

MISH SURGERY PREPARATORY GUIDE



Minimally Invasive Surgery Hospital
11217 Lakeview Avenue
Lenexa, Kansas 66219
(913) 322-7408
www.MISHHospital.com

Important Contact Information

Hospital:

Minimally Invasive Surgery Hospital 913-322-7408
Website www.MISHHospital.com

Your Doctor:

Doctor Name: _____

Doctor Office Number: _____

Make sure you know who your doctor is. Keep you doctors contact information close. When you are having problems related to your operation it is best to call the surgeon or doctor who did the procedure, if it is an emergency dial 911 and go to the closest emergency room. MISH is always available for questions to help direct you when you need help.

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Preparing for Surgery

Medicines

NSAID's

It is important to avoid aspirin and all aspirin-containing medicines, as well as NSAID's (Non-Steroidal Anti-Inflammatory Drugs) for at least 10 days prior to surgery (*Examples: Aspirin, Excedrin, Ecotrin, Bayer, Motrin, Ibuprofen, Aleve, Naprosyn, Advil, Nuprin, Rufen, Indomethicin, Relafen, Anaprox, Celebrex, Voltaren, Arthrotec, Dolobid, Lodine, Mobic, Daypro, Feldene, Vioxx, Clinopril, and Bextra*). Herbal medications such as St. John's Wort, Gingko Biloba, Garlic, etc, should be discontinued, as these have blood-thinning properties. Other herbal supplements such as Kava and Valerian Root are known to interact with anesthesia and should also be stopped at least 10 days before surgery. Again, remember to tell your surgeon all the medicines and herbal supplements you are taking. Do not forget to check the label of your multivitamin; many times they can contain herbal supplements as well. Remember to check all labels of over-the-counter medicines, since certain over-the-counter medicines can contain aspirin, too. If in doubt, please check with your pharmacist, doctor or read the label.

Tylenol is safe to use any time.

Hormones

If you are taking Replacement Hormones or Birth Control Pills it is a good idea to stop them a month before your surgery. Stopping these drugs will help reduce your risk for developing blood clots in your legs.

Steroids

Steroids such as prednisone, solumedrol and other, may need to be stopped before surgery. Please discuss with your surgeon.

Blood Thinners

If you are taking Coumadin, blood thinners or other Anti-Coagulating Agents (Plavix, Lovenox, Heparin) arrangements will have to be made to stop them before your surgery date. When you visit with the surgeon this will be discussed with you at length. These drugs prevent clotting and can cause bleeding that is difficult to control.

Tobacco

Tobacco. Since smoking hinders proper lung function, it can increase the possibility of anesthetic complications. Smoking can increase your risk of complications such as deep vein thrombosis (blood clots in the legs). Smoking also reduces circulation to the skin and organs this impedes healing of staple lines. Patients are recommended to stop smoking eight weeks before surgery. Smokers who undergo anesthesia are at increased risk for developing cardiopulmonary complications (pulmonary embolism, pneumonia and the collapsing of the tiny air sacs in the lungs), leaks at staple lines and connections and infection. Besides the well-known risks to the heart and lungs, smoking stimulates stomach acid production, leading to possible ulcer formation. Patients must agree to permanently refrain from smoking after surgery. Please refer to our Quit Smoking Guide on our website under "Patient Corner" for detailed help on how to quit smoking.



Bowel-Prep before Surgery/Procedures

Not all operations require bowel preps. Your surgeon will inform you when it is required and provide you with the necessary information. Most bowel preps start the day before surgery.

If you are ill before surgery

Should you develop a cold, persistent cough, fever, skin breakdown/infection or any changes in your condition during the days before your surgery, please notify the surgeon immediately. You will need to be re-evaluated for surgical readiness. You need to be in the best possible shape for anesthesia. Scheduling can be adjusted to your condition if necessary.

Hospital Pre-admission visit

When possible your surgeon will complete the pre-admission testing and most of the registration thru the doctors office. Hospital patient education videos may be completed on line for your convenience. Please see PATIENT CORNER, PREPARING FOR SURGERY section of our website to complete the patient videos. Often a pre-operative visit to the hospital can be avoided with your surgeons and your cooperation. Specific registration, patient information and permission forms that will be required for you to sign can be completed on the day of your surgery.

Please review any instruction sheets that have been given to you at this time.

Pre-Op Nurse Phone Call

The week prior to your surgery the nurse will call you. The nurse will inform you about the time that you will need to arrive to the hospital and the time of your operation. She/he will also go thru a list of questions and reminders for example:

- Do not eat or drink after midnight the night prior to your surgery
- Bring all your medications with you
- Bring your insurance cards and ID
- If you have a CPAP or BIPAP, bring it with you to the hospital
- Females will be asked to provide a urine specimen for a pregnancy test on arrival (do not void till specimen collected)
- Wear loose fitting clothing
- Do not bring any valuables
- Stop taking aspirin and NSAID prior to surgery
- If you have a living will or advance directive those will need to be provided on arrival
- A responsible adult will have to drive you home from the hospital
- Bring a carry case for your dentures and contacts lenses
- Will any special mobility aids be required?
- Are there drug allergies that we need to be aware of?

At this time any further questions you may have may also be answered, and any special requests or needs should be addressed.

What to Bring to the Hospital

It is recommended to bring only the bare necessities to the hospital. Do not bring any jewelry or more than \$10 cash. You may want to bring a picture of a family member, friend or pet to help you relax.

There are a few other things that may make your stay a little more comfortable:

- Small overnight bag with toiletries such as toothbrush and toothpaste, soap, shampoo, lotion and contact lens case and solutions
- Bathrobe
- Address and phone book of loved ones
- Lip balm

- Comfortable, loose-fitting clothes to go home. Clothes that are easily removed and easy to slip on are best.

The ride home

Upon discharge from the hospital a responsible adult will need to pick you up from the hospital to take you home. Please make arrangements for a ride home in advance. We cannot send you home in a Taxi, unless you are accompanied by a responsible adult.

Your Surgery Day

Miscellaneous

You may bring anything to make your stay more comfortable: favorite pillow, blanket, bathrobe or slippers. The day before your surgery make sure you review the instructions provided to you for your specific procedure. Most patients are asked to stop eating and drinking at midnight. Do not forget to pack your medications, CPAP or Bi-PAP machine and any other medical equipment that you may need.

You will be asked to arrive at least 90 minutes to 2 hours before your scheduled procedure time. Please be aware that patient care is unpredictable - unexpected delays in the schedule may occur. Our staff will try to call you if the delay is longer to reduce your wait time. Please feel free to call and verify the start time of your surgery/procedure.

Registration

You will need your insurance cards and drivers license. After completing your registration paperwork, please give all your valuables, wallet and/or purse to your family. Once you are registered the nurse will take you to the pre-op area to get ready for surgery.

Pre-Op Area

In the pre-op area you will be prepared for your procedure. An IV will be started, and you will meet anesthesia and your surgeon. Medications will be given and the necessary consent forms reviewed with you. Your family is welcome to stay with you once all the preparations are completed till you go back to the operating room.

At Check-in, you will be asked to change your clothing and put on a hospital gown and slippers. If you wear dentures, corrective lenses, or hearing aids you will be asked to remove them for safety reasons. Please bring your own carry case containers if possible.

Please take active participation during patient verification. Staff will verify with you that you are the correct patient undergoing the correct operation.

Your blood pressure, pulse, respiration, oxygen saturation, temperature, height and weight will be measured. An intravenous (IV) line will be placed in your forearm. This allows fluids and/or medications into your blood stream. You may also be given some medicine to help you relax. Your family may also stay with you in the pre-op area till the time of surgery. If your family decides to stay for the duration of your surgery we will be glad to accommodate them in our lobby and the surgeon after the operation will inform them on how the operation went. Your family will not be able to see you till the patient is discharged from PACU or the patient nursing floor. Routinely family is not allowed into the recovery room.

Anesthesia

Most surgeries require sedation and/or general anesthesia. When general anesthesia is used, you will be sound asleep and under the care of anesthesia throughout the operation. Once you are settled on the operating table, you will be connected to several monitors and an intravenous (IV) catheter. A quick acting sedative will be given through the IV tubing after you have breathed pure oxygen for a few minutes. Once you fall asleep, your anesthesia team will slip an endotracheal tube through your mouth into your windpipe to guarantee that your breathing is unimpeded. An anesthetic gas and other medications will keep you asleep and pain free during the operation.

Many patients have an instinctive fear of anesthesia. Extremely sensitive monitors used during surgery have greatly reduced the risks of anesthesia. A minute change in the oxygen level in your blood, in the amount of carbon dioxide you breathe out, in the percentage of anesthetic gas being administered, in your heart rate, or in your blood pressure would be reported immediately. Most complications of anesthesia in the past have occurred because of "simple" problems that were not recognized quickly enough. The sophisticated monitoring system now used makes recognition and treatment of problems with anesthesia almost immediate.

Anesthesia will discuss the specific risks of general anesthesia with you before your surgery.

If you have a CPAP or BiPAP machine please bring it with you on the day of your operation.

Remember nothing to eat or drink after midnight (the night prior to your operation) except for a small sip of water in the morning to take your meds with as instructed by the surgeon. Anesthesia may cancel your surgery if you have eaten or drank.

The Operating Room

Going to the Operating Room (OR) is not a normal experience for most of us. Your surgical team recognizes the natural anxiety with which most patients approach this step in the process to achieving their goals. Reading this preparatory guide as well as the content on our website will help relieve a lot of the stress that is associated with surgery.

Once you enter the OR, the staff will do everything they can to make you feel secure. The nurses working with you in pre-op will also be assisting your surgeon during surgery. Medicines that will make you drowsy will flow through the tubing into a vein in your forearm. At the same time, to ensure your safety, anesthesia will connect you to monitoring devices.

After you are asleep, a urinary catheter may be placed into your bladder if you are undergoing a longer operation.

Your surgical team will take excellent care of you! When your surgery has been completed, you will be moved to the Recovery Room.

The Recovery Room (PACU)

Your stay in the recovery room will be about an hour or two. You will be closely monitored, during this period. Recovery Room nurses will remain with you at all times. Once the sedation has worn off and your vital signs are stable, you will be either discharged home or transferred to the floor for further recovery.

Most patients have very little memory about their stay in the Recovery Room. It is common for patients to be drowsy and sometimes confused when they first wake up.

Please note: For patient safety reasons families are not allowed into the recovery room.

The Floor

Most patients require at least one night in the hospital. Patients undergoing laparoscopy or minimally invasive surgery usually have a shorter hospitalization compared to traditional open surgery. When you return to your room after surgery, you will continue to be closely monitored by your nurse.

Along with periodic monitoring of your vital signs (blood pressure, pulse, temperature, respirations and oxygenation), your nurses will encourage and assist you in performing deep breathing, coughing, leg movement exercises, and getting out of bed after surgery. These activities prevent complications. Be certain to report any symptoms of nausea, anxiety, muscle spasms, increased pain or shortness of breath to your nurse. To varying degrees, it is normal to experience fatigue, nausea and vomiting, sleeplessness, surgical pain, weakness and lightheadedness, loss of appetite, gas pain in the early days and weeks after surgery. You may discuss specific medical concerns with your surgeon.

With the help of your nurse, you should sit up and dangle your feet and then stand at your bedside first prior to walking right away. Once you feel you have your balance you will be asked to walk several times on the night of your operation. Yes, it will hurt, but each time you get out of bed it will get easier. Each day you will notice your strength and stamina returning, with less and less pain. After that, you will be required to walk frequently and to do your leg and breathing exercises hourly.

Changing positions in bed, and walking promotes good circulation. Good blood flow discourages the formation of blood clots and enhances healing. The floor nurses will remind you to do so. It is very important that you try your best and do as much as possible. Getting up, walking and doing your post-operative exercises will speed up your recovery and minimize complications.

Exercises that Speed up your Recovery

To enhance your recovery your nurse will instruct you in coughing and deep breathing, turning in bed and exercising your feet and legs. You will be shown how to use an *"incentive spirometer"* to help you expand your lungs. Coughing and deep breathing is important so that you will loosen any secretions that may be in your throat or lungs and to help prevent pneumonia.

Deep breathing also increases circulation and promotes elimination of anesthesia.

⇒ The proper way to deep breathe and cough is to follow these steps:

1. Inhale as deeply as you can and hold it in
2. Hold in your breath for at least two seconds
3. Exhale completely
4. Take a break
5. Repeat the above steps three times
6. Remember to cough. The cough should come from the abdomen, not from your throat. Hold your pillow on your abdomen for pain minimize.

Exercising your feet and legs is important for promoting good circulation to prevent blood clots.

⇒ The proper way to exercise your feet and legs is to follow these steps:

1. Point your toes toward the foot of the bed (like pressing down on a gas pedal).
2. Point your toes up and over toward your head as far as you can go – should feel discomfort in your calf muscle.
3. Circle each foot at the ankle a few times.
4. Repeat three times.

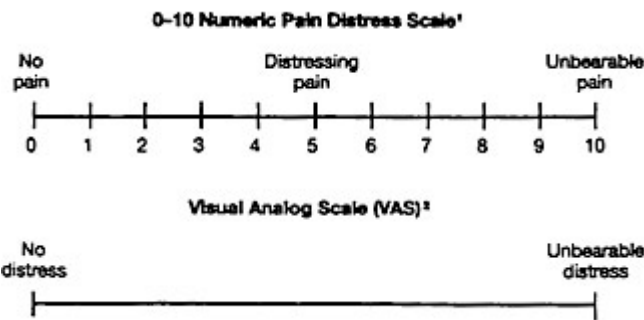
These exercises should be repeated at least once every hour after surgery.

Pain Control

You may feel pain where the incisions were made or from the positioning of your body during surgery. Some patients can experience left neck and shoulder pain after laparoscopy – trapping of gas under the diaphragm. Your comfort is very important to your medical team. Although there will always be some discomfort after an operation, keeping your pain under control is necessary for your recovery. When you are comfortable you are better able to take part in activities such as walking, deep breathing and coughing. These activities are imperative in order to recover more quickly.

If you are feeling pain after surgery, you will be able to push a button on a cord to administer pain medication to yourself. This method of administration is called “*patient-controlled analgesia*” (PCA). As soon as you are able to tolerate fluids, your medical team will add oral liquid pain medication.

Please remember that you will not be bothering the staff if you are asking for pain medicine! Your nurses and doctors will ask you to pick a way that you can describe your pain. This is done to ensure uniform language. Two helpful ways to describe pain include the number scale (0 to 10 scale: 0= no pain, 10=the worst pain possible) or you can use words (none, mild, moderate, severe). Here are some examples of what the pain scales look like:



⇒ No matter which form of pain control you receive, PCA or liquid, here are some pointers to help you be more comfortable:

1. Tell your nurses and physician if you are having pain, particularly if it keeps you from moving, taking deep breaths, and generally feeling comfortable.
2. Everyone is different, so keeping your nurses informed about how you feel will help them help you.
3. Plan ahead for pain; if you are comfortable lying down, you may still need pain medication to get up and walk around.
4. Keep ahead of the pain. Don't wait for the pain to be at its worst before you push the PCA button or ask for pain medicine. Pain medication works best when used regularly.
5. The risk of becoming addicted to pain medicine is very low when it is used for a specific medical purpose, such as surgery.

Please see the “Safe Use of Pain Meds” guide on our website under “Patient Forms” for more information about pain medication and pain control.

Wound Care

No matter how your wound was closed, it is important to keep the wound clean and dry to promote faster healing. Soaking is contraindicated during early wound healing (baths). You may shower only. Ask your surgeon for the official “go ahead” before you soak in a tub or pool.

Despite the greatest care, any wound can become infected. Hand hygiene during wound care greatly reduces wound infection risk. If your wound becomes reddened, swollen, leaks pus or has red streaks, or yellow/green, purulent and/or odorous drainage, feels increasingly sore or you have a fever above 100.5°F, you must report to your surgeon right away.

Avoid using antibiotic ointments or occlusive dressings unless instructed to do so.

Going Home

Your date of discharge will be determined by your surgeon based on your individual progress. Prior to your discharge, specific dietary and activity instructions will be reviewed with you, along with precautions and situations when your surgeon should be notified. Discuss your going home concerns with your nurse or doctor. Look in "Patient Corner" on our website for more information on discharge instructions.

Please give some thought to your living environment. Are there many steps in your home? Is your bedroom upstairs? How accessible is your bathroom? Please tell the hospital staff about your living environment so they can prepare your going home with your specific needs in mind.

Always call for fever, unexplained shortness of breath, increasing pain, persistent nausea and/or vomiting, inability to keep fluids down or stay hydrated, chest pain, a fast heart rate, leg swelling and/or change in the JP drainage color or character.

Follow-Up

Most follow-up appointments are within the first 7 to 10 days after surgery. Please contact your surgeons office or speak with your surgeon, when he/she would like to see you back after surgery.