

# Tips for Safer Surgery

## What you should know • What you can do

***Courtesy of the Surgical Care Improvement Project Partnership***

Millions of people have surgery each year. Every surgery has risks, but we know there are some that can be prevented. What does this mean to you as a patient? If your doctors and nurses follow some simple steps, you will have a shorter and safer hospital stay.

## Questions to Ask Your Doctors and Nurses Before Surgery

One way you can help lower your risk for problems from your surgery is to talk with a member of your surgical care team before surgery about the type of care you should receive. Your care team includes your surgeon, your anesthesiologist and your nurses. Working together we can best prevent surgical complications–and put you on the path to a speedy recovery.

## To avoid infection-

**If I need antibiotics before surgery, when will I receive the antibiotic and for how long?** Antibiotics should given within 60 minutes before surgery and should be stopped within 24 hours in most cases. Given properly, antibiotics can greatly lower your chances of getting an infection after surgery.

**If hair needs to be removed from the part of my body that is having surgery, what will you use?** Your doctor or nurse should use electronic clippers to remove hair if needed at the site of your surgery. Using a razor to remove hair before surgery can cause infections because of the risk of leaving small cuts on the skin.

## To avoid blood clots-

**What will you do to prevent blood clots?** Blood clots can lead to heart attacks and strokes. When you have surgery, you are at risk of getting blood clots because you do not move while under anesthesia. The more complicated your surgery, the higher your risk. Your doctor will know your risk for blood clots and steps that will help prevent them, such as giving you the right medicine before surgery.

## To avoid heart attacks-

**If I take medicine for heart disease, should I keep taking it?** Taking certain medicines together can cause problems. Tell your doctor about all the medicines you are taking, including over-the-counter things like aspirin and herbal remedies. Your doctor or nurse will tell you which medicines you should continue to take and which medicines you should stop taking before surgery.

**Herbal supplements that may affect your anesthetic care**

#### Reference: American Society of Anesthesiologists

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| **Name** | **Possible Side Effects or Drug Interactions** |
| Echinacea | May cause inflammation of the liver if used with certain other medications  such as anabolic steroids or methotrexate. |
| Ephedra  (Also called Ma-  Huang) | May interact with certain antidepressant medications or certain high blood pressure medicines to cause dangerous elevations in blood pressure or heart  rate. Could cause death in certain individuals. |
| Feverfew | May increase bleeding, especially in patients already taking certain anticlotting  medications. |
| Fish Oil | It can promote blood thinning and increase bleeding. |
| GBL, BD and GHB | These are abbreviations for illegally distributed, unapproved drugs (not  supplements) that may cause death, seizures or unconsciousness. |
| Garlic | May increase bleeding, especially in patients already taking certain anticlotting medications. May decrease effectiveness of certain AIDS-fighting drus, e.g.,  saquinavir. |
| Ginger | May increase bleeding, especially in patients already taking certain anticlotting  medications |
| Ginkgo (Also called  ginkgo biloba) | May increase bleeding, especially in patients already taking certain anticlotting medications |
| Ginseng | May increase bleeding, especially in patients already taking certain anticlotting medications.  May see increased heart rate or high blood pressure. May cause bleeding in women after menopause. |
| Goldenseal | May worsen swelling and/or high blood pressure |
| Kava-kava | May increase the effects of certain antiseizure medications and/or prolong the effects of certain anesthetics.  May cause serious liver injury. May worsen the symptoms of Parkinson's disease. Can enhance the effects of alcohol. May increase the risk of suicide for  people with certain types of depressions. |
| Licorice | Certain licorice compounds may cause high blood pressure, swelling or  electrolyte imbalances. |
| Saw palmetto | May see effects with other hormone therapies. |
| St. John's wort | May decrease effectiveness of all currently marketed HIV protease inhibitors and nonnucleoside reverse transiptase inhibitors (powerful AIDS-fighting drugs). May possibly prolong effects of anesthesia (not proven).  May unknowingly decrease levels of digoxin, a powerful heart medication. |
| Valerian | May increase the effects of certain antiseizure medications or prolong the  effects of certain anesthetic agents. |
| Vitamin E | May increase bleeding, especially in patients already taking certain anticlotting medications. May affect thyroid gland function in otherwise healthy individuals. In doses higher than 400 IU per day, may cause problems with  increased blood pressure in people who already have high blood pressure. |

**PLEASE DISCONTINUE USE OF THESE PRODUCTS TWO WEEKS PRIOR TO SURGERY OR YOUR PROCEDURE.**



**Anesthesia and Surgery**

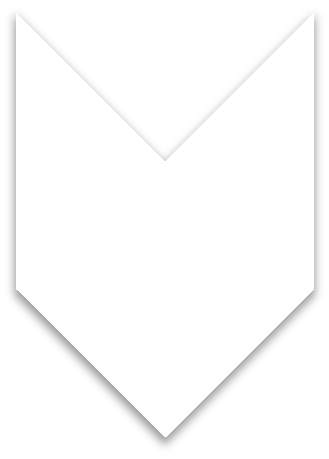
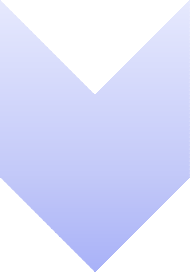
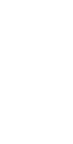
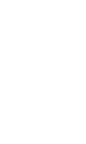
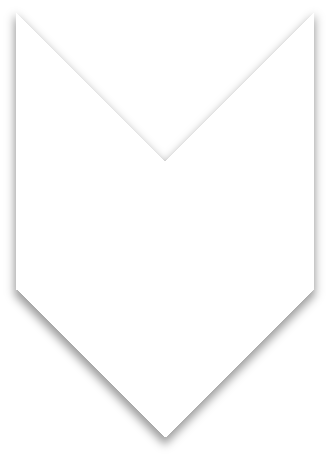
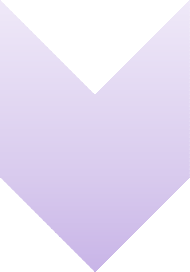
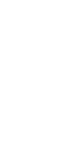
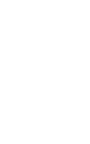
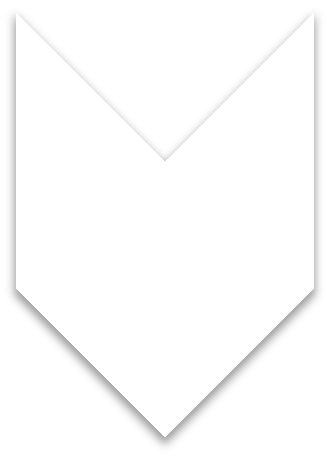
Anesthesia is an important part of your surgery. An anesthesiologist and Certified Registered Nurse Anesthetist (CRNA) will be your advocate throughout your surgery. Anesthesia controls pain during a surgery or procedure by using medicine called [anesthetics](http://www.webmd.com/hw-popup/anesthetic). The Anesthesia team will

* assess your medical history
* review previous anesthesia experiences
* explain exactly what is going to happen
* monitor your breathing, blood pressure, blood flow and heart functions
* remain at your side throughout the entire surgery

Preparing for Anesthesia

* Quit smoking (ask your healthcare provider for assistance)
* Try to stay calm
* Take medications as directed by your preadmission nurse

## Types of Anesthesia



* affects your entire body
* you are unconscious
* will not feel any pain

General •will remain asleep and awake at the end of the surgery

* blocks pain to larger areas of your body
* epidural
* spinal

Regional •peripheral nerve block

Local

* numbs a small area of the body for minor procedures
* blocks pain
* you may remain awake

**During your surgery** you will be

* Monitored for comfort and safety
* Continually given anesthesia medication
* Kept free of pain



**After your surgery** your will be awakened and taken to the Recovery Room

# Your Hospital Stay

An attending physician leads the team and oversees all aspects of your care. You will be visited each day by members of your care team, which can include:

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| --- | --- | --- |
| **Surgeons**  **Surgical Residents Physician Assistants Social Workers Respiratory Therapists Speech Therapists** | **Nurses**  **Medical residents Nurse Practitioners Dieticians**  **Physical Therapists** | **Patient Care Assistants**  **Consulting Physicians Case Managers**  **Lab Technicians**  **Occupational Therapists Chaplain** |

**Communication** between you and your care team is vital to your well-being; that's why we include you in our bedside reporting.

Please know and expect each member of your care team to introduce themselves and tell you their job title, experience and purpose for their visit.

Being mindful of individual expectations, your care team will discuss and set goals, times for activities, medications and all necessary treatments.

It is important for us to inform you of what is going to happen throughout your hospital stay, in plain language, that you and your loved ones can fully understand. Please ask any and all questions.

#### Hourly Rounding

Nurses conduct hourly rounding and assess patients for

* Pain
* Personal needs assistance
* Positioning
* Toileting

**Discharge** from your hospital stay is an important transition. Your healthcare team will make sure you are prepared. All necessary information will be reviewed with you and your loved ones to ensure your course of recovery is the best.



# Taking care of yourself after surgery

The following information describes basic after-care recommendations that apply to many types of surgery.

## Managing pain

Pain medication will be ordered for you as needed. You are encouraged to take the prescribed pain medication in order for you to be comfortable during your recovery. If you have any concerns about your pain management, please do not hesitate to ask your doctor or nurse. Please report any new, increasing, or unrelieved pain to your doctor.

## Care of your incision

**Wash your hands before and after touching your incision.** Hand washing is the best way to prevent infection. It is normal to have some numbness around the incision for some time after surgery. If you have been sent home with staples in your incision, then keep your follow up appointment to have your staples removed. You may shower with staples in place, unless your doctor has told you not to.

If you have been sent home with tape over your incision, you may shower, but be gentle around the tape. Use regular soap and water. Wash your incision gently, and then pat the incision dry. Do not pull, tug, or rub the tape. If the tape has not fallen off 2 weeks after surgery, then you may peel the tape off gently. Check with your doctor about applying creams or lotions to your incisions, only after the tape has fallen off.

**Avoid exposing your incision to the sun.** This can cause the incision to become red. Scars turn white over time without exposure to the sun. You will receive information from your doctor about any dressing changes or suture removal.

#### Surgical site care

Follow your doctor’s instructions about caring for your surgical site or incision area. Watch for any separation, bleeding, or signs of infection which include:

#### Redness  Pain  Swelling

* **Drainage of fluid or pus**  **Heat at incision site**
* **Fever (which is usually a temperature of 101oF or higher)**

**If you notice any of these problems, call your nurse or doctor right away.**

**Activity**

After your surgery, and when the anesthesia has worn off, get up and be active as soon possible. This will help your muscles stay strong and will lead to a faster recovery. We encourage you to be active as soon as it is safe, which is usually in the evening after your procedure. We recommend that you walk, sit up in a chair, or at least turn frequently in bed. Follow the specific activity instructions given by your doctor. Different surgeries require different limitations on activity. Generally, you should not lift objects heavier than 10 pounds. Lifting heavy objects too soon may weaken your incision. Your doctor will tell you specific activity instructions for your type of surgery. Plan your daily activity so that you can rest often. Do not expect your energy level to be the same as it was before surgery. Your body needs more energy to heal, and this may cause you to feel weak or need to take naps. Check with your doctor when you will be able to drive. This can vary depending on the type of surgery that you have had. Never drive while taking narcotic pain medications.

## Diet

Resume your regular diet when you return home, unless your doctor has put you on a special diet. You may not feel like eating regular portions right away. It is normal to have less of an appetite after surgery. This could return to normal when your activity level increases. In the beginning, try eating small meals several times a day. Choose high-protein foods to help your body heal. These may include such foods as chicken, beef, cheese, tofu, milkshakes, and ice cream.

Drink lots of fluids and include fiber in your diet, such as fresh fruits, vegetables, and whole grain cereals or breads. Eating these foods and drinking lots of fluids will help prevent constipation. They also promote normal bowel function, especially if you are taking narcotic pain medication. Take nausea medication as needed if it has been ordered by your doctor. Let your doctor know if you have nausea or vomiting that lasts longer than 24 hours. Follow your doctor’s specific instructions about reporting nausea.

## Constipation

A possible complication of surgery is constipation (no bowel movement or stool over the course of several days). Possible causes of constipation include: anesthesia and pain medications (which can slow the movement of the intestine); not drinking enough fluids; and abdominal surgery. Drinking fluids and eating fiber can help prevent constipation. Please notify your provider if you are not passing any gas, have abdominal pain, and/or feel bloated.

## Pneumonia prevention

When admitted to the hospital, you may be given an airway clearance device before surgery such as an Incentive Spirometer. Use of this device exercises your lungs and helps clear them of anesthesia gases after the procedure. We recommend using it ten times every hour while you are awake. Generally, outpatients do not receive the airway clearance device. While you are awake in bed, you can improve your recovery by turning, coughing, and deep breathing each hour.

If you have an abdominal incision, splint the incision when exercising your lungs. Splinting an incision is a way to support the incision and surrounding tissues using a stiff pad or a small firm pillow placed over or against the incision on your abdomen. It is a way to immobilize or cushion those movements so that you can fully expand your lungs or cough with a little less discomfort and reduce pain during coughing. Coughing will not affect the incision.

## Preventing blood clots

Blood clots are more likely to occur when a patient is not moving for a long time, such as after an operation or during recovery in bed. A type of blood clot that can form during your surgical recovery is called a Deep Vein Thrombosis (DVT) and can lead to Pulmonary Embolism (PE), a clot that travels to your lungs. One of the best ways to prevent blood clots from forming is to start being active as soon as possible. You may also be given a medication that helps prevent these clots. The medication is injected just under the skin. Bruising at the injection sites is common with this medication.

## Physician follow-up

Please keep all postoperative follow up appointments. If unable to, call your surgeons office to reschedule.

# Keeping You Safe

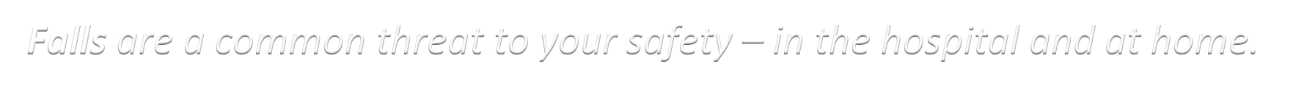
**Hand washing** is a priority for all members of your healthcare team. Please feel free to ask if they have washed their hands before providing care to you.

Please clean your hands:

* After going to the bathroom
* Before eating
* Before and after touching any wound or incision, or any dressing you may have
* After touching body fluids or waste

**Bassett Medical Center** takes pride in the care we provide. In partnership with you, we can work together to maintain a safe environment.

* All staff can be identified by a photo ID badge, will introduce themselves and will tell you what they are doing.
* Upon admission, an **identification band** will be placed on your wrist. **Expect staff to check it to identify who you are when having a procedure, medications and blood draws.**
* Expect staff to confirm the correct location of your surgery and mark the correct site.
* Nursing staff will remain at your bedside until you have taken all medications given to you. Leaving a cup of medications at the bedside is prohibited.
* Please communicate all medications you are currently taking – prescriptions, over the counter, supplements, vitamins and herbs.
* Alert your physician and nurses about any allergies you may have.



***Falls*** *are a common threat to your safety – in the hospital and at home.*

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| **WHY FALLS HAPPENS** | **TIPS FOR PREVENTING FALLS** | **TIPS FOR FAMILY OR VISITORS** |
| Unfamiliar surroundings Medications  Weakness, dizziness and unsteady | Always use your call light to ask for assistance  Ask for help if you feel dizzy, weak or light- headed  Wear non-skid slippers or shoes Walk slowly and carefully  Do not lean or support yourself on rolling objects (IV pole, bedside table, etc.)  Place commonly used items within your reach (tissues, phone, glasses, etc.)  Remind staff to leave a night light on during hours of darkness  Alert staff to spills on the floor- please do not attempt to clean them up yourself | Use patient call light to ask for assistance –   * getting out of bed * back-to-bed * bathroom   Keep upper bed rails on the bed in the up position  Alert nursing staff when you leave |

# Surgical Site Infection Prevention

**Surgical site infections are preventable and the following guidelines aim at reducing your risk.**

***How do I avoid getting a surgical site infection (SSI)?***

A SSI is an infection patients can get during or after surgery. SSIs can happen on any part of the body where surgery takes place and can sometimes involve only the skin. Other SSIs are more serious and can involve tissues under the skin, organs, or implanted material. These infections can make recovery from surgery more difficult because they can cause additional complications, stress, and medical cost. It is important that healthcare providers, patients and loved ones work together to prevent these infections.

### How can you and your loved ones prevent surgical site infections?

* Before your surgery, discuss other health problems, such as diabetes, with your doctor. These issues can affect your surgery and your treatment.
* [Quit smoking.](http://www.cdc.gov/tobacco/quit_smoking/how_to_quit/index.htm) Patients who smoke get more infections. Talk to your doctor about how you can quit.
* Follow your doctor's instructions for cleaning your skin before your surgery. For example, if your doctor recommends using a special soap before surgery, make sure you do so.

### After surgery, be sure to follow the recommendations below to protect against surgical site infection.

* Ask your provider to clean their hands before they examine you or check your wound.
* Do not allow visitors to touch the surgical wound or dressings.
* Ask family and friends to clean their hands before and after visiting you.
* Make sure you understand how to care for your wound before you leave the medical facility.
* Always clean your hands before and after caring for your wound.
* What clothing you wear does matter. Wear clean, loose fitting clothes that will not rub or cause pressure to the surgical site.
* Make sure you know who to contact if you have questions or problems after you get home.
* If you have any symptoms of an infection, such as **redness** and **pain** at the surgery site**, drainage**, or **fever**, **call your doctor immediately**.

Source: https[://www.cdc.gov/features/safesurgery/index.html](http://www.cdc.gov/features/safesurgery/index.html)

# Managing pain after surgery

It is common for patients to have pain after surgery. Pain that is not managed properly can interfere with your recovery. Depending on your surgery and medical condition, it may not be possible for you to be pain-free after your surgery. The goal is to safely decrease your pain, with as few medications and side effects as possible, so you can function better.

**Why am I prescribed Opioids?** Opioids (eg. oxycodone, hydrocodone, morphine, fentanyl, methadone, oxymorphone, hydromorphone, tramadol) are a useful tool for helping patients deal with severe pain for a short period of time. Although opioids are helpful for controlling pain, sometimes they can also have bad side effects.

**Addiction:** One of the most common side effects of using opioids is developing dependence or tolerance (needing more of the medication to get the same effect), going through withdrawal if you do not have the medication, and spending more time thinking about and acting to get the medication and making bad choices in order to get more. Those taking opioids before the age of 18 may increase future opioid misuse risk by 33%. I**t is important to recognize that 1 in 4 people exposed to opioids go on to long- term use.** If you have any concerns about taking prescribed opioid medication, tell your health care provider.

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| **Risk for side effects** | **Common** | **Serious** | **Long-term use** |
| * **sleep apnea** * **asthma** * **COPD** * **elderly** * **overweight** * **if mixed with alcohol or other sedating medications** | * **sleepiness drowsiness dizziness** * **not thinking clearly** * **constipation** * **nausea vomiting** * **dry mouth** * **itching** * **difficulty urinating** | * **difficulty breathing** * **allergy or anaphylaxis** * **rash** * **severe itching** * **hives** * **swelling of the throat**   **lips face** | * **increased pain even when taking the medication (hyperalgesia)** * **sexual effects infertility, erectile dysfunction, reduced breast size, reduced libido** * **fatigue** |



## Opioid use may lead to overdose, which can be life threatening. Call 911



**Small pinpoint pupils**

**pale/cold/clammy face**

**bluish color to nails and lips**

**SIGNS OF AN OPIOID OVERDOSE**

**severe sleepiness**

**inability to be awakened**

**slow heartbeat**

**slow breathing stopped breathing**

Pain relief options that are not opioids may work better and have fewer risks and side effects.

**Acetaminophen**

**Non-steroidal Anti- inflammatories (NSAIDs)**

**Ibuprofen, Naproxen**

**Nerve pain medications**

**Gabapentin Pregablin Duloxetine Venlafaxine Nortrptyline**

**Lidocaine**

**patches**

**Heat**

**Ice**

**Meditation, Mindfulness**

**Cognitive Behavioral Therapy (CBT**)

**Music Sleep**

**TENS unit (transcutaneous electrical nerve stimulation)**

**Physical therapy Massage Exercise**

If you have any concerns about your opioid use, please reach out to your opioid prescriber and contact your county’s Chemical Dependency Service: New York State HOPEline 1-877-8HOPENY

Available **24 hours a day, 365 days a year**. All calls are toll-free, anonymous and confidential.