

Carl R. Darnall Army Medical Center Surgery Guide

Contents

- Carl R. Darnall Army Medical Center Surgery Guide** 1
- Welcome**..... 1
- Definitions**..... 2
- Preoperative Appointment**..... 2
- What To Bring To Your Pre-Op Appointment**..... 2
- Preoperative Checklist**..... 3
- The Night Before Surgery** 4
- Surgery 4
 - The Day of Surgery 4
 - Valuables..... 5
 - Arriving at the Surgical Processing Center for Surgery 5
 - Anesthesia..... 5
 - Your Surgery..... 7
- Recovery..... 7
 - After Surgery 7
 - Back in Your Room 8
 - Coughing, Deep Breathing & Leg Exercises..... 8
 - Pain Management..... 9
 - Questions You Should Ask Your Surgeon..... 10
 - Additional Instructions..... 10
 - Back at Home 11

Welcome

The staff at Carl R. Darnall Army Medical Center are looking forward to caring for you or your family member during surgery. We perform over 450 surgeries a month using modern equipment and highly trained doctors and nurses. We are anxious to answer your questions and make your stay as pleasant as possible.

Definitions

Surgical Processing Center (SPC)

The Surgical Processing Center organizes all the documentation needed before your surgery. The process consists of a nursing assessment, anesthesia evaluation, laboratory, EKG, physical therapy, and CXR (which ever is applicable based on your surgeon's orders).

Ambulatory Procedure Unit (APU)

A unit within SPC. The APU provides nursing care for patients after they leave the recovery room until the time they are released to home if they are same day patients. The APU is located next to the SPC. Ambulatory surgery patients register with the APU the morning of surgery, have surgery, complete the recovery process and then are prepared to go home with their escorts.

Inpatient Same-Day Admission

Same-day admission is when a patient is admitted to the APU the morning of surgery, then transferred to a surgical nursing ward after surgery. Patients may be admitted for further observation or because post surgical criteria has not been met. These patients stay over in the hospital and are discharged the next day.

Inpatient

A patient who is going to be admitted to the hospital after surgery.

Preoperative Appointment

Your clinic must schedule a pre-operative (pre-op) appointment in the Surgical Processing Center before your surgery. The Surgical Processing Center is on the third floor. The phone number is 288-8642/8645.

Allow approximately 2 - 4 hours for your pre-op appointment!

You will be interviewed by several people during this appointment:

1. Patient Administration Specialist: pre-registers you for surgery, obtains insurance information, and provides information on daily charges, patient rights, and advance directives. Located in the Admission office on the 1st floor.
2. Anesthesiologist or Nurse Anesthetist: will discuss your anesthesia options for surgery. Anesthesia is the type of pain relief and relaxation you will receive for your procedure. Located on the second floor.
3. Surgical Processing Nurse: reviews presurgical instructions and provides patient education. Located on the third floor.

What To Bring To Your Pre-Op Appointment

- **Outpatient Records:** Don't forget these. Your anesthesia provider needs information from your records in order to discuss the best anesthetic for you.
- **Civilian Physician Records:** If you are being seen by a civilian physician, please bring copies of those records, especially if they have information about any heart problems or other serious medical conditions.
- **Records from the Veterans Administration:** The VA may make copies of your records that you can bring with you for your appointment. Specifically, bring copies of tests you've had done related to your heart and lungs. For example: electrocardiogram (EKG), treadmill test, echocardiogram (ECHO), cardiac catheterization, and pulmonary function tests.
- **Details of Prior Problems With Anesthesia/Or Family Problems With Anesthesia:** If you or anyone in your family (blood relatives-mother, father, brothers, sisters, aunts, uncles, children) have had major problems with anesthesia, please obtain those records and let anesthesia know. Some of the problems might be heart stopping, unexplained fevers or muscle contractions, or dark colored urine. If records are unavailable, obtain a phone number of someone we can contact for the details, such as the anesthesiologist, surgeon, or hospital record room.
- **List of Your Medications:** Your anesthesia provider needs to know the medications you are taking. This includes all prescribed and over the counter medications, vitamins such as herbal or diet supplements and weight loss products. Some medications interact with anesthesia. Do not take aspirin, Alka Seltzer, Excedrin, Motrin, Ibuprofen for two weeks prior to your surgery unless approved by your surgeon.

If you have any questions related to what paperwork or records you need to bring to your appointment, please call the Surgical Processing Center at 288-8642/8645.

Preoperative Checklist

A clerk in the Surgical Processing Center will give you a preoperative checklist of things you need to do. Some of are explained below:

- Your surgeon may order blood work that is required for your surgery. This can be done at the main outpatient lab on the 1st floor.
- If your surgeon requires a Type and Screen or Type and Cross blood work, this must be done no earlier than 72 hours prior to your surgery. This can also be done at the main lab.
- All females under the age of 50, or who are still having periods, require a urine pregnancy test. This must be performed 72 hours prior to surgery and can be done at the main lab.
- If you are 40 years of age or older, or have a heart problem, you'll have an electrocardiogram (EKG) done in the Internal Medicine Clinic on the 4th floor.
- Your surgeon may have other specialist physicians evaluate you prior to surgery, for example the cardiologist, pulmonologist, nephrologist etc. Your surgeon will coordinate this for you if needed. You must bring a copy of the doctor's evaluation with you for your preoperative appointment.
- You may also require X-rays prior to surgery. Your surgeon will order these for you. Radiology is located on the 1st floor.

- If you are having an orthopedic procedure, your surgeon will tell you if you need to visit the brace shop or physical therapy prior to surgery.
- If you develop a change in your health, such as a sore throat, fever, persistent cough, or runny nose, you should notify your surgeon before your surgery. If a cut, burn, scrape, rash or infection develops around the area to be operated on, notify your surgeon. Any changes in health status must be notified to the clinic or to the APU as soon as possible.

The Night Before Surgery

- Call the Surgical Processing Center between 3:00 p.m. and 6:00 p.m. the day before surgery. (254) 288-8650/8651. The staff will tell you what time to report to the Ambulatory Procedure Unit on the day of your surgery. If your surgery is on Monday, call the APU Friday afternoon because the unit is closed on weekends and holidays. The reporting time is not the start time for surgery. A brief period of time must be allowed to prepare you for surgery.
- It is very important that you follow the directions given by the anesthesiologist for fasting (any solid foods or clear liquids).
- During your SPC appointment, the anesthesiologist or nurse anesthetist will tell you what medications you can take the morning of your surgery. You may take this medication with a small sip of water.
- If you forget, and do not follow the above guidelines related to eating and drinking before surgery, your procedure may be delayed or canceled. It is too dangerous to proceed with anesthesia with food or liquid in your stomach. This could passively come up from your stomach and get into your lungs under anesthesia. As a result, you could get life-threatening pneumonia.

Surgery

The Day of Surgery

- Timely arrival at the Ambulatory Procedure Unit (APU) unit is essential so that we may adequately prepare you for your surgery. If you anticipate a delay, please call and inform the staff. Reporting late may require rescheduling your surgery.
- If the anesthesiologist or nurse anesthetist told you to take medications the morning of surgery, do so with a small sip of water.
- Bathe or shower the morning of surgery (if not done the night before). Please do not apply lotions, deodorants, talc powder, or oils to your skin. You may brush your teeth.
- Remove ALL jewelry to include any body piercing.
- If you wear contact lenses, eyeglasses, or dentures, bring appropriate storage containers. They must be removed before you go the operating room.
- Please bring canes, crutches, walkers, hearing aids, with you.
- Do not wear nail polish or make-up and avoid elaborate hairdos. Things like mascara can be dangerous to your eyes under anesthesia. All hairpins and barrettes must be removed before surgery.
- Wear loose fitting clothing that will be comfortable after surgery.

- Please be aware that there may be a delay in your surgery due to emergencies in the operating room.

Valuables

Please do not bring valuables such as money or jewelry to the hospital. Due to security reasons and limited storage space, escorts or family members are encouraged to hold (secure) patient's personal items. Same-Day Admission patients should have a relative or friend bring their personal items to the hospital room after surgery.

Arriving at the Surgical Processing Center for Surgery

- The nursing staff will be there to greet you and prepare you for surgery. The staff will ask you many questions, some of which have been asked before. Sometimes duplication of questions helps us take good care of you. The staff will double check that you have followed all instructions about eating and drinking before going to the operating room.
- Your vital signs will be taken (blood pressure, respiration, temperature, and heart rate).
- You will be asked to change into a hospital gown. Underwear may have to be removed.
- When it is time for your surgery, someone will escort you to the operating room (O.R.) holding area. At this time you will meet your operating room nurse and anesthesia provider. They will ask you many of the same questions and address any concerns or questions that you may have.
- One family member may accompany you to the holding area. This room is a restricted access area and your family member or significant other must stay at your bedside. Food and drinks are not allowed in this area.
- An intravenous line (I.V.) may be started once you arrive in the operating room holding area. An I.V. is a small plastic tube placed in one of your veins in order to administer fluid and medications.
- The waiting area for families is on the 2nd floor by the operating room. This is the best place for families to wait after the procedure. The surgeon will go to this waiting area and speak with the family or significant other.

Anesthesia

The type of pain relief and relaxation you will receive for your surgery.

Types of Anesthesia

There are three main types of anesthesia: general, regional, and local with sedation.

General

General anesthesia affects the entire body. You are put to sleep by medications given through your I.V. or by inhaled gases. You may require a breathing tube which passes through your mouth to your windpipe. This is placed after you are asleep and removed as you are waking up.

Regional

Regional anesthesia affects only a section of the body like your arm, wrist, or from the waist down. Nerves are numbed in the area of the surgery. Your brain is not affected, so you remain awake. Sedation or medication can be given through your I.V. to make you sleepy (but not totally unconscious) before, during, and after your regional anesthesia. Examples of regional anesthesia are: epidural, subarachnoid block (spinal), Bier Block, Axillary Block, or Interscalene Block.

Epidural

An epidural is given to many pregnant women for labor and for many surgeries. A small area of your back is cleaned with an antiseptic soap. This area is numbed with local anesthesia (similar to what a dentist uses to numb your gums). Through this numb area a needle is placed into the epidural space (area outside of where the nerves are). A small tube is placed through the needle into this space and the needle is removed. Local anesthesia is injected through the tube or catheter to make you numb from about the chest down. The catheter stays in for surgery so that medication can be periodically injected. In some cases, this catheter can be left in place so that pain medication can be injected after surgery.

Spinal

Same procedure as an epidural except the local anesthesia is injected into a different space in the back (the subarachnoid space). This is the space where the fluid is that surrounds the nerves. A catheter is not left in place.

Axillary Block and Interscalene Block

These are used for surgeries on the shoulder or arm. The local anesthetic is injected into a bundle of nerves to numb the shoulder or arm.

Bier Block

Anesthesia for very short surgeries on the hand or wrist. A tourniquet is placed around the upper arm and inflated. The anesthesia is injected into a vein in the arm to numb the area below the tourniquet.

Local with I.V. Sedation

Your anesthesia provider will give you medication through your I.V. to relax you. You will feel very sleepy. Your surgeon will inject local anesthesia into your surgical site.

Can you choose your anesthesia?

Some surgeries require a specific anesthesia. Your health may also influence which type of anesthesia is best for you. Your anesthesia provider will offer you a choice of anesthesia whenever possible.

Who administers anesthesia?

A Certified Registered Nurse Anesthetist (CRNA) or a physician Anesthesiologist administers all anesthetics at Carl R. Darnall Army Medical Center. Both specialists have received extensive training in administering all forms of anesthesia and conscious sedation.

Does anesthesia have risks?

Like any medical procedure, anesthesia has certain risks. These will be explained to you during your pre-operative appointment.

Your Surgery

- When it is time for you to go to the operating room (O.R.), you will be escorted to the holding area on the second floor. This is a waiting area for patients going into the O.R.
- You may have one person stay with you until you actually go into the O.R. Children under the age of 18 may have one or both parents with them. Food and drinks are not allowed in the pre-op holding area and Recovery Room.
- You will meet your anesthesia providers and operating room nurse in the holding area. If you do not have an intravenous line, one will be started.
- Your anesthesia provider will most often give you a small amount of medication through your I.V. to relax you.
- You will be taken into the operating room on a gurney (bed on wheels). The operating room is cold and bright and all of the staff wear hats and masks.
- Once in the O.R. and on the operating room bed, routine monitors will be attached to you to monitor your vital signs: heart rate, blood pressure and respiration. You will be given oxygen to breathe through a clear mask or through small prongs placed near your nose, prior to your anesthesia.
- Once your surgery is completed, you will be transported to the recovery room, also called the post anesthesia care unit (PACU).
- Family members will be directed to the CCU/Surgery waiting room located on the second floor. You may check on the status of your family member by calling 288-8550 (if you are outside the building) or 8550 from any phone within the facility.
- The Recovery Room staff will check for family and friends in the waiting room before moving you to a room.

Recovery

After Surgery

- Once you are in the recovery room (Post Anesthesia Care Unit), your surgeon will talk to your family members about your surgery.
- No visitors are allowed in the recovery room. Because patients in the recovery room require close nursing attention and to ensure patient confidentiality, visitors are not allowed in the recovery room. Exceptions are made for children under 18 years of age and patients requiring an interpreter.

- The recovery room nurses will monitor your vital signs (blood pressure and heart rate) every 5 minutes. They will also administer medications for pain and nausea if you are uncomfortable. The nurses will also encourage you to take deep breaths and cough.
- Once you are awake, you will be transferred back to the Ambulatory Procedure Unit or to a ward if you are to be admitted. The staff will stop by the waiting room to see if any family members or friends are waiting for you. Your family members can join you at that time.

Back in Your Room

- Once you are back in your room, the nurses will take your blood pressure and heart rate. They will check your bandages and try to make you as comfortable as possible. If permitted by your surgeon, you will be offered something to eat or drink. You must call the nurse the first time you get up. In order to keep a safe environment, the nurse will assist you to go to the bathroom and to walk.
- You will be encouraged to increase your activity and resume your independence as soon as possible.
- Each patient responds to anesthesia differently, so we cannot tell you exactly when you will be sent home. Plan on being at the hospital the entire day.
- Before you are sent home, the nurses will want to see that you are able to drink fluids, walk steadily without being dizzy, and empty your bladder. The nurses will also evaluate your pain level before you are sent home.
- If you are going home the same day as your surgery, your escort can help you prepare for your discharge. The escort can pick up any prescriptions for you at the pharmacy in the basement. He/she must have your ID card. The pharmacy closes at 6 p.m., so be sure your escort returns to the hospital by 5 p.m.. Parents must stay with children under the age of 14.
- Your nurse will go over all of your surgeon's discharge instructions with you and your escort.

Coughing, Deep Breathing & Leg Exercises

- It is important to breath deeply, cough, and move your legs after surgery, especially if you will be in bed for a long period of time. These exercises help prevent pneumonia and problems with your circulation if you become an inpatient.
- Please check with your surgeon or nurse to get approval to do these exercises. Patients who had nose surgery, eye surgery or their tonsils removed should not cough.
- Do these exercises five times every hour that you are awake.

Deep Breathing

1. Sit on the side of the bed or raise the head of your bed.
2. Bend your knees slightly and relax your stomach muscles.
3. Place your hands over your stomach.
4. Take a deep breath through your nose. You should feel your hands move outward.
5. Breath out slowly through your mouth. This will flatten your abdomen and lower your hands.

Coughing

1. Sit up in bed or in a chair.

2. If you are in bed, slightly bend your knees.
3. Take two deep breaths and exhale slowly.
4. Take a third deep breath, hold it, and cough forcefully from the chest to bring up any mucous.
5. If you have an incision in your abdomen or groin, place your hands or a pillow along the sides of the incision while you cough. This will help to support or "splint" the area.

Leg Exercises (while lying in bed)

1. Bend the toes, curling them downward and hold for one second. Stretch the toes upward, hold for one second, then relax. Both feet can be exercised at the same time.
2. Rotate your feet in a circular motion five times; then rotate them in the opposite direction five times.
3. Bend your ankles upward by pointing your toes toward your head. Extend the ankle by pointing your toes toward the end of the bed.
4. Bend your leg at the knee, sliding your foot up as close as possible to your buttocks. Straighten out your leg letting the heel of your foot slide along the bed. Repeat this with your other leg.
5. Do all of the leg/foot exercises five times each hour while you are awake.

While you are in bed, it is important to carefully turn or change your position every two hours while you are awake. Your nurses will gladly help if you need assistance.

Pain Management

The amount of pain you have after surgery often depends on the type of surgery you have. Your doctor and nurses want to make sure you are as comfortable as possible. There are several ways to receive your pain medication after surgery:

By Mouth

Pain medication may be given as tablets, capsules, or liquids for you to take by mouth. Most patients are discharged from the hospital with a prescription for oral pain medication.

As a Shot or Injection

The nurses may give you your pain medication as a shot into a large muscle in the arm, leg, or buttocks. Pain medication is given by this route if a patient does not have an intravenous line.

In the Vein (intravenously)

Pain medication may be injected periodically into the IV tubing.

Patient Controlled Analgesia (PCA)

With PCA, the patient can control the administration of pain medication through the IV. A special pump is programmed by the nursing staff to give you an amount of pain medication that is safe for someone your size, age, and diagnosis or type of surgery. You will be given a button

that is attached to this pump. You can press the button to give yourself a dose of pain medicine when you hurt. The rate may be readjusted to keep you comfortable.

Patient Controlled Epidural Analgesia (PCEA)

This method of pain management is used after major chest, abdominal, or lower extremity surgery. The anesthesia care provider puts a very small tube into the space surrounding the nerves in your back. A special PCEA pump is programmed to deliver pain medication continuously into this space which provides for continuous pain relief. You will also be given a button that you can press to give yourself a dose of pain medication when you hurt. If you have PCEA after surgery an anesthesia care provider will see you daily to evaluate the effectiveness of your pain control.

Start walking, do your breathing exercises, and get your strength back more quickly. Patients whose pain is well controlled seem to do better after surgery.

Questions You Should Ask Your Surgeon

While you are in the hospital after surgery you should tell your nurses if your pain is not well controlled. After you are discharged you should notify your surgeon if you continue to have problems with pain.

- What and when can I eat?
- When can I drive?
- When can I return to work?
- When can I resume my usual activities such as, jogging and other athletic activities?
- How do I take care of my incision?
- Do I have to change my bandage?
- When can I shower or take a bath?
- How will I control my pain or nausea?
- What medications should I take or not take?
- How will I know if I have an infection?
- When should I return for my follow-up visit?
- When can I have sex again?
- Do I need a profile? (Military only)

These are just a few of the questions your surgeon will be happy to answer. Discuss with them any special concerns or worries that you are having. Once you are at home, for any emergency, immediately report to the CRDAMC emergency room.

Additional Instructions

Adults

You must arrange for an escort to take you home. Having an escort is mandatory for Ambulatory Procedure Unit patients.

Children

Pediatric patients must be escorted home by a parent or a guardian.

Responsibilities of Escorts

The primary role of the escort is to provide support and reassurance to the patient. Once the patient is ready for release, the nursing staff will review written discharge instructions with the patient and escort. After all of the patient's questions are answered and understanding is verified, the patient will be discharged from the APU. The escort is responsible for picking up prescriptions at the pharmacy, transporting the patient home, and caring for them over the next 24 hours.

Back at Home

- Be sure to follow all of your doctor's instructions.
- Do not drive or operate dangerous machinery for 24 hours after surgery.
- Do not drink alcoholic beverages after surgery or while taking pain medications. Eat lightly until certain there is no nausea and vomiting, or follow your surgeon's instructions about eating.
- Be sure someone is nearby when standing or walking in case of any dizziness. You should rest and take it easy for 24 hours.
- Do not make important decisions or do anything requiring you to be alert and oriented for 24 hours after surgery.
- Schedule a follow-up visit with your surgeon.