

***PRE-SURGICAL  
PATIENT  
INFORMATION***



**MAURY REGIONAL  
MEDICAL CENTER**

MauryRegional.com

# PRE-OP INSTRUCTIONS

Name: \_\_\_\_\_

Date of Surgery: \_\_\_\_\_

- Bring a list of your medication with the date and time of the last dose taken.
- If your medication changes prior to surgery, please bring the medication with you.
- Wear comfortable clothing. Do not wear jewelry, nail polish, make-up or hairpins. You will be asked to remove your dentures, partial plates, contact lenses or any other prosthesis prior to surgery.
- If you use a C-PAP or Bi-PAP, bring it the day of surgery and give it to the nurse. It may be needed after surgery in the recovery room or, if admitted, you will need it when you are sleeping.
- If you have a Living Will/Durable Power of Attorney for Health Care, bring it the day of surgery to be added to your medical record for this visit. (If interested in an Advance Care Plan, there is one provided in the back of this booklet.)
- **PATIENT IDENTIFICATION:** To help ensure correct patient identification, your arm band will be checked and you will be asked to verify your name, birth date and the procedure you and your physician discussed several times before surgery.
- **MARKING SURGICAL SITE:** Correct surgical site is very important. Before your surgery, you and your physician will mark the surgical site if applicable.
- You may go to the recovery room after surgery. Frequent vital signs such as blood pressure and pulse may be taken.
- You should be walking, tolerating fluids and emptying your bladder prior to discharge.
- **GOING HOME:** Please arrange for transportation after surgery since you will not be allowed to drive yourself home.
- It is recommended to have someone stay with you for 24 hours after surgery.
- Special Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ***IMPORTANT INFORMATION***

- Nothing to eat or drink (including gum, mints or hard candy) after midnight the night prior to surgery.
- Brush your teeth the morning of surgery but do not swallow any water.
- If you wear dentures, do not glue them in before surgery – you will have to remove dentures before you go to surgery.
- No smoking, vapor cigarettes, dipping, chewing tobacco or other tobacco products for 24 hours prior to surgery.
- Medication to be taken the morning of your surgery as directed by the anesthesia nurse or your physician: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- If you are diabetic, it is very important to keep your blood sugar under control (less than 200). A finger stick – blood sugar will be done the morning of surgery.
- If you use an insulin pump, bring extra supplies with you the day of your surgery.

## ***Directions to Same Day Surgery:***

- **Enter through the main medical center entrance**
- **Take the main lobby elevators and go to the second floor – Same Day Surgery**
- **Exit the elevator on second floor and turn left**
- **STOP at the Same Day Surgery nurse station**

# WHAT TO EXPECT AFTER SURGERY

## After Surgery

- After surgery, you may be brought to the Recovery Room (or Post Anesthesia Care Unit). The surgeon may call or visit your family or friends to let them know how you are doing. Family members will be instructed where to wait.
- In the Recovery Room, noises may sound louder than usual. You may have blurred vision, chills, nausea or a dry mouth. A nurse will check your dressing and blood pressure often. You may have an IV or other tubes. Your surgery site may hurt or burn, so ask your nurse for pain medication if you need it.

## After Recovery Room

- If you are an outpatient, you will return to a Same Day Surgery room to prepare for discharge. Make sure that you have a family member or friend to drive you home after surgery.
- If you are an inpatient, you will be taken to a patient room.

## Your Recovery

- **WALKING**
  - Your physician will provide instructions to the staff about when you can be up out of bed.
  - Be sure to have assistance getting out of bed for the first time and when you begin walking.
- **BREATHING AND COUGHING**
  - You will be encouraged to cough and deep breathe.
  - This may be difficult at first. If you have an incision, holding a pillow over it when you cough can help.
  - Deep breathing clears the lungs and helps prevent pneumonia.
- **EATING**
  - When the physician says that you can begin eating, you will probably start on liquids. Later, your diet will be advanced as ordered by your physician.

If you have any questions, phone your physician or ask your nurse the morning of surgery.

# FREQUENTLY ASKED QUESTIONS ABOUT SURGICAL SITE INFECTION

## 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, physicians, nurses and other health care 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.
- Wear special hair covers, masks, gowns and gloves during surgery to keep the surgery area clean.
- You may receive antibiotics in your IV before and/or after surgery to help prevent a surgical site infection.
- 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:

- **To help decrease your risk for getting an infection after surgery, we would like for you to bathe the night before or the morning of surgery with the soap provided.**
- **Do not use lotion, powder, perfume or cologne. Deodorant is acceptable.**
- **Do not shave near where you will have surgery for 48 hours prior to surgery. Shaving with a razor can irritate your skin and make it easier to develop an infection.**
- Tell your physician 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 physician about how you can quit before your surgery.

### After your surgery:

- Make sure that your health care providers clean their hands before examining you, either with soap and water or an alcohol-based hand rub. If you do not see your health care 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?

- Before you go home, your physician 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 medical center.
- Always wash your hands with soap and water 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 physician immediately.

If you have additional questions, please ask your physician.

# PATIENT AND FAMILY GUIDE TO PAIN MANAGEMENT

Maury Regional Medical Center is concerned about your health and well-being. We have developed a pain management program to ensure you get adequate relief from surgical pain. **The goal of pain management is to make post-operative pain more tolerable and maintain a pain level of 5 or less on the Likert pain scale.**

Pain is the discomfort that alerts you to the fact that something is wrong with your body. Pain results from any condition that stimulates sensors in your body that detect pain.

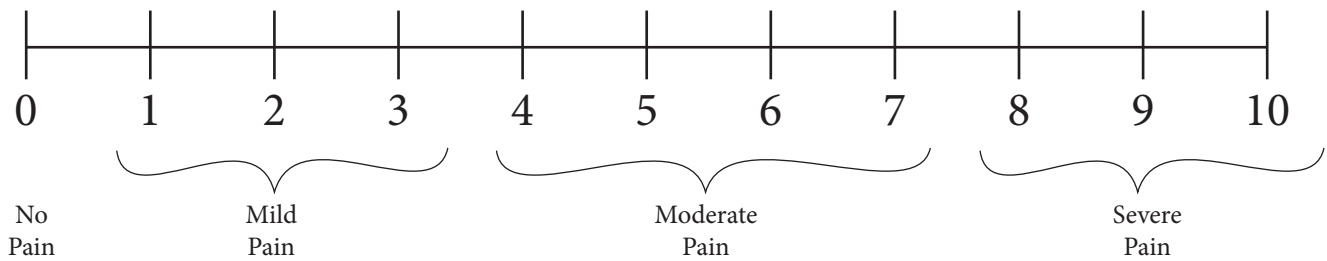
## Examples of conditions that can cause pain include:

- Trauma to skin, tendons, bone, muscles and nerves
- Infections
- Bleeding
- Tumors

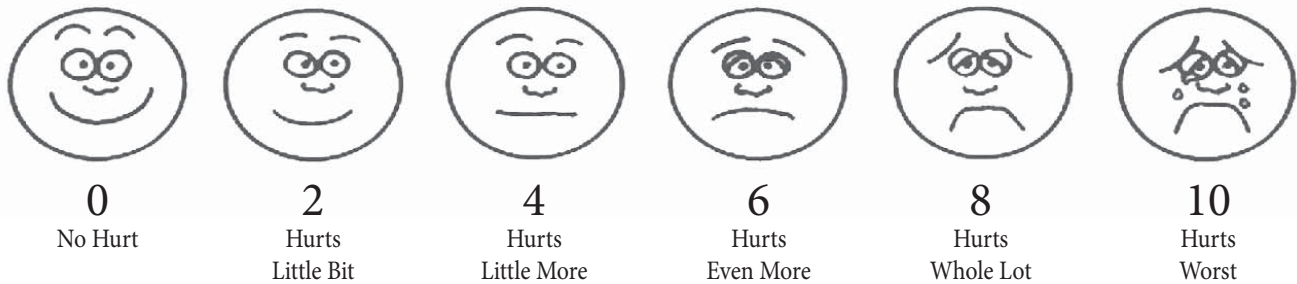
Unrelieved pain may cause suffering which can lead to other health problems and delay in recovery.

Keeping your pain under control is important to your recovery. It will help you eat better, sleep better, move around more easily, and visit with your family and friends.

## 0-10 Likert Pain Intensity Scale



## Wong-Baker FACES Pain Rating Scale



From Wong, D.L., Hockenberry-Eaton, M., Wilson, D., Winkelstein, M.L., Ahamann, E., DiVito-Thomas, P.A., Whaley and Wong's Nursing Care of Infants and Children, ed. 6, St. Louis, 1999, p. 2040. Copyrighted by Mosby, Inc. Reprinted by permission.

# FALL SAFETY

## Fall Safety Following Surgery

**Falls happen because of a combination of factors and it is common to feel dizzy or weak following anesthesia and surgery. Following your surgery, do not get out of bed without assistance. Call for a nurse to assist you.**

## Preventing Falls

Below are some of the most common causes for falls:

- Unsafe footwear or problems with feet
- Medication side effects
- Problems with balance and walking
- Lack of physical activity
- Changes in eyesight and hearing
- Urinary and bladder dysfunction
- Hazards around the home or in public places

You can reduce your risk of a fall by doing the following:

- Use your call light to call for assistance from the nurse if you feel weak. Do not try to go to the bathroom by yourself.
- Sit on the side of the bed for a few minutes before you stand. Look straight ahead as you stand.
- Wear non-slip shoes or non-skid footwear when out of bed. The hospital provides non-slip socks.
- Walk close to the wall and use the handrail for safety.
- Ask that a dim light remain on at night to light the path to the bathroom.

- Do not lean on equipment with wheels such as an IV pole or an over-the-bed table.
- Keep personal items (phone, TV remote, toiletries, urinal, etc.) in reach.
- Wear glasses or hearing aids if you have them.
- Pull the emergency cord while in the bathroom if you need assistance.
- Please tell your nurse if you use a walker, cane, wheelchair, or bedside commode.

## How the Staff will Help Prevent Falls:

- Visual reminders to staff will be placed outside your door (Fall Risk sign, use of amber light, etc.)
- The bed will be kept locked and in low position with at least the head of the bedside rails up.
- The room will be kept well lighted and free of clutter.
- Patient/family will be informed regarding fall risks and methods of prevention.
- Family may be requested to stay with patients deemed to be at high risk for a fall.
- A mobility monitor may be used as a gentle reminder to call for help before getting up.
- As specific factors are identified, other members of the health care team may be consulted to reduce your risk for falls.

If for any reason you have questions or concerns, please ask your patient caregiver.

# TOBACCO USE AND SMOKING CESSATION

As a health care provider, Maury Regional Medical Center has a responsibility to encourage and promote healthy lifestyles. For this reason, the center has been tobacco-free since May 1, 2008.

**We ask that all patients and visitors refrain from using tobacco products and vapor/electronic cigarettes on our premises, including buildings and the campus grounds.**

Patients will be provided education regarding options for smoking cessation. Your attending physician should be able to assist you with smoking cessation by substituting approved prescription products. You may also inquire about smoking cessation assistance with a member of the nursing staff.

## Smoking Facts

- Smoking kills more than 400,000 Americans each year—more than alcohol, crack, cocaine, heroine, homicide, suicide, car accidents, fires and AIDS combined!
- Tobacco accounts for about one-third of all cancer deaths in the United States.
- If you smoke 1-2 packs a day and have for 20 years, you are eight times more likely to die of lung cancer than a person that has never smoked.
- Smoking is the major risk factor of our number one killer, heart disease. About one-fifth of deaths from heart disease are from smoking.
- Smoking also harms thousands of non-smokers by way of secondhand smoke. Children exposed to smoke have more ear and respiratory infections than children that are not exposed to cigarette smoke.
- Damage to lungs from cigarette smoke can lead to breathing problems, chronic bronchitis, emphysema and infections.
- Cigarette smoke contains tar, which is made up of over 4,000 chemicals, including 43 that are known to cause cancer. Some of these chemicals also cause lung and heart disease.

## Basic Quit Smoking Strategies

- List reasons to quit and read them daily. Add to the list as needed. Avoid situations that you relate to smoking.
- Stay positive. When you wake up, promise yourself that you will not smoke a cigarette that day.
- Do deep breathing exercises when you get the urge to smoke.
- Remember that the urge to smoke will pass. The first 2-5 minutes will be the toughest.
- Work out. Exercise helps relieve tension and reduces the urge to smoke.
- Picture success. Plan ahead and think of how you will deal with stressful situations without lighting up.
- Nibble on low-calorie items like carrot sticks, apples, celery and chewing gum.
- If you do smoke after quitting, this does not mean that you are a smoker again. Do something to get back on track.

*Additional information is available from the following organizations:*

American Lung Association  
1.800.LUNG.USA  
lungusa.org

American Cancer Society  
1.800.ACS.2345  
cancer.org

Tennessee Tobacco Quitline  
1.800.Quit.Now  
1.800.784.8669

National Cancer Institute  
1.800.4.CANCER  
cancer.gov

Freedom from Smoking Online  
ffsonline.org  
Smokefree.gov

American Heart Association  
1.800.AHA.USA1  
amhrt.org

# ICOUGH

**INCENTIVE SPIROMETER EXERCISES**—Deep breathing exercises will help keep your lungs healthy. Place the mouthpiece in your mouth and seal your lips around it. Breathe in (inhale) slowly and deeply. Remove the mouthpiece from your mouth and breathe out. This breathing exercise needs to be done six times each hour while awake.

**COUGH AND BREATHE DEEPLY**—After surgery, taking deep breaths and coughing will help to clear your lungs. This helps the lungs to do the vital job of delivering oxygen to the tissues in your body.

**ORAL CARE**—In addition to brushing your teeth, use mouthwash twice daily to keep your mouth clean from germs. You should brush your teeth and use mouthwash several days before your surgery and then continue after you are discharged from the hospital.

**UNDERSTAND ICOUGH PRACTICES**—It is important for you and your family to take an active part in your recovery from surgery. We want your pain to be controlled to help you take deep breaths and cough, do breathing exercises, and make sure that you get out of bed, sit in a chair and walk.

**GET OUT OF BED AND WALK THE HALLWAY**—Getting out of bed and walking at least three times per day will help your recovery after surgery and help prevent complications. Walking will help clear secretions from your lungs and improve your circulation so that you may regain your strength.

**HEAD OF BED ELEVATION**—It is important to keep the head of your bed elevated 30-45 degrees. Being in an upright position after surgery will help your breathing.



# ADVANCE CARE PLAN

An Advanced Care Plan, often referred to as a Living Will, is a document that outlines your wishes regarding your health care and identifies an individual to make health care decisions for you if you are unable to do so for yourself. If you choose to have an Advance Care Plan in place prior to surgery, it must be completed with signatures and notarized PRIOR to your arrival for treatment. Because changes to this document can be made at any time that you choose, you must bring a copy with you any time you are receiving care.

**INSTRUCTIONS:** Competent adults and emancipated minors may give advance instructions using this form or any form of their own choosing. To be legally binding, the Advance Care Plan must be completed, signed and either witnessed or notarized prior to your surgery.

I, \_\_\_\_\_, hereby give these advance instructions on how I want to be treated by my doctors and other health care providers when I can no longer make those treatment decisions myself.

Agent: I want the following person to make health care decisions for me:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_

Alternate Agent: If the person named above is unable or unwilling to make health care decisions for me, I appoint as alternate:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_

## QUALITY OF LIFE:

I want my doctors to help me maintain an acceptable quality of life including adequate pain management. A quality of life that is unacceptable to me means when I have any of the following conditions (you can check as many of these items as you want):

- Permanent Unconscious Condition: I become totally unaware of people or surroundings with little chance of ever waking up from the coma.
- Permanent Confusion: I become unable to remember, understand or make decisions. I do not recognize loved ones or cannot have a clear conversation with them.
- Dependent in all Activities of Daily Living: I am no longer able to talk clearly or move by myself. I depend on others for feeding, bathing, dressing and walking. Rehabilitation or any other restorative treatment will not help.
- End-Stage Illnesses: I have an illness that has reached its final stages in spite of full treatment. Examples: Widespread cancer that does not respond anymore to treatment; chronic and/or damaged heart and lungs, where oxygen needed most of the time and activities are limited due to the feeling of suffocation.

## TREATMENT:

If my quality of life becomes unacceptable to me and my condition is irreversible (that is, it will not improve), I direct that medically appropriate treatment be provided as follows. Checking "yes" means I WANT the treatment. Checking "no" means I DO NOT want the treatment.

**Cardiopulmonary Resuscitation (CPR):** To make the heart beat again and restore breathing after it has stopped. Usually this involves electric shock, chest compressions and breathing assistance.  Yes  No

**Life Support/Other Artificial Support:** Continuous use of breathing machine, IV fluids, medications, and other equipment that helps the lungs, heart, kidneys and other organs to continue to work.  Yes  No

# ADVANCE CARE PLAN

**Treatment of New Conditions:** Use of surgery, blood transfusions or antibiotics that will deal with a new condition but will not help the main illness.  Yes  No

**Tube Feeding/IV Fluids:** Use of tubes to deliver food and water to patient's stomach or use of IV fluids into a vein which would include artificially delivered nutrition and hydration.  Yes  No

## OTHER INSTRUCTIONS, SUCH AS BURIAL ARRANGEMENTS, HOSPICE CARE, ETC.:

(Attach additional pages if necessary)

Organ donation (optional): Upon my death, I wish to make the following anatomical gift (please mark one):

Any organ/tissue  My entire body  Only the following organs/tissues: \_\_\_\_\_

## SIGNATURE

Your signature should either be witnessed by two competent adults or notarized. If witnessed, neither witness should be the person you appointed as your agent, and at least one of the witnesses should be someone who is not related to you or entitled to any part of your estate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Patient)

## WITNESSES

1. I am a competent adult who is not named as the agent. I witnessed the patient's signature on this form.

Signature of witness number 1 \_\_\_\_\_

2. I am a competent adult who is not named as the agent. I am not related to the patient by blood, marriage, or adoption and I would not be entitled to any portion of the patient's estate upon his or her death under any existing will or codicil or by operation of law. I witnessed the patient's signature on this form.

Signature of witness number 2 \_\_\_\_\_

## THIS DOCUMENT MAY BE NOTARIZED INSTEAD OF WITNESSED:

STATE OF TENNESSEE

COUNTY OF \_\_\_\_\_

I am a Notary Public in and for the State and County named above. The person who signed this instrument is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person who signed as the "patient". The patient personally appeared before me and signed above or acknowledged the signature above as his or her own. I declare under penalty of perjury that the patient appears to be of sound mind and under no duress, fraud, or undue influence.

My commission expires: \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_

## WHAT TO DO WITH THIS ADVANCE DIRECTIVE:

- Provide a copy to your physician(s)
- Keep a copy in your personal files where it is accessible to others
- Tell your closest relatives and friends what is in the document
- Provide a copy to the person(s) you named as your health care agent

*Approved by Tennessee Department of Health, Board for Licensing Health Care Facilities, February 3, 2005  
Acknowledgement to Project GRACE for inspiring the development of this form.*



## BECAUSE WE CARE

Providing our patients with the highest quality care is our goal. This is why we partner with Press Ganey to get feedback from our patients about the care we provide.

You may receive a survey following your visit. Please take a moment to complete this survey. We will use your feedback to make improvements.

If you have any comments, concerns or compliments about the nursing care you received during your visit with our units, we encourage you to contact us at 931.380.4129 between 7 a.m. and 4:30 p.m.

Your care today was provided by:

*Extraordinary People. Extraordinary Care.*

*REMINDER NOTES*

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*Thank you for choosing  
Maury Regional Medical Center  
as provider for your health care needs.*



**MAURY REGIONAL  
MEDICAL CENTER**

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Columbia, Tennessee 38401

MauryRegional.com