



Patient Handbook

Surgery

Handbook for: _____

Surgery Date: _____ **Surgery Time:** _____

Please arrive at: _____ (normally 2 hours prior to surgery time)

Pre Surgical Care Clinic (PSCC) appointment:

This handbook will help you understand and prepare for your surgery.

Pre Surgical Care Clinic at (541) 732-5537

Please review this information with the nurse and your family.

Please bring this book with you to all appointments and on the day of surgery.

Follow-Up Appointments after Your Surgery:

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Dear Patients and Visitors,

Providence Medford Medical Center would like to welcome you. We strive to make your visit as pleasant, safe, and healing as possible while exhibiting our core values of dignity, compassion, justice, excellence and integrity. Our goal is to provide quality patient care and service in a safe environment.

The staff will address any issues and concerns prior to discharge with you and your family. The discharge process usually begins the day of admission to ensure we are working towards the same goals. After your physician writes the order for discharge, the nurse will begin the discharge process which may take several hours to prepare all the necessary documents and complete the communication process with your care team. Your nurse will provide you with detailed discharge instructions, including written medication instructions on the day of discharge. Your physician will give you prescriptions for any needed medications. The discharge folder is provided for your convenience to keep your written instructions and materials together.

We believe excellent health care comes down to your personal relationship with the health care team. This relationship is best served through open communication between you, your family, and your care team. We encourage you to contact us at any time with questions or concerns you may have during your stay.

Sincerely,

Pre Surgical Care Clinic
541-732-5537

PMMC Director of Surgical Services
541-732-5244

Surgical Day Unit
541 732 6488

PMMC OR Manager
541 732 5580

PMMC Manager - Post Anesthesia Care Unit
541-732-6230

Program Manager – Total Joint and Spine
541-732-5536

PMMC Main Hospital Line
541-732-5000

Providence Business Office
530-215-4300

Contact Information

| Department | Hours of Operation | Phone Number |
|-----------------------------------|---|--------------|
| Providence Medford Medical Center | 24 hours a day. 7 days a week. | 541-732-5000 |
| Pre Surgical Care Clinic | Monday – Friday 8:00 a.m. to 4:30 p.m. | 541-732-5537 |
| Anesthesia Associates of Medford | Monday – Friday 8 a.m. to 5 p.m. | 541-773-7273 |

The Pre Surgical Care Clinic is located at 1698 East McAndrews in Suite 200 in the Providence Professional Plaza on the Providence Medford campus.

The PSCC will help you prepare for your surgery prior to your surgery date. Our goal is to help ensure a safe surgical experience for you and your loved ones. Our staff will meet with you to gather all of the needed pre-surgery tests and health information.

During your time with staff at the Pre Surgical Clinic, you will learn what to expect before, during and after your surgery. We will review what you will need to do in preparation for your surgery, your health history, and care needs after your surgery.

Please bring a current list of medications and over the counters that includes the dose and frequency.

The PSCC will need a current list of your medications including the dosage and frequency along with any over the counter and herbal supplements. You can also bring in all of your medications in their current bottles for the nurse to review during your appointment. You can use the Medication List on page 16 or take pictures using your cell phone if you have one.

Please do not bring your pain medication to the clinic or the hospital.

Please identify the following with the PSCC department:

Primary Care Provider _____

Cardiologist if seen _____

Most recent labs performed _____

Last EKG performed _____

Please plan to arrive 15 minutes prior to your scheduled appointment to allow time for parking and registration. See page 25 for visual map.

To make sure we are able to provide full attention and care to all of our patients, we must ask you to reschedule if you are more than 10 minutes late for your appointment. Thank you!

Section 1: Preparing for Your Surgery

Information about Anesthesia

What is anesthesia?

Anesthesiology is the practice of medicine in which special drugs are used to cause your entire body – or part of your body – to be insensitive to pain. Anesthesia will enable you to tolerate a surgical or invasive medical procedure comfortably. Today’s anesthesia practices allow a greater degree of safety and comfort than ever before, enabling a smooth start to your healing and recuperation.

Who provides anesthesia?

Anesthesia care at Providence is provided by specialty trained and board certified physician anesthesiologists. They are trained to provide all types of anesthesia and in the delivery of intensive care medicine. They are highly trained to anticipate and treat side effects of anesthesia and co-existing medical conditions.

Consulting with your anesthesiologist

On the day of your surgery, you will meet your anesthesiologist, who will review your medical record, clarify any questions about your medical history and perform a physical evaluation. You will then have an opportunity to express your preferences, the plan of your care, and have any questions answered.

Your anesthesiologist will review the advantages, disadvantages, and possible risks of your anesthetic. Please inform us if you have cultural, religious or personal reservations against receiving a blood transfusion.

Quitting Smoking before Surgery

Stop smoking. This is the most important thing you can do before having surgery. You do not need to do it alone. Even quitting for one week before surgery will help speed your recovery. Be sure and check with your insurance provider as some medications or class costs may be covered.

For help quitting:

- _____ Quit for Life at 1-866-QUIT-4-LIFE (1-866-784-8454)
- _____ National Cancer Institute Smoking Quitline: 1-877-44U-QUIT (1-877-448-7848)
- _____ smokefree.gov/talk-to-an-expert
- _____ American Lung Society 1-800-227-2345
- _____ Providence www.providence.org/stopsmoking.
- _____ Strong for Surgery Website: <https://www.facs.org/quality-programs/strong-for-surgery>

Smoking Increases Your Risk of Heart and Breathing Problems

Smoking increases the mucus in the airways and decreases your ability to fight infection. It also increases the risk of pneumonia and other breathing problems. Airway function improves if you quit 8 weeks before your procedure. Smokers have an increased risk of blood clots and almost twice the risk of heart attack as a nonsmoker. The nicotine from cigarettes can increase your blood pressure, heart rate, and risk of arrhythmias (irregular heart beat). The carbon monoxide in cigarettes decreases the amount of oxygen in your blood. Quitting at least 1 day before your operation can reduce your blood pressure and irregular heartbeats.

One Week before Surgery

Exercise

- Exercise/physical activity for at least 30 minutes per day.

Nutrition and Medication

- Herbs/Vitamins/Supplements: Stop taking if instructed by your care team to reduce the risk of negative interactions with your medications.
- If you are taking Aspirin, Coumadin, or any other blood thinning medications, you may need to stop these medications before your surgery. It is important that you follow the surgeon instructions for all blood thinning medications.
- Please contact your surgeon if you did not already receive this information.**

To prevent infection, it is very important that you do not shave around the surgery site for 72 hours (3 days) before your surgery!

We have created some videos to help prepare you for surgery.

Please visit: www.providence.org/surgery and watch:

- *“Preparing for Surgery: What to expect before, during and after”*
- *Please note: Providence Medford Pre Surgical Clinic offers Hibiclens to patients at no charge during business hours (Monday–Friday 8:00–4:30)*



Providence Surgical Care Services is committed to providing you with the best surgery experience and recovery. Our goal is to help you recover quickly so you can return to your normal routine. We focus on making sure you are an active partner in your recovery. Together we will plan and prepare for your surgery to ensure safety and limit the physical stress on your body.

It is important for you to participate in your recovery.

By working together, we will make sure your stay in the hospital will not last longer than necessary.

Please be aware that we do our best to accurately estimate when you'll go to surgery. However, surgery times are always subject to change due to patient care needs. Bring something to help pass the time before surgery. We will keep you informed throughout your stay about the updated time frame for your surgery.

RIDE HOME

Due to serious safety concerns, patients who receive sedation or anesthesia must have a driver at the time of discharge. You are strongly encouraged to have a family member or friend available to take you home after surgery. If no one is available to take you home, then it's highly advisable you arrange the services of a non-emergency medical transportation agency. Your safety and the safety of others is paramount.

If you are driving a long distance to home, be sure to stop and get out of the car to walk every hour or two. Walking for a few minutes will help move your blood through your body. This will help prevent blood clots and may keep your muscles from cramping.

Please advise us if you need assistance arranging your post discharge transportation, or other care needs. We are here to assist you.

Non-emergency medical transportation:

Translink: 541-842-2060

Ready Ride: 541-479-8221 (Josephine and Jackson County)

Meraki Transportation: 541-916-2520

AAA Eco Cab: 541-621-2100

Valley Cab: 541-772-1818

Travel:

- Make hotel arrangements, as needed, for family members or friends who will be supporting you during your hospital stay.
- For RV parking please call Providence Facilities at 541-732-6467.
- Providence Medford Medical Center Providence House is available during your stay. Weekend check-in is available with advanced notice.

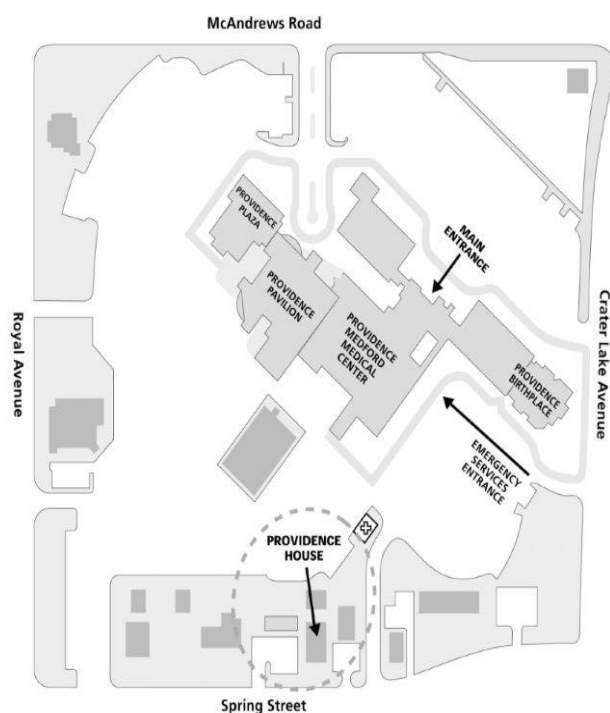
Providence House Office

799 Spring Street

Medford, Oregon 97504

Monday – Friday 8:00 to 4:30

Phone: 541-732-5466



IMPORTANT INSTRUCTIONS FOR BATHING BEFORE YOUR SURGERY

Only use the soap if instructed by your surgeon.

The Pre-Surgical Care Clinic staff may instruct you to use Hibiclens soap.

This is important for a safe and successful outcome of your surgery. Using Hibiclens soap will reduce the amount of normal bacteria on your skin and decrease the chance of getting an infection at your surgical site.

Follow these instructions carefully:

1. Buy an 8 ounce bottle of Hibiclens. You can find it at Fred Meyers, Rite Aid, Walgreens, Walmart or at any drug store.
2. Shower both the night before your surgery AND the morning of surgery. Use $\frac{1}{2}$ of the bottle for each shower.
3. Please remove all body piercing jewelry before you shower and leave it out until after your surgery.
4. You may wash your hair with regular shampoo. Please be sure to rinse your hair thoroughly before you wash with Hibiclens.
5. Use a clean washcloth to apply Hibiclens for each shower. Clean in all the skin folds. Have someone help wash your back and any areas that you are not able to reach yourself.
6. Wash your body from the neck down to your toes with Hibiclens. **DO NOT** get Hibiclens into your **EYES** or **EARS**. If you do, rinse with water immediately. Avoid the genital area.
7. Pay extra attention to clean the area where your surgical incision will be.
8. Hibiclens does not make suds, however, it is an excellent cleaner.
9. Rinse thoroughly with running water. **DO NOT** use any other soap or body rinse on your skin after showering with Hibiclens.
10. Use a clean washcloth and towel for each shower. Wear clean, freshly laundered clothing after each shower.
11. Make sure you sleep in a bed that has clean sheets the night before surgery.
12. Don't let your pets sleep in the bed.
13. Do not use lotion, powder, deodorant, perfume or aftershave of any kind on the skin after bathing with Hibiclens.



To prevent infection, it is very important that you do not shave around the surgery site for 7 days before your surgery!

Section 2: Your Hospital Stay

What to Expect While You Are In the Hospital

Outpatient Surgery

When you check in at the hospital, you will be taken to a preoperative room. Here, the nurses will prepare you for surgery by making sure your health history is correct. They will start your IV and give you any medications required before surgery. We will use special wipes to clean your skin to reduce the risk of infection. The surgeon will mark the surgical site, and your anesthesiologist will meet with you as well.

You will have a special warming gown to keep you warm during this time. It is important to stay warm before you go to the operating room, as this also helps to reduce the risk of infection after surgery.

You will likely go to the Post-Anesthesia Care Unit (PACU) after your surgery. In the PACU we do not allow visitors while you are recovering.

Your family member will be paged once you return to a post recovery area. You will stay in that unit until it is safe for you to go home or you may spend the night.

Make sure you understand your care instructions before you leave the hospital. Be sure to ask questions if you are unsure about the instructions and that you understand the answers given to you. Make sure you know when to follow-up with your surgeon after your surgery. It is important that you have an adult who can stay with you for the first few days after surgery to help you if you need it.

- You will need to arrive at the hospital 2 hours before your scheduled surgery time.
- When you arrive, please check in at the Patient Registration Desk located on the second floor directly off the green elevator.
- Nursing staff will begin preparing you for surgery.
- Your anesthesiologist will meet with you before surgery.
- A family member or friend may stay with you until it is time for you to go to surgery.

Your full attention and participation is necessary for you to have a safe surgery experience. Please do not use your electronic devices while our team is discussing or providing your care.

Spiritual Support

Please be sure to let your nurse know if we can assist you with your religious or spiritual needs on the day of your surgery.

Inpatient Surgical Unit

If you are staying overnight, your family members may join you once you are settled in your room. Your vital signs, incision and dressings will be checked. A member of your surgical team may visit you and your family to discuss your surgery and answer your questions.

THE MORNING OF YOUR SURGERY

Do not drink or eat anything on the day of your surgery, unless your surgeon has instructed you otherwise.

This includes gum, mints, hard candy, cough drops, or tums.

Do not smoke on the day of surgery.

This includes tobacco, marijuana, vaping, or illegal drugs.

Do not use chewing tobacco.

Please:

- Wear loose fitting clothes.** No turtlenecks or other snug clothing.
- Remove all of your jewelry and piercings and leave them at home.**
- Remove dark nail polish from your fingernails and toenails.** This allows us to use our monitoring equipment during your surgery.
- Do not wear any make-up, fake eyelashes, perfume, hairspray, or other scented products.** Again, this is for your safety.
- Please make sure you have a ride and a responsible adult with you in order to go home the day of surgery.**

On the morning of your surgery:

- Bring these items with you when you check in. These are the only items we can take responsibility for and keep during your surgery.**
 - Eye glasses
 - Dentures
 - Hearing aids
 - Cane or walker
 - CPAP or BiPAP, if you use one at home.
- Bring your insurance card and driver's license.** You will need to leave these with a friend or family member for safekeeping.
- If you are staying overnight, have a family member or friend bring extra clothes for you** after you are settled in your room after surgery.
- If you use oxygen, make sure you have enough oxygen in the tank for the ride home.
- Plan for picking up your discharge medications after surgery if not done prior to surgery.
- Arrange for support at home for the first 24-48 hours after surgery.

Using an Incentive Spirometer

After your surgical procedure, you might receive an Incentive Spirometer. This is a device to help keep your lungs healthy after your surgery.

Breathing exercises keep your lungs clear, strengthen your breathing muscles and help prevent problems after surgery.

Breathing Exercise Instructions Using an Incentive Spirometer

Step 1: Exhale normally.

- Relax and breathe out.

Step 2: Place your lips tightly around the mouthpiece.

- Make sure the device is upright and not tilted.

Step 3: Inhale as much air as you can through the mouthpiece. Do not breathe in through your nose.

The device will not work properly if you breathe in through your nose.

- Inhale slowly and deeply.
- Hold your breath long enough to keep the balls or disk raised for at least 3 seconds.
- Some spirometers have an indicator to let you know that you are breathing in too fast. If the indicator goes off, breathe in more slowly.

Step 4: Repeat the exercise

- While you are in the hospital: Perform this exercise every hour while you are awake, or as instructed by your healthcare provider.



Activity and Walking

Your surgical team will encourage you to get out of bed, sit in a chair for meals, and walk as much as possible.

Walking will:

- Help blood move through your body
- Relieve gas pain
- Keeps your lungs clear
- Help your bowels move
- Speed up your recovery

You will be walking at least once or twice the same day as your surgery, and walking several times a day starting the first day after surgery.

For your safety, call your nurse to help you get out of bed or a chair. You may not be as strong or steady as you think and having help will prevent you from falling. Continue to ask for help until your care team tells you it is safe for you to get up without help. Always wear nonskid slippers when you are out of bed.



Section 3: Going Home Safely

Pain Control after Your Surgery

We will work with you to manage any pain you have after surgery. It is normal to experience some pain after surgery. Our goal is to keep your pain at a manageable level that allows you to participate in the activities needed for a good recovery.

A few important reminders about pain:

- Keep your care team informed about your level of pain. Preventing and treating pain early is easier than trying to treat pain after it becomes severe.
- Rating your pain helps you and your care team manage pain more effectively.
- Take your pain medications as needed and directed.
- Other methods that can help with pain relief are guided imagery, music therapy, breathing and relaxation exercises.
- If you have questions about your pain management, please call your surgeon's office. Do not wait until your pain is uncontrolled before you seek help.

Over-the-counter medications are very helpful at controlling postoperative pain. If you received these in the hospital, you should continue use them at home until your pain improves. Acetaminophen and ibuprofen (if your surgeon approves) are the medications that reduce the inflammation that is the primary source of postoperative pain. Using these medicines as the first line of defense for pain control will significantly improve your recovery and reduce the need for opiates. Non-opioid medications, such as Tylenol or Ibuprofen, may be offered around the clock to keep your pain at a level that you can tolerate.

Tylenol (Acetaminophen): 650 mg (2 pills, 325mg each) every six hours or up to four times per day. **DO NOT USE** if you have liver problems. Please be aware if your prescription opiate contains acetaminophen, do not exceed 4 grams in a 24 hour period (3 grams if age 65 or older).

Ibuprofen: 600mg (3 pills, 200 mg each) every six hours or up to four times a day. Use only if instructed by your surgeon. **DO NOT USE** if you have kidney or stomach problems, a history of ulcers, or are over 75.

If your surgeon has recommended postoperative use of acetaminophen and ibuprofen, an example schedule would be:

7:00 a.m. – 650 mg acetaminophen (add opiate if severe pain)

10:00 a.m. – 600 mg ibuprofen

1:00 p.m. – 650 mg acetaminophen

4:00 p.m. – 600 mg ibuprofen

7:00 p.m. – 650 mg acetaminophen

Bedtime – 1-2 opiate



Pain Education

You can access a video about pain by scanning the QR code on the left, or visit us at www.providence.org/paintoolkit

When to Call Your Surgeon's Office

- If you have a fever of 100.5 degrees Fahrenheit or higher.
- If you have any oozing or redness at your wound site.
- Your pain is getting worse instead of better.
- Cannot pass gas or have not had a bowel movement for 3 days.
- Have upset stomach or vomiting that does not get better and you cannot keep liquids down.
- Have diarrhea that does not get better.
- If you have an ileostomy and have a lot of watery stool output that does not get better.

If you have very serious symptoms such as shortness of breath, calf pain, chest pain or any other emergency, call 911 or go to the closest emergency room.

Bathing and Care of Your Surgical Site

- Follow the showering and wound care instructions given to you by your surgeon.
- Keep the wound site clean and dry all day.
- Do not use any ointments, creams or lotions on the area unless instructed to do so by your doctor.
- For the first 1 to 2 weeks after your surgery, your lower surgery area may be slightly red and uncomfortable.
- **Do not** take a bath until approved by your provider.
- The wound will “soften up” in several months.
- If your wound site is closed with steri-strips or skin glue, these will come off on their own usually within 2 to 3 weeks. Call your surgeon if you have questions.

Wound Infection

- Some clear, light yellow or blood-tinged drainage from the incision is to be expected.
- If you have a drain in place, it is normal to have drainage in the drain and even around the drain site (where it comes out of your skin). The amount and color of drainage can change with time.
- Some bruising and swelling around the incision is to be expected.
- Follow your surgeon's instructions regarding dressing changes. Remember to always wash your hands before and after touching your surgical wound.
- Call your surgeon right away if you develop any sign of infection, including:
 - o Fever (101.5 or greater)
 - o Redness, tenderness or increased warmth around incision
 - o Pus-like or foul-smelling drainage from incision

Dealing with Urinary Difficulty

- Before surgery, talk with your surgeon if you are having any symptoms with urinating – such as frequency, urgency, straining or incomplete emptying of your bladder.
- Excess narcotic use will increase your risk of not being able to urinate. Explore over-the-counter medications to help manage your pain.
- If experiencing difficulty urinating, you may find it helpful to have the faucet running when you try. For men, it may help to stand.
- Call your surgeon if unable to urinate in six hours, or if your bladder feels full but is unable to empty.

Instructions for Post-Surgery Care at Home

Plan to Have Help after Your Hospital Stay

- Before you have surgery, ask a friend or family member to drive you home after you get out of the hospital.
- If you live alone, you may need a family member or friend to stay with you. They may attend your pre-surgery appointments, support you during your recovery and return home. They will help you monitor your healing, nutrition, and physical activity.
- If you don't have anyone to help after your surgery an **Optimal Aging by CareLinx** from Providence can connect you with trustworthy service providers who can lighten your load. This program is for everyone regardless of age or health care provider. Optimal Aging can help find assistance whether you live in a house, apartment or retirement community. For more information please visit <https://optimalaging.carelinx.com/> or call 1-800-377-1307.



Your Checklist for Going Home:

Before leaving the hospital, be sure you understand any special instructions from your care team, which may include:

- Special activity restrictions.
- Medication and medical supply instructions.
- Changes or restrictions on what you can eat or drink.
- Wound care or dressing changes.
- Return or follow-up appointment information.
- Contact information for questions or concerns.
- Prescriptions for medications.

We will also:

- Ask you how you will get home from the hospital and who will be staying with you.
- Ask you to make sure you collect any belongings that have been stored with us.

Going home will depend on several factors such as:

- Your ability to eat solid food.
- You are off all IV fluids and are drinking liquids to stay hydrated.
- You are able to urinate.
- You do not have a fever.
- Your pain level is under control.
- You are able to move on your own.

Driving

Do not drive while taking pain medications and until approved by your surgeon.

Work

- Your surgeon will tell you when you can expect to return to work.
- If you need a "Return to Work" form for your employer, please contact your surgeon's office.

Activity after the Surgery

You likely will feel tired and weak when you get home. It is important to increase your activity level slowly as you gain strength and independence.

It is important to walk 4 to 6 times a day.

For the next 6 weeks after your surgery:

- Do not lift, push, or pull anything heavier than 8 to 10 pounds (about the weight of a gallon of milk).
- Do not do any strenuous activities or exercise, stretches, or sports.

Preventing Nausea and Constipation

- Eat smaller portions more often, rather than three large meals.
- If experiencing nausea or constipation, use narcotic pain medications only when necessary.
- Do not take your pain medications on an empty stomach.
- Drink plenty of fluids (about 8 glasses daily).
- If you are prone to constipation, consider taking a stool softener, like docusate, or drinking prune juice.
- If constipation develops, begin taking over-the-counter laxatives unless otherwise instructed by your surgeon. Some options include: Polyethylene Glycol, Bisacodyl, Milk of magnesia if no BM in 48 hrs.
- Eat plenty of fruits, vegetables and other sources of fiber (such as bran cereal).
- Stay physically active.

Pre-Surgery Nutrition

Eating to Improve Healing Before and After Your Surgery

If you are having surgery or major medical treatment soon, it is important to pay extra attention to nutrition. What you eat – and how much you eat – can help you do better during and after surgery and treatment.

A healthy, balanced diet with extra protein can help you:

- Build strength to prepare your body for surgery or treatment
- Recover better after surgery
- Heal wounds, bones and infections
- Tolerate cancer treatments and other medical treatments better
- Have enough energy and strength for physical therapy

Poor nutrition has been shown to:

- Increase infections and surgery complications
- Impair wound healing
- Increase the amount of time spent in hospitals
- Increase the amount of care and support needed after leaving the hospital

If you are diabetic:

- It is important to maintain proper blood sugar control before and after your surgery. Please contact your prescribing physician if you are needing detailed help with controlling your blood sugar.

Protein Pointers

Protein is essential for maintaining muscle. Adults with more muscle mass have more independence, better balance and less risk for falls and fractures. Beginning in their 40s, adults typically lose 1 or 2 percent of their muscle mass every year. Eating the right amount of protein throughout the day can help you maintain muscle.

Eat protein at every meal

Eat 3 to 4 ounces (20-30 grams) of protein at each meal. Include these high-protein foods often:

- Lean meat, chicken, pork and seafood
- Beans and lentils, nuts and seeds
- Milk (if you're lactose intolerant, try lactose-free milk – it's the same as regular, but without the lactose)
- Cheese, cottage cheese and yogurt
- Eggs

What counts as an ounce of protein?

Remember that your goal is 3-4 ounces per meal.

- 1 ounce of cooked meat, fish or chicken (3-4 ounces is about the size of a deck of cards or the palm of your hand)
- ¼ cup of cooked beans, peas or lentils
- 1 egg
- 1 tablespoon of peanut butter (picture about half of a golf ball)
- ½ ounce of nuts or seeds (12 almonds, 7 walnuts halves)
- 1 cup of milk or yogurt
- 1.5 ounces of hard cheese (about the size of 3 dice)
- ¼ cup of cottage cheese

When reading food labels where protein is listed in grams, consider that 28 grams is about 1 ounce.

Don't forget to exercise

Protein and exercise together help build and repair muscle, which is crucial for staying fit for everyday activities.

Learn more about protein at www.choosemyplate.gov/protein-foods.

This information is for general educational purposes only – always follow your doctor's recommendations, and check with your doctor if you have any questions.

Five tips to eat better, feel better, recover better

1. Get plenty of fuel

- Make sure you're eating and drinking enough healthful foods and liquids in the weeks leading up to your surgery or treatment. Your body needs extra fuel, protein, vitamins, minerals and liquids to heal.
- Eat 2 to 3 meals and 1 to 3 healthy snacks each day.

2. Eat foods from all of the food groups:

- Protein
- Dairy
- Vegetables
- Grains
- Fruit

3. Eat plenty of protein

- Eat protein at every meal, especially at breakfast and after physical therapy.
- Good sources of protein include fish, chicken, meats or meat substitutes, milk, fortified soy milk, cheese, yogurt, beans, nuts and seeds.

4. If you don't feel hungry, try to eat anyway

- Eat smaller meals and snacks more often, and include protein foods.
- Eat with a friend or family member. Adults who share meals together tend to eat better. See *Mealtime for Healthy Adults* under Educational Materials at www.healthoregon.org/sharedmeals for more information.
- **Spread it out.** Most people eat very little protein early in the day and a lot at the end of the day. Spreading protein evenly throughout the day is important for those benefits:
 - Building muscle
 - Healing wounds
 - Fighting infections
 - Controlling blood sugar
 - Sustaining energy
 - Strengthening bones
 - Controlling appetite

5. Weight matters before surgery and treatment

Going through a serious illness, major medical treatment or surgery raises your risk of malnutrition – even if you are overweight. Losing weight in the weeks after surgery or major medical treatment can slow healing and weaken the immune system. Tell your doctor if you lose 5 or more pounds after your surgery or treatment.

If you are overweight

- Although losing weight ahead of time may improve surgery results, dieting right before surgery is not recommended – it increases the risk of malnutrition and makes it harder for your body to heal itself.
- Stop any weight-loss efforts 1 to 2 weeks before surgery or treatment and for several weeks after.
- Talk to your doctor or dietitian about when and how to restart your weight-loss program.
- Avoid rapid weight loss diets (losing more than 2 pounds per week).









If you are underweight

- People who are underweight have more trouble recovering from major illnesses and surgeries.
- Adults 65+ may look like their weight is normal, but are considered underweight if their body mass index is less than 22 or 23. Find out what your BMI is at www.bmi-calculator.net
- Adding 400 extra calories and 20-30 extra grams of protein daily can make a big difference in your recovery after surgery.
- Boost your calories and protein by eating more healthful, nutrient-rich foods such as cheese, avocados, nuts, peanut butter and eggs.
- Adding more foods like gravy, sauces and jam is okay to boost your weight.
- If eating is difficult, try homemade shakes and smoothies.





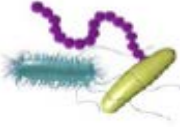




- Tell your doctors and nurses if you lose weight before or after your surgery or treatment.
- If you don't have the energy for cooking, pre-made nutrition drinks, frozen meals and healthy snack bars can help.
- If you are currently at the right weight try to keep your weight the same before and after your surgery or treatment by eating a healthy, balanced diet.
- Ask your doctor or dietitian for help. If you find it hard to keep your weight where it should be, talk to your doctor or to a dietitian. They can recommend specific tips to help you stabilize your weight to optimize your recovery from surgery or medical treatment.

Common Post-operative Medications & Side Effects

This sheet provides side effect information about medications you may receive during your stay. If you have any questions or concerns then please ask your nurse or pharmacist.

| WHAT IS MY MEDICATION? Generic (brand name) | WHY AM I TAKING IT? | WHAT ARE THE POSSIBLE SIDE EFFECTS? |
|---|---|---|
| <input type="checkbox"/> Oxycodone <input type="checkbox"/> Hydromorphone (Dilaudid) <input type="checkbox"/> Oxycodone-Acetaminophen (Percocet) <input type="checkbox"/> Hydrocodone-Acetaminophen (Norco) <input type="checkbox"/> Tramadol (Ultram) <input type="checkbox"/> _____ | OPIOID PAIN RELIEVER  | <div style="background-color: #0070C0; color: white; padding: 5px; display: inline-block;">  MAY CAUSE Dizziness or Drowsiness </div> <ul style="list-style-type: none"> Itching Constipation Nausea/Stomach upset Headache |
| <input type="checkbox"/> Acetaminophen (Tylenol) for pain/fever <i>For inflammation or pain:</i> <input type="checkbox"/> Ibuprofen (Advil, Motrin) NSAID <input type="checkbox"/> Ketorolac (Toradol) NSAID <input type="checkbox"/> Celecoxib (Celebrex) NSAID <input type="checkbox"/> _____ | DECREASE INFLAMMATION/PAIN  | <div style="background-color: #70AD47; color: white; padding: 5px; display: inline-block;">  MAY CAUSE GI Upset </div> <ul style="list-style-type: none"> Itching or rash Risk for bleeding (Ibuprofen, Ketorolac & Celecoxib) |
| <input type="checkbox"/> Docusate sodium (Colace) <input type="checkbox"/> Senna (Sennakot) <input type="checkbox"/> Polyethylene glycol (Miralax) <input type="checkbox"/> _____ | PREVENT or TREAT CONSTIPATION  | <div style="background-color: #70AD47; color: white; padding: 5px; display: inline-block;">  MAY CAUSE GI Upset </div> <ul style="list-style-type: none"> Diarrhea Stomach pain |
| <input type="checkbox"/> Ondansetron (Zofran) <input type="checkbox"/> Prochlorperazine (Compazine) <input type="checkbox"/> Metoclopramide (Reglan) <input type="checkbox"/> Aprepitant (Emend) <input type="checkbox"/> Promethazine (Phenergan) <input type="checkbox"/> Scopolamine (Transderm-Scop) *remove on _____ <input type="checkbox"/> _____ | NAUSEA or VOMITING  | <div style="background-color: #FFC000; color: white; padding: 5px; display: inline-block;">  MAY CAUSE Headache </div> <ul style="list-style-type: none"> Dizziness Drowsiness Restlessness (Reglan) Hormonal birth control disruption (Emend) Pupil dilation. Confusion in elderly. (Scopolamine) |

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| WHAT IS MY MEDICATION? Generic (brand name) | WHY AM I TAKING IT? | WHAT ARE THE POSSIBLE SIDE EFFECTS? |
|---|--|--|
| <input type="checkbox"/> Gabapentin (Neurontin) <input type="checkbox"/> Carbamazepine (Tegretol) <input type="checkbox"/> Pregabalin (Lyrica) <input type="checkbox"/> _____ | NERVE PAIN  |  MAY CAUSE Dizziness or Drowsiness <ul style="list-style-type: none"> • Poor coordination • Visual disturbances • Nausea (carbamazepine) |
| <input type="checkbox"/> Cyclobenzaprine (Flexeril) <input type="checkbox"/> Methocarbamol (Robaxin) <input type="checkbox"/> Tizanidine (Zanaflex) <input type="checkbox"/> Baclofen (Lioresal) <input type="checkbox"/> _____ | MUSCLE RELAXER  |  MAY CAUSE Dizziness or Drowsiness <ul style="list-style-type: none"> • Fatigue • Dry Mouth • Weakness • Confusion in elderly |
| <input type="checkbox"/> Amoxicillin (Amoxil) <input type="checkbox"/> Cefazolin (Ancef) <input type="checkbox"/> Ciprofloxacin (Cipro) <input type="checkbox"/> Nitrofurantoin (Macrobid) <input type="checkbox"/> Cephalexin (Keflex) <input type="checkbox"/> _____ | TREAT BACTERIAL INFECTIONS  |  MAY CAUSE GI Upset <ul style="list-style-type: none"> • Rash • Itching • Diarrhea • Headache |
| <input type="checkbox"/> Oxybutynin (Ditropan) - bladder spasms <input type="checkbox"/> Phenazopyridine (Pyridium) - burning <input type="checkbox"/> Tamsulosin (Flomax) - urination <input type="checkbox"/> Bethanechol (Urecholine) - urination <input type="checkbox"/> _____ | BLADDER/URINARY ISSUES  | <ul style="list-style-type: none"> • Nausea • Flushing • Dizziness • Dry mouth • Orange urine (Pyridium) |
| <input type="checkbox"/> Aspirin <input type="checkbox"/> Enoxaparin (Lovenox) <input type="checkbox"/> Warfarin (Coumadin) <input type="checkbox"/> _____ | PREVENT or TREAT BLOOD CLOTS  |  Risk of Bleeding <ul style="list-style-type: none"> • Bruising • Nausea or stomach upset (warfarin) • Fever (enoxaparin) |

Last Updated: January 2019

FAQs

(frequently asked questions)

about "Surgical Site Infections"

What is a Surgical Site Infection (SSI)?

A surgical site infection is an infection that occurs after surgery in the part of the body where the surgery took place. Most patients who have surgery do not develop an infection. However, infections develop in about 1 to 3 out of every 100 patients who have surgery.

Some of the common symptoms of a surgical site infection are:

- Redness and pain around the area where you had surgery
- Drainage of cloudy fluid from your surgical wound
- Fever

Can SSIs be treated?

Yes. Most surgical site infections can be treated with antibiotics. The antibiotic given to you depends on the bacteria (germs) causing the infection. Sometimes patients with SSIs also need another surgery to treat the infection.

What are some of the things that hospitals are doing to prevent SSIs?

To prevent SSIs, doctors, nurses, and other healthcare providers:

- Clean their hands and arms up to their elbows with an antiseptic agent just before the surgery.
- Clean their hands with soap and water or an alcohol-based hand rub before and after caring for each patient.
- May remove some of your hair immediately before your surgery using electric clippers if the hair is in the same area where the procedure will occur. They should not shave you with a razor.
- Wear special hair covers, masks, gowns, and gloves during surgery to keep the surgery area clean.
- Give you antibiotics before your surgery starts. In most cases, you should get antibiotics within 60 minutes before the surgery starts and the antibiotics should be stopped within 24 hours after surgery.
- Clean the skin at the site of your surgery with a special soap that kills germs.

What can I do to help prevent SSIs?

Before your surgery:

- Tell your doctor about other medical problems you may have. Health problems such as allergies, diabetes, and obesity could affect your surgery and your treatment.

- Quit smoking. Patients who smoke get more infections. Talk to your doctor about how you can quit before your surgery.
- Do not shave near where you will have surgery. Shaving with a razor can irritate your skin and make it easier to develop an infection.

At the time of your surgery:

- Speak up if someone tries to shave you with a razor before surgery. Ask why you need to be shaved and talk with your surgeon if you have any concerns.
- Ask if you will get antibiotics before surgery.

After your surgery:

- Make sure that your healthcare providers clean their hands before examining you, either with soap and water or an alcohol-based hand rub.

If you do not see your providers clean their hands, please ask them to do so.

- Family and friends who visit you should not touch the surgical wound or dressings.
- Family and friends should clean their hands with soap and water or an alcohol-based hand rub before and after visiting you. If you do not see them clean their hands, ask them to clean their hands.

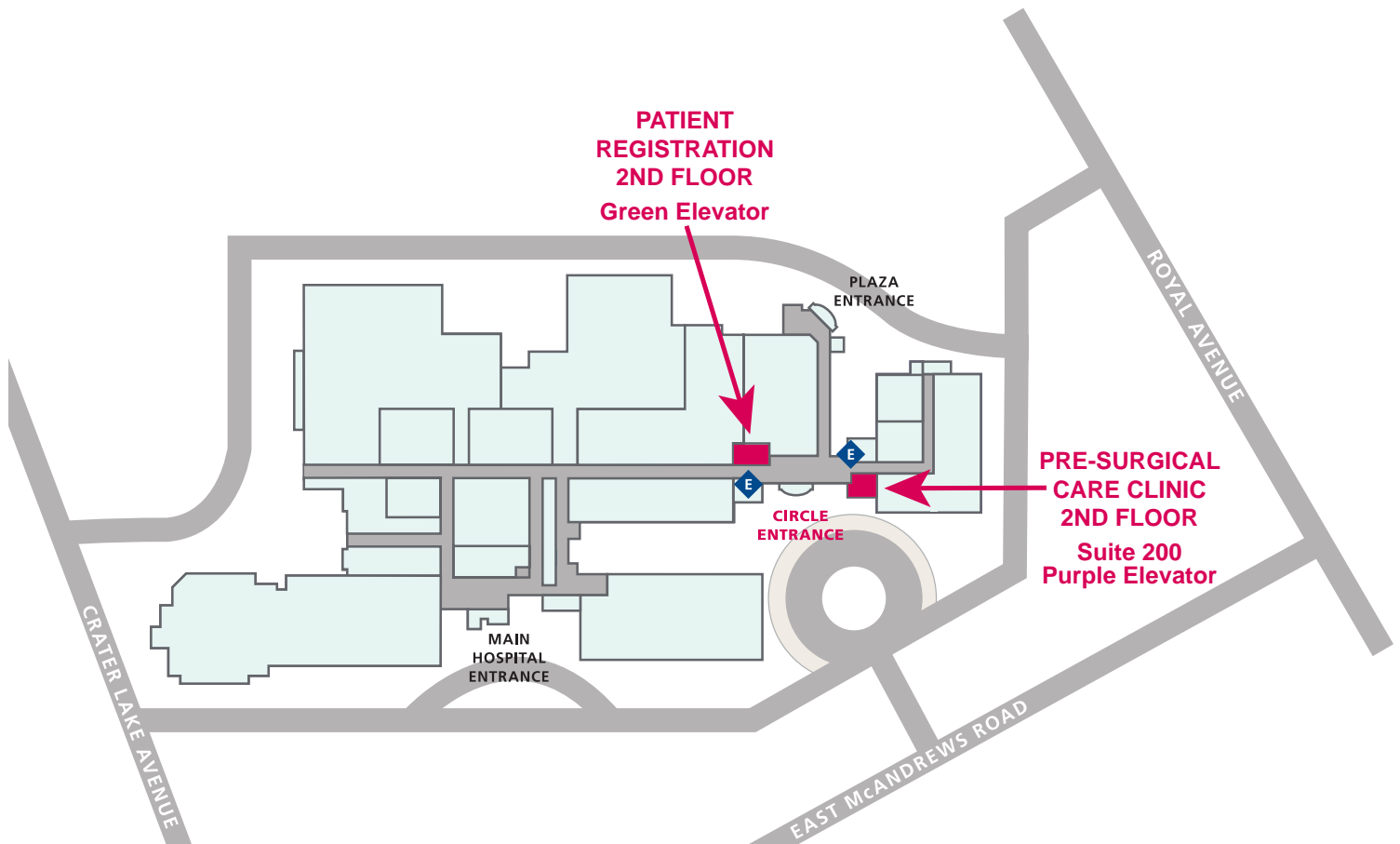
What do I need to do when I go home from the hospital?

- Before you go home, your doctor or nurse should explain everything you need to know about taking care of your wound. Make sure you understand how to care for your wound before you leave the hospital.
- Always clean your hands before and after caring for your wound.
- Before you go home, 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.

If you have additional questions, please ask your doctor or nurse.

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Integrity

Notes



**Learn more about compassion at Providence by watching our YouTube video:
“Compassion at Providence”**

