



7. **DO** leave all your jewelry, and other valuables at home and wear light or no makeup.

**DO NOT** bring more than \$5.00 unless you need it for transportation home.

6. **DO** bring your VA Identification and Insurance Information.



7. **DO** wear loose-fitting comfortable clothing.



10. Acrylic nails/polish may be left on.



11. Contact lenses may **NOT** be worn during surgery. Bring a storage case for your contacts or wear eyeglasses that day.



12. **DO** arrange for your transportation to and from the medical center and someone to accompany you home.



**YOU WILL NOT BE ALLOWED TO DRIVE.**

13. **PLEASE BE ON TIME!**



## **SURGICAL AMBULATORY CARE CENTER (SACC)**

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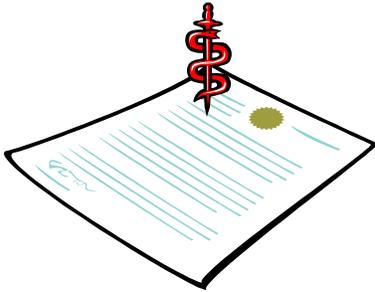


The Surgical Ambulatory Care Center (SACC) is located on the 5<sup>th</sup> floor, Nursing Unit 5H. On the day prior to surgery, a nurse from the SACC unit will call you. The nurse will go over the pre-operative instructions again with you, answer any questions you might have, and confirm with you the time you are to arrive in NU-5H for surgery. On the day your surgery or procedure is scheduled, you will go to NU-5H and check in with the clerk. A nurse will talk to you and have you put on a gown. Please remove all jewelry and dentures. Your surgeon and anesthesiologist will visit with you before you go to the Operating Room. An

intravenous line (IV) may be started to give you fluid and medication during your surgery.

## CONSENT FORM

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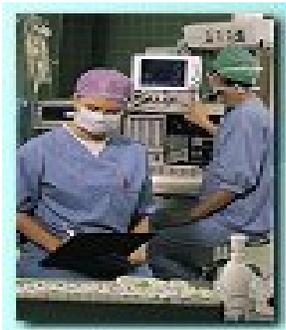


Your surgeon will explain the surgery and ask you to sign a surgical consent form giving him permission to perform the surgical procedure. This form will also serve as an acknowledgement that the surgeon has discussed the procedure with you. You will be actively involved in identifying the surgical site with your physician before the procedure is performed. The surgeon may use a skin marker or ballpoint pen to mark his initials on the site, if appropriate. This added safety measure will ensure that everyone is clear on what and where surgery is to be done. If you have any questions regarding the procedure or the consent form, please be sure to discuss these concerns with your physician/surgeon.



## ANESTHESIA

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An anesthesiologist (the physician responsible for putting you to sleep or giving medication to block the pain) will visit with you prior to your surgical procedure and obtain a brief medical evaluation of your overall health status. At the end of the pre-anesthesia evaluation, you will be informed as to what anesthesia you will receive.

# HOLDING AREA

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The Holding Area is where the surgical team makes final preparations for surgery. For your safety, you will be taken to the surgery holding area on a stretcher. The surgical team will check your chart and ask you some questions. In order to assure the correct surgery is performed, the patient, family member, or guardian will be actively engaged in identifying and marking the correct surgical site. You will stay in the holding area for your final check before going into the operating room.

# OPERATING ROOM

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The surgical team is made up of the surgeon, who is responsible for your overall care; the anesthesiologist and/or nurse anesthetist, who administers the anesthesia; the scrub nurse, who sets up the sterile



instruments; and the circulating nurse, who oversees your nursing care. When you get to the Operating Room you may notice that the lights are brighter and the temperature is cooler. The staff will be wearing green scrub suits and masks. You might also notice that the OR bed is narrow with a safety belt that will be placed over your legs to prevent you from falling. These things are done to make sure your procedure will be performed in a safe environment.

# POST ANESTHESIA CARE UNIT (PACU)

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Depending on the type of surgery you have, you will be taken to one of three places after surgery to recover - the Post Anesthesia Care Unit (PACU), Surgical Intensive Care Unit (SICU) or Surgical Ambulatory Care Center (SACC). Your physician will meet with your family to discuss your condition after surgery and answer their questions. If you receive general anesthesia, spinal anesthesia, regional anesthesia or IV sedation, you may be taken to the PACU after surgery. The nurse will use monitoring equipment to check your progress. The nurse will use a blood pressure cuff, a cardiac monitor (pads on the chest), and a pulse oximeter (placed on your finger to measure oxygen in your blood) to measure your vital signs. You will probably spend from one to several hours recovering in the PACU, depending on the surgery you have and anesthesia used. The PACU nurse and anesthesia staff determines when you can be taken out of the PACU. Depending on the type of surgery you have, you may first be taken from the PACU to the Surgical Intensive Care Unit before being transferred to your designated unit. If you are an inpatient, you will be taken to Nursing Unit 5E or 4B. Your family and friends may see you the same day of your surgery. Please ask a family member or a friend to pick up any personal items you left in Nursing Unit 5H.



# FAMILY WAITING AREA

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There are three waiting areas on the 5th floor.

- One is located close to the Surgery Suite, Room 5B-310. The phone number is (713) 791-1414, ext. 3550 or 8156.
- Another waiting area is located on Nursing Unit 5H, Room 5C-320 and the telephone

number is (713) 791-1414 ext. 6480.

- A third area is located outside the Surgical Intensive Care Unit (SICU) for family members of those patients who will be going to SICU. The telephone number for the SICU waiting room is 713-794-9632.

The surgeon will visit your family in the waiting room after the surgery is completed. If surgery takes a particularly long time, the surgeon or his designee will give the waiting family members an interim report. Waiting can make the day seem very long. If possible, family members should take turns staying in the waiting area while others take a break. A beverage vending machine is located in the elevator lobby in the west wing and at the end of the operating room near Nursing Unit 5E. There is a cafeteria, a pizza place, and a retail store on the first floor of the Medical Center. The Chapel is located on the second floor (to the left of the main elevators). A Chaplain can also be reached by calling the Chaplain Office at ext. 7125.

# VISITORS AFTER SURGERY

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PACU – Family members may check with the PACU nurses for status reports. The PACU does not have visiting privileges.

SICU – Visiting patients in the SICU is more restrictive due to the extent of the patient's illness and the care and rest the patient needs in order to recover.

Visiting times for patients in the SICU are for

15-minute intervals at the following times:

**9:00 AM      1:00 PM      5:00 PM      9:00 PM**

■ Two visitors are allowed at the bedside at a time. No children under the age of 15 are allowed to visit in the SICU. **ALL OTHER NURSING UNITS** – Visiting hours are from 11:00 AM to 9:00 PM

■ Immediate family members may visit a patient before surgery. In order for you to visit your family member prior to surgery you need to arrive at least an hour before the scheduled time of surgery.

■ Hospitals are for the care of very sick patients; therefore, there is a multitude of germs and bacteria. Children under 15 years of age are discouraged from coming to the Medical Center because of their inquisitive nature and their tendency to want to touch and investigate things that could harm them or spread bacteria to other sick patients.

■ Please check with the Nurse Manager to make arrangement for special visit needs.

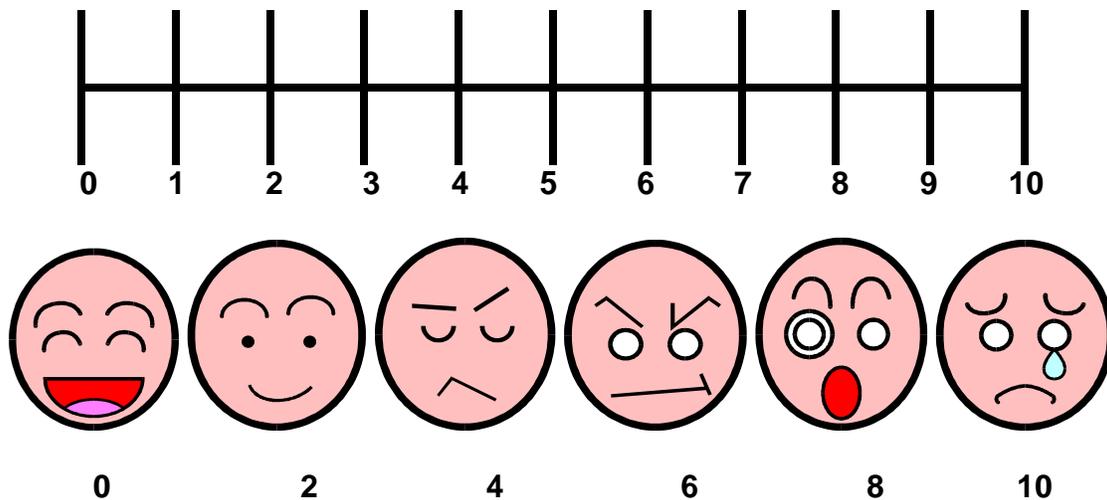
# PAIN MANAGEMENT

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It is not uncommon to have discomfort, pain or nausea after an operation. If you are in pain, you have the right to proper pain management. Talk to your physician or nurse about it. Here's why:

- NO ONE SHOULD HAVE TO LIVE WITH PAIN.
- THERE ARE MEDICATIONS THAT REALLY WORK.
- THE PHYSICIAN OR NURSE CAN'T HELP YOU UNLESS YOU TELL THEM ABOUT THE PAIN.

The pain scale below is used to help you describe your pain to the physician or nurse.



**NUMERICAL PAIN INTENSITY SCALE**

Medication is not the only way to relieve pain/discomfort. You can try other methods of discomfort/pain relief, such as:

- Exercise – stretching and walking helps to loosen you up.
- Back Rubs – help to relax your body, release tension, and lessen the discomfort.

- Distractions – reading, watching television, etc.
- Positioning in bed – use your pillows to pad sensitive areas.
- Turning – frequently turning from side to side.

It is important to remember that most of the pain you feel the first few days after surgery is incisional pain. Your physician will send you home with pain medication. Do not hesitate to take your pain medicine as prescribed so as to obtain the maximum benefit and safe use of the drug.

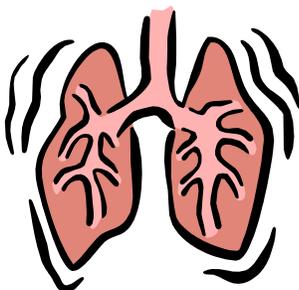
## YOUR RECOVERY

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Some patients (inpatients) will stay in the hospital after surgery so the physician and nurses can monitor their recovery. Other hospital staff, such as, occupational therapist, physical therapists, social workers, dietitians, and clergy, are available. All

other patients (outpatients) will be discharged the day of surgery and recuperate (heal and regain strength and activities) at home. Remember that activity helps circulation, and deep breathing prevents pneumonia and helps to speed recovery (Your doctors and nurses will tell you what activities you can safely do during the first few days after surgery).



**BREATHING AND COUGHING** – Deep breathing and coughing are important for all patients following surgery. Deep breathing expands the lungs, aids circulation, and helps prevent pneumonia. If you are recovering in the hospital, you may be asked to use a special breathing device (incentive

spirometer) to expand your lungs. The first time you are asked to cough will be the hardest. If you have had abdominal surgery, sometimes holding a pillow over the incision will provide support and decrease the pain.

**EATING** – Your digestive system may be slow after surgery.

If you are an inpatient, you may be fed with an IV tube after your surgery. Your diet will then gradually progress from liquids to solid food. If you are an outpatient recovering at home, be sure to follow your physician's orders.



**WALKING** - Walking wakes up your entire system. It helps pump blood and oxygen to all your cells, which will assist your body functions in returning to normal. Be sure to have someone assist you the first time you get out of bed, especially when you begin walking. First begin by sitting

on the edge of the bed, and then slowly stand up. If you feel unsteady, sit back down.

## **DISCHARGE PLANNING**

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When you are ready for discharge, your nurse will review all post-operative instructions with you and your family. It is important that you follow all instructions. You may feel weak and drowsy; therefore, you should not drive or make important decisions until at least one day following surgery or longer. It is essential that a responsible adult be present for your post-operative instructions,

to drive you home, and to care for you at home after surgery. You will not be allowed to drive or travel by yourself because you may still be feeling the effects of the anesthetic, which will result in slower reaction time and judgment.

## AT HOME AFTER SURGERY

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Your recovery process has begun. The success of your recovery depends on how well you follow your surgeon's instructions during the first few weeks after the procedure. We expect your recovery period

to be comfortable at home. If you have any problems or concerns that you believe warrant a physician's care, please call your surgeon, or call the hospital's triage number (VA Direct) 1-800-553-2278, Emergency Room (ER) 1-800-431-0570 or the nearest ER available.

Listed below are guidelines that will assist you in your care at home as well as a list of symptoms or conditions that warrant evaluation by a doctor:

- Take it easy and get plenty of rest.
- You are not expected to stay in bed. You should return to your normal activities gradually – according to your physician's guidelines.
- Eat a good diet of nutritious foods.
- Continue to cough and deep breathe to avoid lung congestion
- You should expect to experience some pain or discomfort after surgery. Your doctor will order medication to make you as comfortable as possible.

- **Take medicines as instructed by your physician.**
- **Wash your hands before touching your incision. Your incision should be kept clean and dry.**
- **Follow your prescribed exercise plan.**
- **Return for your scheduled follow-up appointment.**

### **WHEN TO CALL THE PHYSICIAN**

- **If the skin around your incision becomes red, swollen, with pus like drainage, or if your incision site feels more sore as the days go by.**
- **If you have a fever (over 100 degrees) or if you develop chills**
- **If you have excessive bleeding**
- **If you are unable to move a joint below the incision**
- **If you have numbness at the joint below the incision**
- **If you have persistent nausea and vomiting**
- **If you have persistent pain that is not helped by medicine or rest**
- **If you have any unusual problems or concerns**



## HELPFUL TELEPHONE NUMBERS

<b>5C - Surgery Clinics</b>	<b>713-791-1414, Ext. 2081, 6566, 6479, or 6602</b>
<b>Beaumont OPC Refill Request</b>	<b>1-800-454-1062</b>
<b>Beaumont VA Outpatient Clinic (BOPC)</b>	<b>1-800-835-7734 or 409-981-8550</b>
<b>Calls from Area Code 979,409,936</b>	<b>1-800-553-2278</b>
<b>Emergency Room (ER)</b>	<b>1-800-431-0570</b>
<b>Houston VA Medical Center</b>	<b>713-791-1414</b>
<b>Lufkin OPC Pharmacy Refill Request</b>	<b>1-800-454-1062</b>
<b>Lufkin VA Outpatient Clinic (LOPC)</b>	<b>1-800-209-3120 or 936-637-1342</b>
<b>Nursing Unit 4B</b>	<b>713-791-1414, Ext. 5319, 5320</b>
<b>Nursing Unit 5E</b>	<b>713-791-1414, Ext. 6303 or 6304</b>
<b>Ophthalmology Clinic</b>	<b>713-794-7450, Ext. 6602</b>
<b>Pain Clinic</b>	<b>713-791-1414 Ext. 6477</b>
<b>Pharmacy Refill Request</b>	<b>713-794-7648 or 1-800-454-1062</b>
<b>Pre-Operative Screening Clinic (POSC)</b>	<b>713-794-7664 or 713-794-1414 Ext. 6798</b>
<b>Social Work</b>	<b>713-791-1414, Ext. 6227</b>
<b>Surgical Administrative Office</b>	<b>713-794-7922 or 7521</b>
<b>Surgical Ambulatory Care Center (SACC) Nursing Unit 5-H</b>	<b>713-791-1414, Ext. 6131, 6144 713-791-1414, Ext. 6131, 6476</b>
<b>Surgical Intensive Care Unit</b>	<b>713-791-1414 Ext. 4661 or 6541</b>
<b>VA Direct (Telephone Triage)</b>	<b>1-800-553-2278</b>

## ***Bibliography***

1. ***Administrative guidelines for Surgical Ambulatory Care Center (SACC) Veterans Affairs Medical Center, Houston, Texas April 25, 1999.***
2. ***Burden, Nancy Ambulatory Surgical Nursing, W. B. Saunders, 1993.***
3. ***Baker, Robert W. "Successful Surgery", "A Doctor's Mind, Body Guide to Help You Through Surgery", Pocketbooks, 1996.***
4. ***Williams, Karen R., Stensaas, Janet K., "So You Are Having an Operation", "A Step-by-Step Guide to Controlling Your Hospital Stay", Prentice Hall, Inc. 1985.***
5. ***McCaffery, Mango. Pain: Clinical Manual/Mango McCaffery, Clinic Paseno, 2<sup>nd</sup> Edition, St. Louis; Mosby C/1999.***

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*Surgical Ambulatory Care Center (SACC) Staff*

*Operating Room Staff*

*Nursing Unit 5E Staff*

*Surgical Intensive Care Unit Staff*

*Anesthesiology Service*

*Surgery Clinic Staff*

*Post Anesthesia Care Unit (PACU) Staff*

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