



Canonsburg Hospital

Patient Guide to Ambulatory Surgery



Key Information for Surgery at Canonsburg Hospital

Scheduled date of surgery: _____

Type of surgery scheduled: _____

"Side" of surgery (if applicable): left right

Time to report to the surgery center: _____

Time of surgery: _____

Responsible adult's name: _____

Responsible adult's telephone number: _____

Surgeon's name: _____

Surgeon's telephone number: _____

Hours and Phone Numbers

Ambulatory Care Center: 7 a.m. to 3:30 p.m., Monday through Friday –

724.745.3910

Canonsburg Hospital main number: 24 hours a day, 7 days a week – 724.745.6100



Thank you for choosing our facility for your outpatient surgery or other procedure with anesthesia.

Please read this booklet written by our outpatient surgery center nurses. It has information you and your family need to know about your care before, during, and after your procedure.

Our staff are partners with you and your doctors in your care. Please ask us any questions you have at any time. Also share your concerns with us.

We want your visit to be as safe and comfortable as possible.



Topics	Page
How to Get Ready for Surgery.....	3
Advance Directive.....	3
Responsible Adult.....	4
Registration / Insurance Call.....	4
Change in Health.....	4
Cancellation of Surgery.....	5
Preoperative Testing.....	5
Medicines and Breathing Treatments.....	5
What to Do the Day Before Surgery.....	9
Call Announcing Time of Surgery.....	9
Home Preparations.....	9
Checklist for Surgery.....	11
What to Do the Day of Surgery.....	13
Before Coming to the Hospital.....	13
When You Arrive.....	15
After Your Surgery.....	15
Instructions for Your Family.....	16
Before Surgery.....	16
During Surgery.....	16
Discharge to Home.....	17
What to Do at Home.....	17
Important Information for Your Health.....	18
Smoking Cessation.....	18
FAQs about SSIs.....	21
SpeakUp! for Safe Surgery.....	24
Patient Safety Authority Tips for Safe Surgery.....	27
Medication Record.....	28
Directions, Parking, Hospital Map.....	Inside back cover

How to Get Ready for Surgery

Your surgeon's office will tell you the date of your surgery. Please do not make any other plans for the day of surgery. Each patient's times in surgery and in recovery will differ.

For your health and safety, do the following before your surgery:

- Eat well – Tell your doctor if you have trouble eating or have lost weight without trying.
- Quit smoking – Smoking increases the risk for problems after surgery. Smoking makes it hard to breathe, increases the chance of an infection in your wound, and increases your risk of a heart attack. For help stopping, ask your doctor and see the "Smoking Cessation" section in the back of this book.
- Check medicines – Be sure your surgeon knows about all medicines you are taking. Follow instructions from your surgeon and in the "Medicines" section of this booklet.
- Ask about your blood sugar – Surgery can make it hard for your body to control blood sugar. Talk with your surgeon and follow the instructions in this booklet for taking insulin or oral blood sugar medicines.

Advance Directive

We ask all patients if they have a document called an "advance directive." An advance directive is a set of written instructions that you develop while healthy that tells your healthcare providers what type of care you want if you become unable to make your wishes known. Your advance directive will be used only when you become unable to take part in making decisions about your own health care.

If you have an advance directive, please make a copy to bring with you on the day of surgery.

If you do not yet have an advance directive, ask our hospital's Admissions/Registration Office or the surgery center for information about writing your advance directive.

Responsible Adult

Almost all outpatient surgery patients must have a responsible adult (**at least 18 years old**) to drive or accompany them home and care for them while they recover. This adult must be able to:

- Keep any items you bring to the surgery center safe. We cannot be responsible for personal possessions
- Communicate with other family and friends (please limit visitors to two per patient)
- Listen to and sign your discharge instructions with you and your nurse
- Drive you home or accompany you on Access or in a taxicab after surgery. Patients **will not** be allowed to leave the surgery center on a public bus
- Depending on the type of anesthesia you had, stay with you constantly for the first 24 hours, including overnight
- Help you while you recover fully after surgery

Your surgery may be canceled if you do not have a responsible adult with you.

Patients younger than 18 years old must have a parent or legal guardian as their responsible adult. The parent or guardian must stay in the waiting room during surgery.

Registration/Insurance Call

A member of the registration (admissions) staff may call you several days before your surgery to check your admission information such as your name, address, birth date, and insurance information.

Change in Health

Call your surgeon if you have a change in your health, such as a cold or flu in the week before surgery.

Cancellation of Surgery

Please note, your surgery could be canceled for these reasons:

- If your physical condition changed recently, such as a cold or flu in the past week
- If you did not follow preoperative instructions, for example, if you ate or drank anything after 11:30 p.m. on the night before surgery
- If you arrive late on the day of surgery
- If you do not have a responsible adult with you to take you home and spend the next 24 hours with you

If you need to cancel your surgery or have any questions, call your surgeon's office.

Preoperative Testing

Your doctor may order some tests before your surgery or other procedure. These may include blood tests, electrocardiogram (EKG), X-rays, stress test, etc. Often doctors want these tests to be more than 14 days but fewer than 28 days before your surgery.

Ask your surgeon for a list of the tests you need, when you should have them, and possible locations where you can get your tests. Update this list with the dates and locations where you had your tests. Please bring this list with you on the day of surgery.

Medicines and Breathing Treatments

Write a list of all drugs and medicines you take – prescribed, over-the-counter, supplements, herbal remedies, etc. List each one's name and the dose and times you take it. You may use the medication chart in the back of this book.

Check with your doctor about which medicines you need to stop taking, and when, before your surgery. On the following pages are guidelines for the most common medicines.

Aspirin/NSAIDs and Anticoagulants/Blood Thinners

Many doctors tell their patients they can stop taking the following 2 weeks before surgery:

- Aspirin-containing products such as Aspirin, Excedrin, and Alka-Selzer
- Nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen (Advil or Motrin), and naproxen sodium (Aleve)

Ask your doctor if and when to stop blood thinners (anticoagulants) such as Coumadin (warfarin), or Plavix. Do not stop any blood thinners without the consent of your doctor.

Breathing Medicines and CPAP

- If you use an inhaler for asthma, use it as prescribed up until your surgery time. If you have a rescue inhaler, bring that with you.
- If you take oral medications for breathing, take these with a small sip of water the morning of your surgery.
- If you have a CPAP (continuous positive airway pressure) machine, bring it with you on the day of surgery.



Diabetes (“Anti-hyperglycemic”) Medications

If you take **oral** or **injectable** anti-hyperglycemic (diabetes) medications and must be “NPO” (without anything by mouth) for your procedure, follow these directions for taking your medication(s) the day before and the day of your procedure:

Oral Medications*	Day Before	Day of Procedure
Glimepride (Amaryl)	Do not take evening dose	Do not take dose
Glipizide XL (Glucotrol XL)	Do not take evening dose	Do not take dose
Metformin (Glucophage XL)	Take evening dose unless receiving procedure with contrast dye. Wait for order from physician to restart medication	Do not take dose
All other oral medications	Take usual dose	Do not take dose

*Resume previous oral medications when eating is resumed except for metformin (Glucophage).

Injectable Medications	Day Before	Day of Procedure
Lantus and Levemir	Take usual day and evening dose	Take usual dose
NPH-Humulin N, Novulin N	Take usual day and evening dose	Take ½ usual dose before procedure
Humalog, Novolog, Humulin mix	Take usual day and evening dose	Before 12 noon: Hold a.m. dose, take a.m. dose with first meal. After 12 noon: Omit morning dose, take dinner dose as prescribed
Humalog, Novolog, Lispro	Take usual dose	Do not take morning dose
Regular Insulins	Take usual doses	Do not take morning dose
Byetta, Bydureon, Victoza, Symlin	Take usual dose unless not eating solid foods—notify MD	Do not take morning dose
U-500 insulins	Consult endocrinologist	Consult endocrinologist
**Insulin pumps	Maintain usual pump routine	Maintain pump routine

**Give this information about your pump to the medical staff: Name of pump manufacturer, customer support number, type of insulin in the pump, basal rates, and bolus doses. You must sign a paper stating that you can manage the pump independently during the hospital stay and agree to discontinue the pump and defer to management by the hospital care providers if for any reason you are deemed unable to do so.

Heart Medications

Take any medication prescribed for your heart or high blood pressure the morning of surgery with a small sip of water.

Other Prescription Medications

- Take any medications prescribed for GERD (gastroesophageal reflux disease), seizures, depression or thyroid disorders the morning of surgery with a small sip of water.
- If you take pain medication, ask your doctor whether you should take it the morning of your surgery.

Vitamins, Herbs, and Weight Loss Medicines

- You should stop all herbal medications 2 weeks before your surgery.
- Check with your doctor about weight-loss medications/preparations. We recommend stopping them at least 2 weeks before your surgery.

What to Do the Day Before Surgery

Do not drink alcohol for at least 24 hours before surgery. Remember not to use any recreational drugs and not to smoke.

Call Announcing Time of Surgery

On the last **weekday** before your surgery, a surgery center nurse will call the telephone number you gave your surgeon to tell you the time you need to report to the surgery center. If you do **not** receive a call by 3 p.m., call the surgery center at the telephone number listed on the inside front cover of this booklet.

The nurse may ask about your health history and medications. The nurse will go over instructions for preparations at home, such as taking baths with special soap, what medicines to take, and when to stop eating and drinking.

Home Preparations

Follow any instructions from your surgeon, such as the following:

- Special diet
- Special medication
- Enema
- Nose spray or drops
- Shower with special soap
 - If your surgeon's office gave you a package of special soap with washcloths and instructions, please shower with this soap according to the instructions
 - If you did not get soap from your surgeon, please buy a special soap available over-the-counter called "4% chlorhexidine gluconate" (CHG, brand name Hibiclens). Follow instructions on the bottle to shower with this soap **only from the neck down** and not your private parts (genitals)
 - After your shower, dress in freshly washed clothes

Remove make-up, jewelry, body piercings:

- Remove polish from toenails and fingernails
- See a jeweler or piercing specialist if you cannot remove body piercings or jewelry (including wedding ring) on your own

Do not shave in or around the area where you will have surgery unless your surgeon told you to. If necessary, staff will remove any hair with clippers on the day of surgery.

Gather Things to Bring

On the day before surgery, gather the following:

- **Freshly washed** loose, comfortable clothing to wear on the day of surgery.
- Plan clothing you can wear over any bulky dressings you might have, such as on the leg or shoulder
- Sturdy slippers or soft shoes
- Medication list
- Preoperative testing list, including location and phone number of each test you had
- X-rays (on CD or films) and any other test results you were given
- Insurance card, photo ID, and co-pay (cash, check, or credit card)
- Eyeglasses to wear instead of contact lenses. If you do not have eyeglasses, you need to bring a contact lens container and solution
- Any items your surgeon gave you to use after surgery, such as crutches, walkers, “boots”, slings or braces

Food and Fluids

Write the time your surgery is scheduled _____ a.m. / p.m.

For safe anesthesia, stop food, fluids, gum, chewing tobacco, and hard candy as follows:

1. Patients with:

- Weight over 250 pounds (men) or over 200 pounds (women)
- Obstructive sleep apnea
- Hiatal hernia
- Gastroparesis
- Diabetes mellitus
- History of difficult airway

Morning surgery: Nothing by mouth (“NPO”) after midnight.

Afternoon surgery: No food starting 8 hours before surgery. Clear liquids are allowed up to 4 hours before surgery.

2. Patients without a condition listed:

- Meals with fatty or fried foods or meat are allowed up to 8 hours before surgery.
- A light meal such as tea and toast is allowed up to 6 hours before surgery.
- Infant formula and non-human milk are allowed up to 6 hours before surgery.
- Breast milk is allowed up to 4 hours before surgery.
- Clear liquids are allowed up to 2 hours before surgery.

Checklist for Surgery

The following table shows a sample schedule to get ready for your outpatient surgery or procedure. Please read details about each task in previous sections of this booklet.

Date

As soon as surgery is scheduled

Task

Schedule the day with your responsible adult

_____ (28 days before surgery)

Start preoperative testing
Make a list or fill in the chart in this booklet with all of your prescribed and other medicines, supplements, herbs, etc. List name, dose, and times you take it

Ask your surgeon which medicines to stop for surgery, and when

_____ (14 days before surgery)

Stop taking vitamins and herbal products unless your doctor said otherwise

Stop taking Aspirin/NSAIDs unless your doctor said otherwise

Check with your doctor about Coumadin (warfarin), Plavix, or other anticoagulants

Check with your doctor about weight-loss drugs

_____ (2 to 3 days before surgery)

Make or update lists for:

Medicines – Drug name, dose, and times you take it

Doctors – List all current doctors and their phone numbers

Tests - List the dates and places of each preoperative test you completed - such as blood tests, x-rays, electrocardiograms (ECGs), stress testing

_____ (1 to 3 days before surgery)

On the last **weekday** before surgery: A surgery center nurse will call with the time you need to report to the surgery center and instructions

_____ (Day before surgery)

Collect items to wear/ take to the surgery center (see list) **Shower** with special soap and put on freshly washed clothes

_____ (Day of surgery)

Shower with special soap and put on freshly washed clothes

Medications: Follow instructions

Food and fluids: Follow instructions

Bring with you:

Insurance card, photo ID, co-pay, copy of advance directive

Lists of medicines, doctors, and tests

Test results, X-rays

Equipment your surgeon requested (walker, boot, etc.)

Cases for eyeglasses, etc.

Arrive at surgery center at (write the time)

_____ a.m./p.m.

What to Do the Day of Surgery

Please follow these instructions on the day of your surgery.

Before Coming to the Hospital

Follow any instructions you were given for the morning of surgery, such as:

- Food and fluids – Follow instructions on page 10.
- Special pills – Swallow with only a **sip** of water.
- Morning dose of pills you are permitted – Swallow with only a **sip** of water.
- Diabetes medicines or insulin – Follow instructions on page 7.
- Other medicines ordered, such as inhaler, nose spray, or drops – Take as instructed.
- Enema – **Only if instructed.**
- Bathe or shower with special soap – Follow instructions under “Home Preparations” on page 9. After your bath or shower, dress in clean, loose clothing. Wear sturdy slippers or soft shoes.
- If you use contact lenses, leave them at home and wear eyeglasses.
- If you wear dentures, put them in but do not “glue” them in place.

If you wear hairpieces, hearing aids, eyeglasses, dentures, or prostheses, bring a container to keep each one safe in case the surgeon wants you to remove them for the procedure.

Be sure you have **no** polish on fingers or toes, **no** jewelry including wedding rings, **no** body jewelry, and **no** make-up.

Bring with you:

- Advance directive, insurance card, photo ID, and co-pay (check, cash, or credit card) Leave all valuables at home
- Medication list, “rescue” inhaler, CPAP machine
- Preoperative X-rays (on CD or film) and other preoperative test results you were given
- If you do not have eyeglasses, bring your contact lens container and solution
- Any items your surgeon gave you to use after surgery, such as crutches, walkers, “boots”, slings or braces

Do **not** bring:

- Do not bring valuables. If you bring a credit card for your co-pay or any items such as eyeglasses, hearing aids, prostheses, or orthopaedic items, your responsible adult must keep them safe for you. The hospital cannot be responsible for personal items.
- Do not bring any medicines except a “rescue” inhaler **unless** your doctor told you to.



When You Arrive

Please arrive at the hospital at the time you were given in the telephone call from the surgery center nurse. Proceed as follows:

- At Allegheny Valley Hospital, stop at the cashier's office in the main lobby if you need to complete your co-pay **before** going to the surgery center.
- At all other hospitals, go straight to the surgery center.

A surgery center nurse will take you to a room to undress and get into a bed or reclining chair.

- You will have an intravenous (IV) line inserted.
- You may have additional tests.
- Your consent for the procedure will be reviewed with you.
- An anesthesia team member will talk with you about anesthesia for your procedure and will have you sign a consent for anesthesia.
- You may receive medications as ordered by your surgeon or the anesthesiologist.

After Your Surgery

Patients are taken to the PACU (Post-Anesthesia Care Unit, also known as the recovery room) immediately after surgery. The PACU or recovery room is a critical-care area where registered nurses monitor patients' vital signs (heart rate and rhythm, breathing, blood pressure, etc.), pain, and symptoms after anesthesia, such as nausea. Time in the PACU varies a lot from patient to patient.

You will leave the PACU / recovery room after the effects of anesthesia have worn off and your comfort needs are met.

Instructions for Your Family

A map and directions for driving and parking are on the inside back cover of this booklet. Please share the following information with family or friends accompanying you to your procedure.

Before Surgery

After you have been prepared for surgery (30 to 45 minutes or more), your family or friends (up to two visitors per patient) may join you to wait until it is time for your procedure.

During Surgery

The nurse will tell you and your family how long your procedure is likely to take.

Responsible adult: While you are in the Operating Room, your responsible adult needs to remember:

- If the patient is younger than 18 years old, at least one parent or guardian must be in the waiting area at all times.
- If your responsible adult family member or friend needs to leave the waiting room, he or she needs to check at the desk before leaving. It is best to stay in the waiting area for shorter procedures so the surgeon can find you quickly to report.

Smoking: All facilities are smoke-free. **Do not smoke** in or near the facility.

Refreshments: Each surgery center waiting area has coffee and tea available at no charge. Each surgery facility has vending machines and a cafeteria or cafe where you can purchase refreshments. Please ask for information at the surgery center desk.

Discharge to Home

If you are discharged from the surgery center to go home, a nurse will meet with you and your responsible adult. The nurse will:

- Review your discharge instructions
- Give you any prescriptions ordered by your physician
- Answer any questions you may have about your care

What to Do at Home

Follow all of your surgeon's instructions for your care after surgery, including:

- What to eat and drink (diet)
- Medicines to take
- Resting
- Not doing anything strenuous
- Any restrictions on walking or other movements
- When you can return to various activities
- Incision care and dressings
- Checking for signs of bleeding or infection
- When to see the doctor for follow-up

If you use a CPAP (continuous positive airway pressure) machine, use it for naps as well as at night.

A nurse will call you after your surgery to check your progress and answer any questions you may have.

If you have questions or difficulties at any time, do not hesitate to call your surgeon's office.

Important Information for Your Health

All of us want the best outcome for you. Here is information about how you can get the best results from your surgery.



Smoking Cessation

This teaching guide gives information about smoking, how to quit, and a list of organizations with websites that can give you help and information.

Health Risks of Cigarette Smoking and Tobacco Use

Tobacco smoke contains at least 4000 chemicals that smokers inhale, including nicotine, carbon monoxide, 60 to 70 different carcinogens (cancer causing agents), and many other toxic gases. Chewing or dipping tobacco also exposes you to nicotine and cancer-causing agents.

As a result, cigarette smoking and other forms of tobacco use like snuff, chew, cigar, and pipes — puts you at high risk for many serious health problems, such as:

- Heart disease
- Cancer (lung, throat, mouth and bladder)
- Stroke
- Lung disease (emphysema and chronic bronchitis)



Carbon monoxide forces oxygen out of the blood, making your heart beat faster and raising your heart rate. In effect, inhaling carbon monoxide is a form of slow suffocation. Nicotine causes your blood pressure and heart rate to increase, making your heart muscle work harder. Nicotine is also very addictive, which is why it is difficult for tobacco users to quit and to remain tobacco free. You may also have immediate side effects, such as:

- Bad breath
- Stained teeth and fingers
- Spending too much money on your habit

You Can Quit

Nicotine addiction is very hard to control, because it is so tightly tied in with things you do every day, such as talking on the phone, driving, eating, and drinking. You may think of tobacco as a friend who is always there to make you feel better, but this is a “friendship” that may cost you your health and your future. Replacing nicotine habits with healthy tobacco-free habits is vital for long-term success. Increase your chances of quitting successfully by doing the following:

- Decide to quit.
- Set a “quit date” within 2 to 3 weeks of your decision.
- Make a list of all your reasons for quitting.
- Identify your tobacco triggers - places, times, situations and people that make you want to smoke or chew.
- Make plans for how you are going to handle those places, times, situations and people when you are tobacco free. Practice your plans!
- Tell other people that you are quitting. This confirms your commitment.
- Adopt a “buddy” for support.
- Spend more time with people who don’t smoke and in non-smoking places.
- Get used to the idea that you will not have tobacco in your life after your quit date.
- Think about all the positive aspects of not using tobacco — less coughing, fresh breath, no late night trips to buy cigarettes, no dirty ashtrays, and more cash in your pocket.

On your quit date:

- Get rid of all your cigarettes, lighters and ashtrays — you will not be using them again!
- Consider starting nicotine replacement therapy (described next).
- Take one day at a time.
- Be prepared with substitutes for trigger situations — stock up on gum, mints or hard candies.

Nicotine Replacement Therapy

Nicotine replacement therapy (NRT) works by providing a source of nicotine, thereby reducing or eliminating the withdrawal symptoms and cravings many people have when they quit using tobacco. This makes it easier for the user to stay away from tobacco and to practice new tobacco-free habits. Nicotine replacement therapy is available as a patch or gum without prescription, and as nasal spray or inhaler with prescription.

Consider NRT if you smoke more than 10 cigarettes per day or use one can of spit tobacco per week. It will increase your chances of quitting successfully.

Staying Free of Tobacco

Once you have quit smoking or chewing, focus on becoming a permanent non-user. This is the hard part! You may already have a relapse behind you, or know someone who quit for several years and then started again. This happens most often when a former tobacco user is faced with a stressful situation. One cigarette or chew leads to another and another... and very soon the habit has returned. Here are some suggestions to stay free of tobacco for life:

- Continue to take one day at a time.
- Identify those times when you may be at risk of going back to smoking or chewing. Decide what you will do instead and be prepared.
- Understand that you can want a cigarette, but that is not the same as having one.
- If you have a cigarette or a chew — get right back on track! Your efforts still count.
- List all the good things that are happening to you because you quit. Review this list often.
- Congratulate yourself each day for being tobacco free!

Additional Help

Try these resources for support and help:

- Pennsylvania QUIT LINE (free telephone counseling service), 1.877.724.1090 (24 hours a day)
- Tobacco cessation classes at hospitals or elsewhere in the community
- American Cancer Society (Fresh Start Program), 1.800.227.2345 or www.cancer.org
- American Lung Association (Freedom from Smoking), www.lungusa.org
- Nicotine Anonymous, www.nicotine-anonymous.org
- Smoke Stoppers, www.smokestoppers.com
- For those with Medicare: www.smokefree.gov or www.medicare.gov



FAQs about SSIs (Surgical Site Infections)

Here are answers to some frequently asked questions (FAQs) about surgical site infections (SSIs).

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?

Most SSIs 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 hospitals doing to prevent SSIs?

Here are some of the things doctors, nurses, and other healthcare providers are doing to prevent SSIs:

- 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.



SpeakUp! for Safe Surgery

The Joint Commission's SpeakUP™ program goal is to help patients become more informed and involved in their health care. The following information

is from the SpeakUP™ brochure "Help Avoid Mistakes in Your Surgery" (http://www.jointcommission.org/Speak_Up_Help_Avoid_Mistakes_in_Your_Surgery/) for patients to make your care safer by being an active, involved and informed member of your healthcare team every step of the way.

Preparing for Your Surgery

To prepare for your surgery, ask your doctor these questions:

- Are there any prescription or over-the-counter medicines that I should not take before my surgery?
- Can I eat or drink before my surgery?
- Should I trim my nails and remove any nail polish?
- If you have other questions, write them down. Take your list of questions with you when you see your doctor.

Ask someone you trust to do the following:

- Take you to and from the surgery facility
- Be with you at the hospital or surgery facility
- Make sure you get the care you need to feel comfortable and safe

Before you leave home for your surgery:

- Shower and wash your hair.
- Do not wear make-up. Your caregivers need to see your skin to check your blood circulation.
- Leave your jewelry, money and other valuables at home.

At the Surgery Facility

The surgery center staff will ask you to sign an “informed consent” form.

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

Make sure everything on the form is correct. Make sure all of your questions have been answered. If you do not understand something on the form— speak up.

For your safety, the staff may ask you the same question many times.

They will ask:

- Who you are
- What kind of surgery you are having
- The part of your body to be operated on

They will also double-check the records from your doctor’s office.

Just Before Your Surgery

Just before your surgery, the following will occur:

- A healthcare professional will mark the spot on your body to be operated on. Make sure they mark only the correct part and nowhere else. This helps avoid mistakes.
- Marking usually happens when you are awake. Sometimes you cannot be awake for the marking. If this happens, a family member or friend or another healthcare worker can watch the marking. They can make sure that your correct body part is marked.
- Your neck, upper back or lower back will be marked if you are having spine surgery. The surgeon will check the exact place on your spine in the operating room after you are asleep.
- 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.

After Your Surgery

After your surgery, do the following:

- Tell your doctor or nurse about your pain. Hospitals and other surgical facilities 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 side effects? Tell 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 Authority Tips for Safe Surgery

The Pennsylvania Patient Safety Authority offers the following tips for safe surgery:

- Don't be upset if each doctor or nurse asks the same questions about your identity, procedure, and the side or site of the operation. They are supposed to individually check with the patient rather than accept what someone else has written or said.
- Make sure that you know which doctor is in charge of your care.
- In addition to your name, give healthcare professionals another identifier, such as your birth date, to confirm who you are.
- If you are having surgery, make sure that you, your doctor, and your surgeon all agree and are clear on exactly what will be done.
- Speak up if you have questions or concerns.
- If something does not seem right or if you do not understand something, say so. Ask for an explanation.
- Ask the doctor or nurse to mark the place that is to be operated upon.
- Make sure you have someone with you that you trust to be your advocate. This person can ask questions you may not think of and remember important information you may forget.
- Make sure all health professionals involved in your care know your medical history.
- Educate yourself about your procedure and don't be afraid to get a second opinion.

MEDICATION FORM

Please complete and bring with you on your day of surgery.

Patient name: _____

Date of birth: _____

Date of last tetanus shot: _____

Medications: Please list all medications, including vitamins and herbs.

ALLERGIES & REACTIONS

Please list all

Name of medication	What is the dosage of the medication?	How many do you take each time you take the medication?	How many times a day do you take the medication?	When was the last date and time you took this medication?
<i>example: Lasix</i>	<i>40 mg</i>	<i>1 tablet</i>	<i>2</i>	<i>10/31/11 8:30 am</i>

MEDICATION FORM

ALLERGIES & REACTIONS

Please list all

Please complete and bring with you on your day of surgery.

Patient name: _____

Date of birth: _____

Date of last tetanus shot: _____

Medications: Please list all medications, including vitamins and herbs.

Name of medication	What is the dosage of the medication?	How many do you take each time you take the medication?	How many times a day do you take the medication?	When was the last date and time you took this medication?
<i>example: Lasix</i>	<i>40 mg</i>	<i>1 tablet</i>	<i>2</i>	<i>10/31/11 8:30 am</i>

MEDICATION FORM

Please complete and bring with you on your day of surgery.

Patient name: _____

Date of birth: _____

Date of last tetanus shot: _____

Medications: Please list all medications, including vitamins and herbs.

ALLERGIES & REACTIONS

Please list all

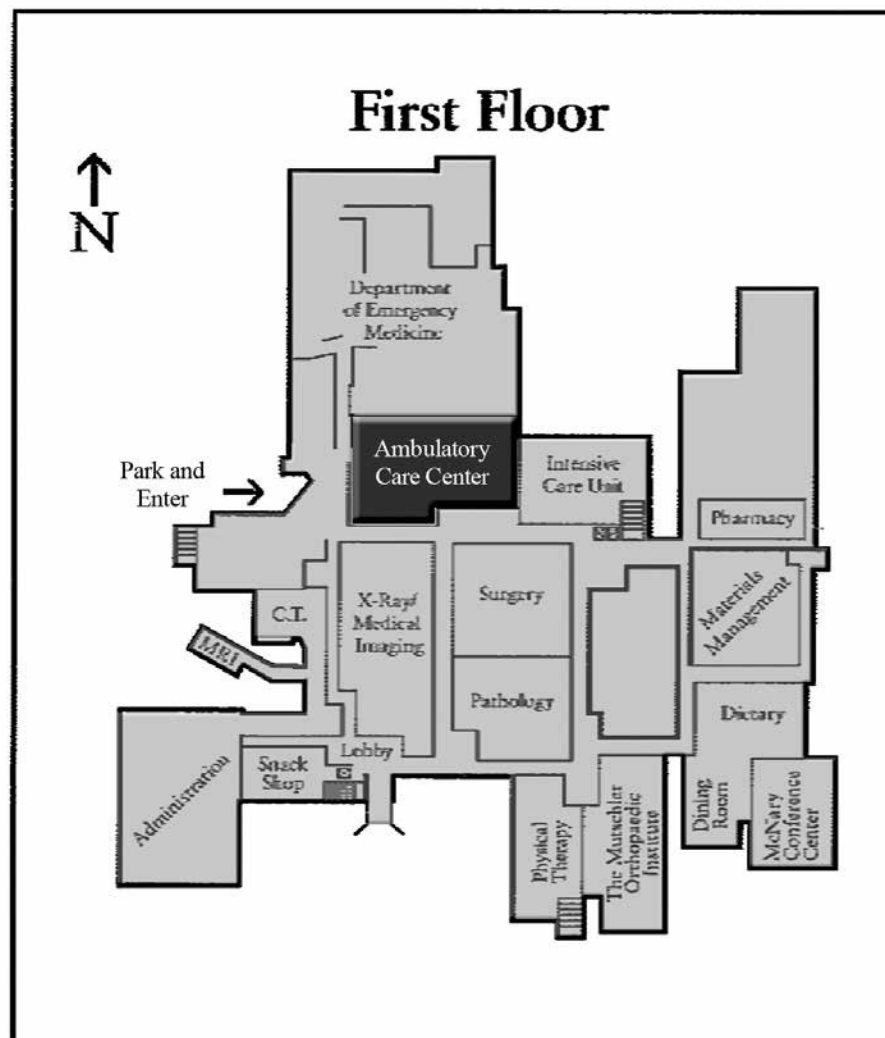
Name of medication	What is the dosage of the medication?	How many do you take each time you take the medication?	How many times a day do you take the medication?	When was the last date and time you took this medication?
<i>example: Lasix</i>	<i>40 mg</i>	<i>1 tablet</i>	<i>2</i>	<i>10/31/11 8:30 am</i>

Notes

Parking and Directions

Parking is available in the Canonsburg Hospital Ambulatory Care Center lot, shown on the left on the map below.

There is no charge for parking during your stay.





Allegheny Health Network

**Canonsburg
Hospital**

1301 Carlisle Street
Natrona Heights, PA 15065
724.224.5100

AHN.org