



**CHESAPEAKE REGIONAL
HEALTHCARE**



Welcome

**PREPARING
FOR SURGERY**

Welcome,

Thank you for choosing to have your surgical procedure at Chesapeake Regional Medical Center. Please read this booklet carefully and follow the instructions provided to ensure that you are prepared for your upcoming surgery.

PREPARING FOR YOUR SURGERY

Once you have been scheduled for surgery, this booklet will help guide you through the surgical process:

- Preparing and planning
- Learning about the surgical process
- Understanding the different types of anesthesia
- Preparing for your recovery

Just as every person is unique, so too is every surgery. To best serve you, our process is customized to meet your individual needs and the needs of your surgeon.

You are encouraged to ask questions and be an active participant in your health care. The staff at Chesapeake Regional is committed to providing you with the best care and information available.

REGISTRATION PROCESS

Within a few days of your surgery, staff from our Pre-Registration Department will contact you for information regarding demographics and insurance.

Please remember:

- Both a picture ID and your insurance cards are required for registration.
- Once your surgeon's office schedules your procedure, your insurance will need to be verified by the surgeon's office and the hospital. Our insurance department will contact you regarding coverage and policy numbers. Make sure that the policy numbers and name on the policy are correct. Insurance payments can be denied or delayed if information is incorrect.
- All information will need to be verified prior to signing forms. Your name and date of birth are especially important since these are used as your patient identifiers and this information is sent to your insurance company. If any information is incorrect, your claim could be denied.
- Central registration is located in the hospital's main lobby and open from 5 a.m. to 9 p.m., Monday through Friday.



Pre-Surgical Admission Testing (PSAT)

All patients scheduled for surgery at Chesapeake Regional Medical Center must have a pre-anesthesia assessment completed by a pre-admission nurse. Your surgeon's office will fax a form to the PSAT department to let us know if you require a phone assessment or a visit appointment .

If you do not require a visit appointment, you will receive a phone call from the nurse who will do a phone assessment and review preoperative instructions. If you require a visit appointment, our scheduler will contact you. Appointments are available Monday-Friday, beginning at 8 a.m. The last appointment is at 3 p.m.

At the appointment, you will receive pre-surgical education and instructions about taking medications the day of surgery. You will also be given a Chlorhexidine skin preparation packet with instructions about bathing the night before surgery and the morning of surgery prior to arrival to help prevent surgical site infections.

Walk-in lab testing is open Monday-Friday, beginning at 7:30 a.m. End of day appointments must be registered by no later than 3:30 p.m. Please bring consent paperwork and laboratory test orders provided by the surgeon's office. Your testing must be completed 7 to 10 days before your surgery date. This allows us time to review your results and follow up with concerns.

You should allow approximately one to two hours for testing and the assessment. Please arrive 30 minutes prior to your appointment time and register at Central Registration in the main lobby. If you are greater than 15 minutes late to your PSAT appointment, we may need to reschedule.

Anesthesia is a vital part of the surgical experience. It is important that we have the most accurate information regarding your medical and surgical history, as well as a complete list of medications you are taking. Please let us know if you are taking any pain medication or over the counter medications, vitamins or herbal supplements. This is important because some herbal and dietary supplements may interact with certain anesthetics, prolonging anesthesia effects and increasing risk.

Patients who have experienced a heart attack, bypass surgery, stents or pacemaker/defibrillator placements must also provide their cardiologist's name and date of their last visit. If you see a pulmonary specialist or hematologist, please provide their name and date of your last visit.

Pre-Anesthesia Assessment

- Complete medical and surgical history
- Complete list of all medications, vitamins and supplements including dosage and frequency
- Labs
- EKG (if needed)
- CXR (if needed)
- Bring all paperwork with you to Pre-Surgical Admission Testing
 - Consents
 - Physician Orders
 - Clearance papers (if applicable)

All surgical forms can be found at ChesapeakeRegional.com.

***The PSAT area opens
Monday - Friday at
7:30 a.m. and the last
appointment is at 3 p.m.
Walk-ins must arrive
by 3:30 p.m.
The office is closed
on major holidays.***



ADVANCE DIRECTIVE

Making Your Wishes Known

The Federal Patient Self-Determination Act requires hospitals to ask all admitted patients if they have an Advance Directive, such as a Living Will or Durable Power of Attorney, that would affect decisions regarding their medical treatment. Advance Directives are written documents for health care and organ donation requests that outline your health care wishes if you are no longer capable of making those choices known.

No one knows what the future holds. Sometimes you can become so ill, so quickly, that it is not possible to communicate your health care and treatment choices. That's why clarifying them through an "Advance Directive" document is so important.

If you would like more information about this federal law or the Virginia Natural Death Act, please ask your nurse for a free booklet that answers the most commonly asked questions about Advance Directives. Your Advance Directives can be changed whenever you like, as long as you are capable of doing so.

For a list of terms and frequently asked questions, go to ChesapeakeRegional.com. If you need further assistance, please consult your physician or call 757-325-9400.

SMOKING AND SURGERY

Evidence suggests that smokers who quit before surgery experience fewer symptoms of nicotine withdrawal and are more likely to succeed in their attempt to stop smoking long term.

Your surgery represents an excellent opportunity to make the commitment to quit smoking.

The immediate benefits of smoking cessation include increased oxygen in the blood and improvement in wound healing – both critical factors to a full and speedy recovery.

Chesapeake Regional Medical Center is committed to providing the best quality of life to our patients, employees and visitors. Therefore, our campus is entirely smoke-free.

Ask your nurses and doctors about Chesapeake Regional's smoking cessation programs and other ways to ease the difficulty of quitting.



ANESTHESIA

Because anesthesia is a vital part of the surgical process, your anesthesiologist needs to know about all your medical and surgical history. Please be sure to report all known problems or conditions, especially regarding your heart or lungs, during the pre-surgical evaluation.

There are three main types of anesthesia:

- **Local anesthesia** - Usually injected into the tissue to numb only the specific location of your body requiring minor surgery.
- **Regional anesthesia** - An injection is given near a cluster of nerves to numb the area that requires surgery. Patients will also receive a sedative through an IV so that they have no feeling when the surgery takes place. The most frequently used types of regional anesthesia are spinal, epidural and peripheral nerve blocks.
- **General anesthesia** - There are a number of general anesthetic drugs used to help patients have no awareness or other sensations during surgery. Some are gases or vapors inhaled through a breathing mask and others are medications given through an IV. During general anesthesia, patients are carefully monitored. A breathing tube is frequently inserted through the mouth to maintain proper breathing during surgery. Anesthesia is carefully calculated and constantly adjusted. At the conclusion of surgery, the anesthesiologist will reverse the process and patients regain awareness in the recovery room.



Risks of Anesthesia

- All surgical procedures and use of anesthesia carry risks, but adverse events are rare.
- The risk varies with the type of procedure and the condition of the patient.
- Please notify the anesthesiologist of any previous problems with anesthesia or if family members have had any problems.
- Ask the anesthesiologist about any risks that may be associated with your anesthesia.
- Do not eat or drink anything after midnight the day before surgery. The pre-admission nurse will instruct you if medications need to be taken the morning of surgery, with a sip of water only.

DAY OF SURGERY

Your surgeon's office will provide you with a time to arrive at the hospital, usually two hours before your scheduled surgery. Come directly to Central Registration, located on the first floor in the hospital's main lobby. Please have your picture ID and insurance cards available. If you have previously registered, inform the registrar of your arrival. Your information will be updated and verified, then you will be instructed to check in at the desk in the surgical waiting area on the second floor.

When it is time for your surgery, a member of the Surgical Admitting Unit (SAU) staff will bring you and one family member to the admitting unit. You will be asked your name and date of birth frequently. This is the way we identify you throughout the surgical process. A staff member will weigh you, take your vital signs, and escort you to an area where

you can change into a hospital gown. Please keep the curtain closed until a nurse arrives to complete the admitting process. At that time, the nurse will verify medical information and note the date and times of the last doses of medications you have taken. An IV will be started and you will receive any other necessary preparations for surgery (such as clipping hair), if ordered by your surgeon.

While in SAU, you will meet the anesthesiologist and the certified registered nurse anesthetist (CRNA) who will be caring for you during your surgery. The anesthesiologist will ask you many of the same questions you have already been asked so that your medical history is continuously verified. Please be sure to inform the anesthesiologist of any problems you or your family have experienced with anesthesia.

These important actions will take place in Surgical Admitting:

- We will verify your identity and place an ID band on your arm.
- We will verify your surgical consent.
- We will warm you with gowns and blankets.
- Your surgeon will mark the surgical site (when necessary).
- We will verify your allergies.
- We will verify and update your medications list. Please know the dates/times you last took your medications.
- We will be cleaning your surgical incision site(s), if applicable, with Chlorhexidine wipes.

Operating Room

Next, you will meet your operating room (OR) nurse who will also verify all your information and ask your name and date of birth. This nurse will be with you throughout your surgery and assist you into the recovery room, or Post Anesthesia Care Unit (PACU). The OR nurse is specially trained to care for patients during surgery.

Infection Prevention

To prevent surgical site infections from occurring, Chesapeake Regional's doctors, nurses and other health care providers take several proactive steps:

- They clean their hands and arms up to their elbows with an antiseptic agent just before surgery.
- They clean their hands with soap and water or an alcohol-based hand rub before and after caring for each patient.
- They may remove your hair, using electric clippers, immediately before the surgery.
- They wear special hair covers, masks, gowns and gloves during surgery to keep the surgical area clean.
- They will give you antibiotics before your surgery begins, if applicable. In most cases, antibiotics will be given to you within 60 minutes of surgery and discontinued within 24 hours after surgery.
- They will clean the skin at the surgical site with a special soap that kills germs.



RECOVERY

After surgery, you will go to the recovery room, or PACU. In that unit, nurses skilled in anesthesia recovery will care for you. You will be in recovery from 45-60 minutes, or until you are fully recovered from the effects of anesthesia. Recovery is when your vital signs are stable, you are alert, and your pain is manageable.

Surgery times can vary, and the time scheduled for procedures are estimates. Family members are asked to remain in the waiting area so that the surgeon can speak with them after the surgery. While you are in recovery, the surgeon will provide your family members with an update on you and your surgery.

If family members must leave the area, they must tell the receptionist. When they return to the waiting area, please ask them to tell the receptionist they are back. If they choose not to wait in the designated area, they may risk not being able to speak with the surgeon at the end of your procedure.

Our recovery nurses will monitor you throughout your time in the PACU or recovery. If you are going to be discharged, you will be transferred to Phase II recovery. You will also be given something to drink and provided with discharge instructions.

Before you go home, your doctor or nurse will explain how to take care of your wound. They will make sure you understand how to care for it before you leave the hospital and who to contact if you have questions or concerns once you are home. If you have any symptoms of an infection such as redness and pain at the surgical site, drainage, or fever, call your doctor immediately. Remember, always wash your hands before and after caring for your wound.

If you need to be admitted, you will be transferred to a nursing unit. Family members and friends are an important part of your recovery support team. We will include them in your care whenever possible. However, we need their assistance in maintaining a safe, healing environment. Please remind them to follow the guidelines below to ensure our patients' safety, privacy and dignity:

- Your nurse will invite family members into the PACU if and when it is appropriate to have visitors. If you are going to be in the PACU for less than an hour, family members will not likely be invited in until you are moved to a room. Our goal is to get each patient to their room quickly so they can be more comfortable.
- Hand washing must be done prior to entering and leaving the PACU. There are no exceptions. Sick visitors will not be allowed on the unit. Infections are a great concern for surgical patients and we want to do everything possible to prevent them.
- For both safety and privacy, visitation is limited to one or two visitors at a time.
- Children are strongly discouraged in the PACU. We recommend that children be left in the care of someone outside the hospital for their comfort and safety.
- Visitation in the PACU is generally limited to 5-10 minutes. It may be shortened for safety and privacy.
- Due to allergies and the increased likelihood of nausea in a post-op patient, perfume and strong-smelling lotions are discouraged in the PACU.
- The PACU nurse will notify your family of your condition within an hour of arrival in the recovery room.



- If you have been in the PACU for more than an hour, family members should check with the receptionist at the waiting room desk for an update.
- One family member should remain in the waiting area at all times while you are in the PACU. Please notify the waiting room receptionist if that person needs to leave.

PAIN MANAGEMENT

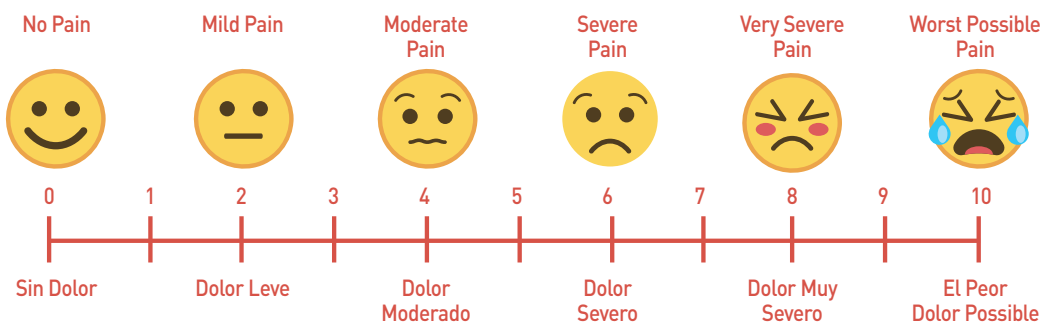
Keeping your pain under control is important to your well-being and your recovery. It helps you eat better, sleep better and move around more easily. Visits with family and friends will be more enjoyable too.

To help speed your recovery, we ask that you pay attention to your pain level and use the scale provided to help describe it. Report your level of pain to your caretakers.

Although we may not be able to relieve all of your discomfort, severe pain is more difficult to control than moderate pain. The nurses will give you medication as soon as possible.

If your pain is not relieved by medication, or if you experience side effects, please tell your nurse or doctor. There are often alternative therapies that can help relieve your pain or side effects.

Pain Rating Scale



Facts about Pain and Medication

Pain medications, when given with supervision, are safe and effective. Strong pain medications are rarely addictive when given in this manner. Your doctor may order a medication to help relieve the adverse side effects of a pain medication, such as constipation, itching or nausea.

Pain and discomfort may increase after surgery or diagnostic procedures. Taking medication before walking or exercising, or during physical therapy, can make activity more tolerable and help speed your recovery.



STAYING HEALTHY IN THE HOSPITAL

Quick Guide to Hand Washing

- Wet your hands with warm water. Apply soap and scrub for at least 20 seconds. Wash the front and back and wrists, between fingers and under nails.
- Rinse well. Let the water run down your fingers not down your arms.
- Dry your hands with a paper towel.
- Use your elbows or a new paper towel to turn off faucets.
- If using the alcohol hand sanitizer, use an amount the size of a cotton ball. Cover all parts of your hands and continue to rub until your hands are dry.



Antibiotic Resistant and Drug-Resistant Organisms

Antibiotics are drugs used to treat infections caused by bacteria. When drugs will no longer kill the germs, they're called antibiotic drug resistant. These so-called multidrug-resistant organisms (MDRO) are usually spread by contact with people who are infected.

Prolonged or repeated hospital stays, the use of IV's, catheters, surgical and other medical procedures and treatment involving the use of large quantities of antibiotics pose an increased risk of infection.

Chesapeake Regional has a set of stringent safeguards and procedures in place to protect our patients from exposure to multidrug-resistant organisms. However, it is important that every patient understands the risks and how to prevent exposure.

If you become infected with multidrug-resistant organisms, your health care workers, family, and friends must wear gloves and gowns, and wash their hands with soap and water or use alcohol-based cleanser before and after contact with you. Proper hand washing with soap and water or the use of alcohol-based sanitizer is the best way to prevent the spread of germs. If you have additional questions or concerns, please don't hesitate to ask your nurse.

Simple Steps to Keep You from Falling

Many medications, treatments and medical procedures can affect your balance and behavior. To help reduce the risk of a fall while in the hospital, be sure to:

- Follow your nurse's advice and do not get out of bed by yourself
- Use the call button for help getting out of bed if you have:
 - IV fluids, a catheter, or other tubes
 - Received medication that makes you drowsy or sleepy
 - Received pain medication or a sedative
- Use the bathroom call light to be escorted back to bed
- Call the nurse if you feel sick, light-headed, or dizzy
- Wear non-skid slippers
- Alert us to any spills on the floor



The Rapid Response Team

If you have a medical emergency, ask the nurse to call the Rapid Response Team (RRT). Chesapeake Regional Medical Center's Rapid Response Team is ready around the clock to respond to patient emergencies. The team is made up of respiratory therapists, intensive care and emergency room nurses. They are all specially trained to recognize and reduce the risk of heart attack, stroke, respiratory distress, and other medical emergencies.

Preventing DVT Blood Clots

Deep Vein Thrombosis (DVT) is caused when a blood clot forms in a deep vein of the body. The deep veins in the legs, thighs, and hips are the most common sites for DVT. Having a major surgery or injury may lead to this condition. You may also be at risk if you have an infection, cancer, obesity or heart failure. Taking medications that contain estrogen (a hormone) or being pregnant may also cause clots. Being older than 50, inactive for a long time, and smoking are also risk factors for DVT.

With DVT, you can acquire a harmful condition called a "pulmonary embolism." This is when part of a clot breaks off and travels to block blood flow to the lungs.

Signs and Symptoms

Notify your doctor if you notice:

- Swelling in your legs
- Pain, tender, red or warm areas on your legs

Preventing DVT After Surgery

- Inform your surgeon of any medical conditions or history of DVT
- Quit smoking
- Ensure you walk and move your legs right after having surgery
- Avoid long periods without activity
- Move legs frequently while in bed if you are unable to walk

Compression stockings: Your caregiver may instruct you to wear compression stockings, tight elastic stockings that put pressure on your lower legs. Wearing pressure stockings helps push blood to the heart and keeps clots from forming.

Sequential Compression Devices (SCD): Your caregiver may instruct you to use these plastic devices that are connected to an air pump machine and alternates tightening and loosening various parts. The pneumatic devices go over pressure stockings and helps push blood to your heart to prevent clots from forming.



WHEN YOU ARE BACK HOME

Not all of the precautions we take in the hospital are necessary at home. However, it is advisable for everyone to follow these basic hygiene guidelines:

- Keep wounds and sores covered with clean, dry bandages. Soiled dressings should be placed in a plastic bag and disposed of in the regular trash.
- Caregivers should wash their hands with soap and water before and after assisting in your care.
- You should wash your hands thoroughly and frequently throughout the day.
- Towels/washcloths should be laundered frequently using as hot a wash cycle as is compatible with the fabric.
- Bed linen should be changed regularly and laundered as above.
- Do not share personal items such as towels, washcloths and razors.
- Avoid skin-to-skin contact until all sores are healed.
- Tell your healthcare provider if you have had an infection or colonization in the past.

When to call and what to look for

- Changes in heart or breathing rate
- A drop in blood pressure or dizziness
- Changes in urinary output
- Confusion or other mental status changes
- When a patient does not look or seem themselves

Be alert for signs of infection:

Contact your health care provider immediately if you experience any of the following:

- Drainage from a wound
- Fever
- Chills
- Burning during urination
- Severe cough with sputum



Thank You
FOR CHOOSING



**CHESAPEAKE REGIONAL
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736 Battlefield Blvd., North | Chesapeake, VA 23320

757-312-8121 | ChesapeakeRegional.com