# Primary Children's Hospital

# **BEFORE SURGERY**

Knowing what to expect about surgery can provide comfort to both you and your family. Please use the following information as a guideline. You should be emotionally and physically prepared for surgery and the recovery process. Schedule surgery at a time that suits both you and your family/care provider's needs.

### PRIOR TO SURGERY

Our surgical coordinator will notify your insurance company of your upcoming surgery. We will make every effort to pre-authorize your surgery and provide any requested information. All scheduled surgery dates are subject to change pending insurance authorization. For certain surgical procedures, the pre-authorization process can be challenging and frustrating. Occasionally, surgeries will need to be postponed if your insurance company requests further information or requires a physician peer to peer phone call.

# **Surgery Authorization/Changing Surgical Date**

Please call the surgical coordinatorif you have questions about surgery authorization or need to change your surgery date.

Primary Children's Hospital: 801-662-5607 (Celi)

### **Financial Information**

It is your responsibility to communicate with your insurance company to determine your responsible financial charges. We are unable to tell you what your co-pay or deductible may be. **PCMC**: You will receive, at a minimum, three bills for surgery: one from the physician (801-213-3900), one from the hospital (801-662-3800) and one from the anesthesiologist (801-993-9551). Please contact them individually for estimated costs and billing questions. Parents: If you have a change in your insurance prior to surgery, it is your responsibility to update it with our office – not just the hospital. We

# **OPTIMIZE YOUR HEALTH**

Being in the best possible health decreases risk of complications both during and after surgery.

are completely separate from Primary Children's Hospital. Call 801-622-5610 to reach our office.

- · Exercise and a healthy lifestyle is very important.
- · Quit smoking.
- If you feel you need additional guidance, please ask one of our team members for more information.

# PRE-OPERATIVE LAB WORK AND ASSESSMENT

- If you have any significant medical conditions, you may need to see your medical doctor prior to surgery. If you have several medical problems, you may need to have your medical doctor give you clearance for surgery before your surgery can be scheduled.
- If you have multiple medical problems, you may need to get medical clearances before picking a surgery date.
- Pre-op nurses will need to collect medical history information from you prior to surgery.
- · Critical issues to consider (May require additional testing prior to surgery):
  - Notify your surgeon about any prior blood clots/pulmonary emboli or family history of blood clots.

- Heart or lung problems (past or present)
- Kidney problems
- Stroke (CVA)
- Diabetes
- Blood thinners (Coumadin, Plavix, Ticlid, Pradaxa or Effient) You must contact your prescribing physician and/or surgeon for further instruction.
- Any cold/cough symptoms within 6 weeks of surgery.
- Rheumatoid arthritis medications (these may or may not need to be stopped for 2-3 weeks)
- Taking Aspirin or non-steroidal anti-inflammatory medication such as ibuprofen, Advil, or Naproxen (you may or may not need to stop these 1 week before surgery)

# **MEDICATIONS/ALLERGIES**

- If you take narcotic pain medications, it is likely your body has tolerance and your pain may be more difficult to control after surgery.
- If you are under a pain contract, please inform the surgical coordinator and Dr. Aoki. Also, you will need to contact your Pain Management clinic or person you are under contract with to let them know about your upcoming surgery so that they can adjust medications if needed.
- If you can, decrease your use of narcotic pain medications as much as possible so that we can use effective medications to control your pain after surgery.
- Do not take anti-inflammatory medications (e.g. Ibuprofen, Motrin, Advil, Aleve, etc.) for 1week prior to your procedure, unless otherwise directed by your physician.
- Tell your healthcare team about any allergies you have (including latex, soap, tape, or food, etc.).

# PLANNING FOR YOUR CARE

# **Preparing YOURSELF**

- Arrange for a responsible adult (over age 18) to drive you home from surgery. You WILL NOT be allowed to drive home or to your hotel. Surgery is subject to cancellation if you do not provide a responsible ride home.
- DO NOT use tobacco or any other drugs at least 24 hours prior to surgery. If you continue to smoke, you are slowing the healing process which may lead to less than desirable results and can increase your risk of infection. If you use drugs, anesthesia may cancel your surgery.
- It IS OKAY to brush your teeth the morning of surgery provided nothing is swallowed.
- Do not eat food after midnight the day before surgery.
- · If your surgery is before 11:00 am, do not drink anything after midnight the day before surgery.
- If arrival time is later (after 11:00 am), you may have ONLY clear liquids such as water, sports drinks, broth or Jell-O in the morning ONLY UP TO 4 HOURS before arrival. For example, you can drinkwater until 9 am if you are scheduled to arrive at the hospital at 1:00 pm.
- · If you drink milk or juices with pulp, your surgery will be cancelled.
- · If you drink liquids less than 4 hours before your arrival time, your surgery may be cancelled.
- Drink a lot of water 1-3 days before surgery. It will be easier to start your IV and you will feel better after surgery.
- Makeup and nail polish must be removed prior to surgery. Acrylic and gel nails are okay.

# Preparing your HOME

- Arrange for a responsible adult to stay with you for at least 24 hours following surgery. You may need help for the first week after surgery.
- Consider your floor plan/stairs.
- Get crutches and practice with them before surgery. This is very important if you have stairs in your house.
- · Remove throw rugs and/or cords to clear pathways to avoid falling.

- Create an emergency plan with a trusted neighbor if you will be alone after surgery.
- Stock up on groceries for 1-2 weeks. Frozen or simple meals and snacks work.
- Think about ways to keep yourself entertained such as movies or books
- Arrange for any child/pet care ahead of time if necessary.

# **PATIENT CHECK-LIST**

# Primary Children's Hospital

BE	erore Surgery
	You will not know the time of the surgery until the day before the surgery. A nurse from Same Day
	Surgery will contact you by telephone between 2:00 and 4:00pm the day prior to surgery. (*Please
	call them if you have not heard from them by 4:30pm the day before the surgery or you do not have a
	telephone. The nurse will give you an exact time you will need to be at the hospital.
	Primary Children's Hospital:(801)662-2840.
	Check-in times are usually 1.5-2 hours before scheduled surgery time.
	Please shower or bathe prior to coming in for surgery. Be cautious when shaving around the surgical site prior to surgery because you could cut yourself and get an infection.
	Notify your surgeon's office if you feel ill within 24 hours prior to surgery.
	The nurse will give you an exact time to stop food and water consumption. <b>If your child eats or</b>
	drinks after the time given to you, you child's surgery will be canceled or postponed. This is
	not meant to be inconvenient. This is for anesthesia safety concerns.
	Prepare to have a family member/responsible adult available to speak with the surgeon
	IMMEDIATELY after surgery.
	Pre-Surgery Class: Some children are apprehensive about surgery. PCMC offers classes three times
	a week for children to come in and get a 'preview' of what to expect on their surgery day. If you
	would like to sign your child up, please call 801-662-2824 to register.
	Busy Hospital WARNING: Please remember that during the fall and winter months, large number of
	children come to the hospital for sickness and emergencies. Sometimes surgeries will be canceled
	with short notice if the hospital is full and there are no available beds for elective surgeries.
	Unfortunately, this is beyond our control and if this does occur, we will do everything within our
	abilities to reschedule you in a reasonable time period.
Th	nings to Bring to the Hospital
	Bring all equipment and paperwork your surgeon/surgeon's office may have given you prior to
	surgery.
	Driver's license
	Insurance cards
	Co-pay/deductible payment
	Method of payment for surgery and prescriptions
	Advance directive (living will), etc. Advance directive is not required, but we strongly recommend
	completing one BEFORE surgery if you have any concern about this.
	Please bring a <b>LIST OF ALL MEDICATIONS</b> you're taking, including herbal and over the counter.
	If you have asthma, bring your inhaler(s).
	If you have sleep apnea, bring CPAP.
	If you needed medical clearance from your cardiologist or family physician prior to surgery, bring all
	lab work, EKG's, and any medical documentation with you.
	Dress comfortably the day of surgery. Wear loose fitting pants that will allow for leg braces.

# Things to Leave at Home

□ Toiletries.

☐ Skid-proof slippers/tennis shoes to wear home.

Large amounts of money and all other valuables.
Jewelry is not allowed, including all body piercings and wedding rings.
Contact lenses are not allowed, wear your glasses or bring your contact lens case.
*All items are your responsibility if lost.

# **SURGERY**

### **DAY OF SURGERY**

# **Before Coming to Primary Children's Hospital**

- · Remember to follow your instructions about eating and drinking prior to surgery.
- · You may brush your teeth and rinse your mouth, but do not swallow.

# Where to Report on the Day of Surgery

- · Primary Children's Hospital
- · Parking: MAP
- Check-in: The front desk of the hospital can direct you to the Pre-Surgical Desk on the 2<sup>nd</sup> Floor.

# Once You Arrive at the Hospital

- At the check-in desk, staff will review your name and birthday. You will read information about having surgery and sign papers.
- Once in the pre-op area, an identification band will be placed. You will change into your hospital gown.
- · A limited number of visitors will be allowed in the pre-op area.
- A nurse will help you get ready for surgery. This may include vital signs, starting an IV, and skin preparation.
- You will meet the anesthesia team. They will discuss your medical history, general health and discuss your options for anesthesia. Please be sure to inform them of any medical problems you have and all of the medications that you take.
- You will see your surgeon to discuss the surgical plan and answer any questions you may have. They
  will confirm the surgery and mark your leg with a permanent marker.
- Don't be afraid to ask questions/concerns prior to surgery. By becoming involved and informed you play a vital role in you safety.
- After talking with the medical staff, you will go to the operating room and your family will be escorted to the surgery waiting room.
- Once the anesthesia has begun you will not be able to see anything beyond this stage. You are then
  positioned for surgery and the surgical prep is performed.
- · Surgery typically lasts a couple hours, but may take longer.
- If any equipment is ordered to be used at home, you will be instructed on its proper use prior to discharge.
- Either your surgeon or a member of their staff will provide you with post-surgery paperwork that includes your discharge paperwork and physical therapy prescription.
- Please contact the office if you need handicapped parking paperwork.

### Anesthesia

There are various different types and methods of anesthesia which are equally safe but have various advantages and disadvantages. You will meet with the anesthesia doctor on the day of your surgery. The anesthesia doctor will answer any questions you have and review your health history. After talking with the anesthesia doctor, you can decide on the type of anesthesia that will be the best option. Our anesthesiology team is experienced and dedicated to making sure that you are comfortable during your surgery and that your pain is safely controlled after surgery.

### AFTER SURGERY

· Once your surgery is finished, you will be taken to the post anesthesia care unit (recovery room).

- · Family members/care givers can speak to the surgeon in the waiting room **immediately**after surgery.
- Nurses will be watching you closely, checking your vital signs, and managing your pain.
- Nurses will contact your family member/care givers to give an update.
- Once you are awake and stable, you will be in the next phase of your recovery (short stay surgery) and visitors are permitted. Visitation is at the nurse's discretion.
- Some side effects of anesthesia include: drowsiness, nausea, muscle aches, sore throat, occasional dizziness or headaches. These symptoms usually lessen within a few hours following surgery but sometimes can last about 2-5 days. Plan to take it easy for a few days.
- Your discomfort should be tolerable, but **do not expect to be pain free**. Nurses may give you pain medications in your IV or they may give you pills to help manage your pain.
- You will be given prescriptions for pain medication. You can get these medications at the pharmacy of your choice or the hospital outpatient pharmacy.
- When you meet the criteria and you feel up to going home, the nurses will review our discharge instructions with both you and your family/ care giver.
- Your discharge instructions will include all the information that you will need to recover after your surgery.
- Directed physical therapy will begin at your surgeon's preference. You may also be instructed in simple exercises to help avoid post-op stiffness.

# My Discharge Checklist:

# RETURNING HOME AFTER SURGERY

People respond differently to surgery and the amount of post-surgical pain from person to person may vary, especially depending on the type of procedure. If your nerve block is not enough to control your pain, then use your pain medication as prescribed.

### I will contact my doctor immediately if:

- · My incision is red, swollen, or draining pus.
- My incision is opening up.
- I have a high fever, greater than 101 degrees F.
- · I have chest pain or shortness of breath.
- I have calf pain and swelling that does not improve.
- · I have redness or severe pain in the hip.
- · I have questions or concerns about my surgery, medications or treatment plan.
- · I am having adverse reactions to anesthesia or the pain medications.
- · I am experiencing a drug interaction.
- My pain is not controlled.
- · I am vomiting or I have nausea that will not go away.
- · I am unable to urinate 6 hours after surgery.
- I have not had a bowel movement 3 days after surgery.