

The Day of Your Surgery

Go to the main entrance of Crestwood (Outpatient Center Entrance located on the North side of the facility), the receptionist will guide you from there. Allow yourself some extra time to finalize registration and take care of any additional pre-surgery steps. You will be given an ID bracelet, which you will wear throughout your hospital stay. If you'll be running late, let us know as soon as possible at 256.429-4950.

Pre-Op

After registration you will be escorted to the pre-op area. In pre-op, a registered nurse will prepare you for surgery. In this area you will:

- Sign your informed consent. Read it carefully. It lists*:
 - Your name
 - The kind of surgery you will have
 - The risks of your surgery
 - That you talked to your doctor about the surgery and asked questions
 - Your agreement to have the surgery
- Change from your clothing into a hospital gown
- Get an IV
- Possibly have your surgical site clipped and scrubbed
- Meet your surgery team including your anesthesiologist to discuss your anesthesia care.
- When your pre-op is complete, two visitors are allowed to wait with you until you are taken back for surgery.



At Crestwood, our surgery teams take a “Time Out” before each surgery because the safety of our patients is our top priority.

Before Your Surgery*

- Your surgeon will mark the spot on your body to be operated on. If you are having spine surgery, a second check using X-rays in the operating room will confirm the correct location for your surgery. Make sure your surgeon marks only the correct part and nowhere else. This helps to ensure that the correct surgery will be performed.
- Marking usually happens when you are awake. Sometimes you cannot be awake for the marking. If this happens, a family member, friend or another health care worker can watch the marking. They can make sure that your correct body part is marked.
- Ask your surgeon if they will take a “time out” just before your surgery. This is done to make sure they are doing the right surgery on the right body part on the right person.



The Day of Your Surgery

Your surgery

Frequently patients are given medication to help them relax prior to going into surgery. As a result, you may not remember anything about your arrival in the operating room. However, if you should remember, you may notice that it is a very busy place as we ensure that everything about your planned surgery procedure is safe. The lights are bright and the temperature is cool. You will be provided with warm blankets or a warming device because it is very important that we keep you warm for your surgery. At all times, you will be taken care of by a team of professionals who are concentrating on you and working to ensure the best outcome from your planned procedure. The length of the surgery and recovery time at the hospital will depend on the specific procedure.

After your surgery*

Once the surgery is complete, you'll be taken into the Post-Anesthesia Care Unit. There you will receive constant care from a post-anesthesia care nurse. As the anesthetic wears off, noises may sound louder than usual. You may have blurry vision, a dry mouth and chills. Your nurse will continuously assess you for pain and administer medications as needed. Once your vital signs are stable, your pain is managed and you have met specific transfer criteria you will be transferred to our Surgical/Orthopedic Inpatient Unit.

- After anesthesia, deep breathing and coughing are important to expand the lungs and help prevent pneumonia. Walking is usually encouraged after surgery and helps to promote circulation and a more rapid return to a healthier state of well being. Your doctor may also give you a special diet until your body is able to digest food.
- Tell your doctor or nurse about your pain. Hospitals and other surgical facilities that are accredited by The Joint Commission must help relieve your pain.
- Ask questions about medicines that are given to you, especially new medicines. What is it? What is it for? Are there any side effects? Tell your caregivers about any allergies you have to medicines. If you have more questions about a medicine, talk to your doctor or nurse before taking it.
- Find out about any IV (intravenous) fluids that you are given. These are liquids that drip from a bag into your vein. Ask how long the liquid should take to "run out." Tell the nurse if it seems to be dripping too fast or too slow.
- Ask your doctor if you will need therapy or medicines after you leave the hospital.
- Ask when you can resume activities like work, exercise and travel.



Patient Safety and Falls Prevention

We are committed to providing you with the best possible health care available. We want your visit with us to be a safe one. All patients are assessed for their risk for falls when they are admitted to our hospital. If we determine that a patient is at risk, we will do the following things.

- 1) Inform the patient of his or her risk for falling.
- 2) Instruct the patient and/or family members to call for assistance with any activity.
- 3) Patients will wear an armband to alert staff members of the risk for falling.
- 4) We will increase nursing rounds on the patient to ensure his or her safety. We will address specific things such as the 4 P's; potty, pain, position, and possessions. Hourly rounding ensures that these needs are met.

Buzzers and Waiting for Assistance: If you require help, your call light or buzzer is designed to alert the nursing staff. At times it may take a short time for the nurses to respond, but rest assured we are coming to assist you. We ask that you be patient because help is on the way.

Footwear and Falling: Here at Crestwood we ask that you wear the non-skid socks that are provided for you. They have been helpful in preventing slips and falls and are provided for your safety.

Medications: Many medications have side effects. Each individual may experience these side effects differently. Medications used to treat certain illnesses such as high blood pressure, sleeping problems, pain, and heart problems can put you at risk for falling.

Exercise and Staying Active: Changes occur in our bodies with illness or surgery. Our muscles become weaker and our joints become stiffer. This can cause us to become unsteady on our feet and put us at a risk for falling. Ask for help with walking and going to the bathroom until your strength is renewed.

Are You at Risk For Falling?

We ask you and your family to help us identify if you, the patient, are at risk for falling. Below are several identifiers that could potentially cause a fall.

- Have you fallen or stumbled in the last 6 months?
- Are you ever lightheaded or dizzy?
- Are you over the age of 65?
- Have you recently had a joint replacement requiring hospitalization?
- Do you need support to help you get around?
- Do you use a walker or a cane?
- Do you have a hard time getting up from a sitting position?
- Do you have a chronic medical condition?
- Do you take several different medications?
- Do you have difficulty with your memory?
- There may be other identifiers that put you at risk for falling.

Your Hospital Stay

BEGINNING YOUR HOSPITAL STAY: Once you have been relocated to your hospital room, your nurse will continue to monitor you closely. Your plan of care for the day of surgery includes the following:

1. Upon waking in the recovery you will be wearing an oxygen nasal cannula in your nose. You will wear this until the next morning (if needed) to maintain blood oxygen level.
2. You will be encouraged to do coughing and deep breathing exercises every hour while you are awake. This is important to keep your lungs clear and avoid complications, such as pneumonia. You may also be given a device, called an incentive spirometer, to help you take these deep breaths.
3. You only will be allowed to eat ice chips until the morning following your surgery. If you are experiencing nausea you may hold off on the ice chips until it subsides.
4. The nurse will keep track of your intake and output of fluids. This will be monitored for several days following your surgery.
5. You will be asked to do 10 ankle pumps every hour to help prevent blood clots and swelling in your legs. Your nurse will instruct you during these exercises.
6. If your doctor has ordered an Continuous Passive Motion Machine (CPM) it will be set up on your bed to help you achieve range of motion.
7. You may sit on the edge of your bed, and practice standing with your nurse's assistance to prepare you for physical therapy.
8. Your nurse will assist you to reposition yourself every couple of hours.
9. Your doctor will review your home medications, and make alterations as appropriate and determine when to resume them. If you have any questions or concerns, feel free to ask your doctor or nurse.

We want you stay with us to be as comfortable as possible. If you would like a magazine or a copy of the Huntsville Times, please ask your nurse or call a Patient Advocate at ext. 4079.



Pain Management

The goal of pain management is to help you minimize the discomfort associated with Post-Op pain. Although your pain will not be totally relieved, your pain should be at a moderate level that will allow you to have adequate rest and participate in a variety of activities. Pain that goes untreated robs your energy and takes away important time you could spend with your loved ones.

A variety of methods are available for managing Post-Op pain:

IM (intramuscular) shot: You may receive pain medication via an IM shot as ordered by your doctor. Your nurse may administer an IM shot at your request to help control your pain.

IV (intravenous): You may receive pain medication IV as ordered by your doctor. This may be dispersed at regularly-scheduled intervals, by your request, or with a self-controlled device called a PCA. With the PCA you will have a button to push to control your pain medication (within limits). This dosage can be increased or decreased as needed.

Oral medication: Your pain medication may be changed to pill form once you are able to tolerate fluids. Your doctor will prescribe the specific dosages for your oral pain medication. Please speak with your doctor or nurse if you have any questions or concerns about your pain medications.

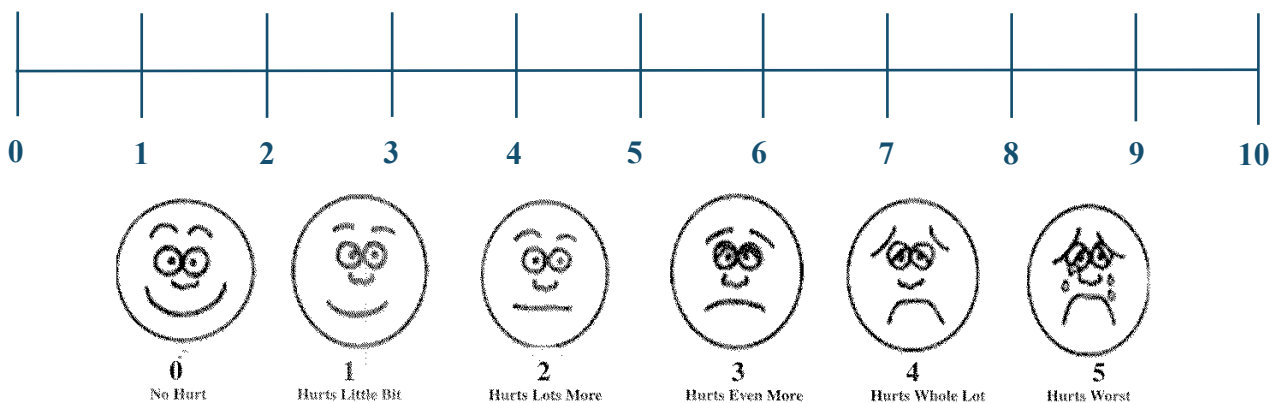
PAIN MANAGEMENT

- Post-Op pain and discomfort often lasts four to six weeks.
- You are the expert on your pain. Please inform your nurse if your pain becomes severe or constant.
- Please ask for and take medication as soon as you feel your pain go above a moderate level. The longer you wait to take pain medicine, the worse your pain will be and it may take longer to control.
- Let a nurse know when your pain medicine is not working or if you are uncomfortable with the side effects.

Pain Chart

While in the hospital your physician or nurse will ask you to rate your pain level by using the two charts below. This will help you describe to your physician or nurse how bad your pain is.

Choose a Number between 0-10 that best describes your pain.





Your Hospital Stay

POST-OPERATIVE DAY 1:

1. Your nurse will discontinue your oxygen administration and measure the oxygen in your blood using a pulse oximeter.
2. When you are able to take liquids without experiencing nausea and your nurse is able to hear adequate bowel activity with a stethoscope, your diet will progress to a clear liquid diet.
3. Physical therapy will be provided for patients who have had a total hip or knee replacement if ordered by the doctor. Your physical therapist will provide you with instructions about status, exercises and precautions.
4. You will begin physical therapy the day of your surgery or the following morning, depending on the time you arrive to your hospital room. Two sessions of physical therapy will be provided each day with the possible exception of the day of surgery. You will start your post-op exercises and increase your activity level as appropriate.
5. Goals for today's physical therapy session include:
 - A. Completing your exercises
 - B. Walking short distances with a walker.
 - C. Transferring to a bedside chair.
 - D. Increasing sitting tolerance.
6. If you have a drain in your incision, it may be removed today or post-operative day 2. Your doctor will indicate when to remove the drain.
7. Your dressing will be changed and the incision inspected by your doctor or nurse.
8. You will receive continuous IV fluids until you are able to tolerate fluids or until your PCA pump is no longer needed. Your IV will be changed to a saline loc, which provides access to your vein if IV medication is needed.
9. You will have blood drawn to help monitor your blood loss from the surgical procedure. This monitoring helps to determine if a blood transfusion is needed. For patients who are receiving the anticoagulant Coumadin, blood is drawn to determine the appropriate dosage. Other tests may be done as ordered by your doctor.
10. You will begin an anticoagulant (sometimes referred to as a blood thinner) of your physician's choice. An anticoagulant is a medication given to help in the prevention of blood clot formation.

Your Hospital Stay

POST-OPERATIVE DAY 2

1. You will resume your regular diet.
2. You should have a bowel movement prior to discharge from the hospital. For some patients this may require the use of a laxative, suppository, or enema. Constipation is not uncommon initially after a joint replacement. All joint patients may be placed on a stool softener during their hospitalization to prevent or minimize constipation.
3. Your nurse will administer oral pain medications if tolerated.
4. If you are receiving the medication Coumadin, a lab test will be done to determine the appropriate dose. The pharmacy will instruct you in your home Coumadin routine.
5. Goals for today's physical therapy sessions include:
 - A. Completing your exercises with little or no assistance.
 - B. Progressively walking distances as tolerated and appropriate.
 - C. Getting in and out of a chair with minimal or no assistance.
 - D. Continue to increase sitting tolerance.

****Total Knee Replacements have a goal of 90 degrees flexion at discharge****



6. It is necessary to continue your leg exercises and gradually increase the number of repetitions.
7. Arrangements for any necessary home equipment will be finalized with the assistance of your social worker.
8. You will continue all activities as previously described until you are discharged from the hospital. If you are planning to go to a rehab facility or a nursing home following surgery, the doctor and social worker will help with these arrangements.