

PATIENT GUIDE

PREPARING FOR YOUR **PROCEDURE**



**UNIVERSITY OF
MICHIGAN HEALTH-WEST**
MICHIGAN MEDICINE

Surgical Services

Preparing for YOUR PROCEDURE

Patients and their families have many questions when facing a procedure. This booklet will help answer some of these questions and let you know what to expect before, during and after your procedure.

Here are some suggestions to help make your procedure and recovery process smoother and faster.

- Carefully follow your doctor's instructions. If there is something you don't understand, ask to have it explained to you.
- Review the Procedure Checklists provided in this document.
- Carefully follow your doctor's instructions if additional testing, including blood work and an EKG is needed prior to your procedure. This will be determined by your doctor, the type of procedure you are having and your health history.
- After your doctor schedules you for your procedure, you may receive calls from the following groups a few weeks prior to your procedure if more information is needed:
 - Pre-Procedure Planning Department
 - Pre-Registration
 - Quality Department
- If you smoke, it is recommended you stop smoking at least two weeks prior to your procedure. This will improve the health of your lungs and blood flow for healing.
- If you do not feel well or have a cold, rash or fever before your procedure, call your doctor to see if postponing your procedure is necessary.
- Certain prescriptions, over-the-counter medication or herbal medicine may cause extra bleeding during surgery and may also interact with anesthesia medications.
 - Your surgeon will tell you what medications to **STOP** prior to your procedure.
 - The Pre-Procedure Planning nurse will tell you what medications to take **ON** the day of your procedure. Be sure to notify your nurse on the day of your procedure what medications you have taken that day.
- University of Michigan Health-West offers free tours for children and their family as part of a pre-operative teaching program. For pre-procedure tours please call Child Life Services at 616.252.7946.

PRE-PROCEDURE CHECKLISTS

Please review the following checklist of things you need to do before your procedure. It is **very important** that you follow these directions.

1.) Pre-Procedure phone call instructions:

We will call you 1-3 business days prior to your procedure date to review your medical history, scheduled arrival time and medications needed, as well as any special instructions.

Please arrive at hospital or surgery center on _____ at _____ am / pm

Please take these medications on the day of your procedure, as instructed:

2.) TWO and THREE days before your procedure:

- Shower or bathe with antibacterial soap, such as Dial® or any soap that is provided by your doctor.

3.) The day before your procedure:

- Shower or bathe with antibacterial soap, such as Dial® or any soap that is provided by your doctor.
- NO solid food after midnight.
- You may drink small amounts of clear liquid until _____
(water, soda, clear juice, black tea or coffee – NO creamer or milk).
- NO alcohol (beer, wine or liquor) for at least two days prior to your procedure.
- NO chewing gum, chewing tobacco or hard candy after midnight.
- Remove **ALL** nail polish and jewelry.
- Pack a small bag of personal items if you are going to stay overnight in the hospital.
- Make sure you have a responsible adult drive you home upon discharge.** It is also important to have someone stay with you when you go home.

A responsible adult is a family member, friend or someone you know personally and does not include a bus, taxi or insurance-provided driver.

Day of Procedure

CHECKLIST

- Shower or bathe with antibacterial soap, such as Dial® or any soap that is provided by your doctor.
- Wear loose, comfortable clothing.
- Remove all jewelry (including rings and piercings) and leave at home.
- Do not eat or drink anything after the time provided by the Pre-Procedure Planning nurse.
- Bring cases and solution for storing contacts and glasses.
- Remove make-up.
- Leave money and valuables at home.
- Take any medications as instructed by the Pre-Procedure Planning Nurse (may be taken with small sips of water).
- Bring the following to your procedure *(if applicable)*:
 - Insurance card and photo ID *(required)*
 - Copy of your Medical Durable Power of Attorney/ Living Will and Legal Guardianship documents
 - Inhalers
 - X-rays/Films
- Please arrive at the time given by the Pre-Procedure Planning nurse.
- Remember, you must have a responsible adult drive you home upon discharge.**



What to Expect the DAY OF YOUR PROCEDURE

- During the procedure preparation process, you will be asked to put on a wrap-around hospital gown and slippers. Wear loose-fitting clothing that can be easily removed.
- An identification bracelet will be placed on your wrist.
- Your height, weight, blood pressure, pulse, breathing rate and temperature will be checked and a nurse will ask you several questions about your health.
- The nurse will explain any medication that has been ordered for you.
- The nurse will also give your family or friends instructions on where to wait during your procedure.
- The nurse will insert an intravenous line (IV) so you can be given necessary fluids and anesthetic medications during surgery. IVs for small children are inserted in the operating room after they are asleep.
- Written discharge instructions will be reviewed with you and your family. If you have questions after you go home, your discharge instructions and new medicines will include any phone numbers you may need.
- When you are ready to go home, we will transport you to your car in a wheelchair.

If you do not understand something about your procedure, please ask your nurse.

For questions or concerns, please call:

**University of Michigan Health-West Hospital
Dan & Eunice Pfeiffer Surgery Center
Professional Building
616.252.7109**

**Park East
Outpatient Surgery Center
616.252.6100**

Your ANESTHESIA

The purpose of anesthesia is to keep you asleep during your procedure or to make areas of the body insensitive to pain. An anesthesiologist is a physician who has been trained in the medical and technological aspects of anesthesia. Your anesthesiologist may also work with a Certified Registered Nurse Anesthetist (CRNA) or an anesthesia assistant.



There are different types of anesthesia. Your anesthesiologist will determine the type to use for your procedure based on your medical condition, individual needs and wishes.

- **General anesthesia** a combination of medications is given through the vein, and gases are inhaled through the lungs to bring about a state of unconsciousness.
- **Regional anesthesia** makes large areas of the body insensitive to pain. With regional anesthesia, anesthetic medications are injected near the spinal cord or around major nerves. It includes spinals and epidurals.
- **Local anesthesia** is when anesthetic medications are injected to make smaller areas of the body insensitive to pain.
- **MAC (Monitored Anesthesia Care)** Monitored Anesthesia Care (MAC) is the intravenous administration of mild sedatives to help a patient relax and relieve anxiety during minor procedures that do not require general anesthesia. This may be used along with local anesthesia.

The OPERATING ROOM

The anesthesiologist and the OR nurse will take you to the operating room where you will be assisted onto the operating table. The anesthesiologist will then apply a blood pressure cuff and special equipment to monitor your heart, blood pressure and oxygen levels constantly throughout your procedure.



The Operating Room is a safe and sterile environment staffed by a team of several different types of trained medical professionals. Family members are not allowed in the operating room.

PAIN MANAGEMENT

Some pain after surgery is normal. Effectively treating your pain helps you heal faster and have fewer complications. It also enables you to go home earlier and resume normal activities sooner.

Relieving pain is an important part of your care. We will monitor your comfort level throughout your stay and ask you to rate your pain using the scale like the one shown on the next page.



WHAT IS AN OPIOID

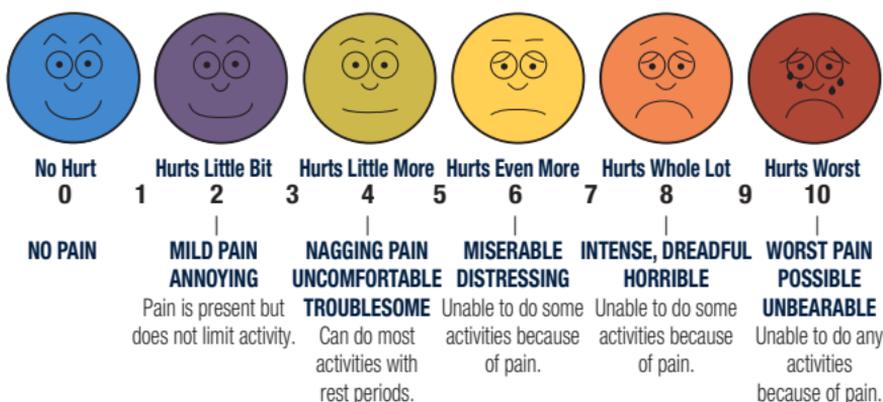
An opioid is a strong prescription pain medication. Some possible side effects include nausea, vomiting, sleepiness, dizziness and constipation.

PAIN MANAGEMENT

Your feedback allows us to know how well we are managing your pain and to serve you better. Together, we will work to develop a plan for managing your pain. You can help by:

- Helping the doctor or nurse assess your pain.
- Telling the doctor or nurse if your pain is not relieved.
- Telling your doctor or nurse about any worries you might have about taking pain medications.

Pain Rating Scales



PAIN MEDICATIONS

Pain Goals

Our goal is to control your pain enough for you to heal or to join in the activities of your daily life. This can include walking, sleeping, eating and hobbies you enjoy.

Things to know:

- Everyone feels pain differently.
- Most patients report using less than half of their opioid pills.

Other pain relief methods:

- Relaxation
- Meditation
- Listening to music

Talk to your provider if your pain is not controlled.



Using Opioids Safely

May or may not be prescribed.

- Ask your provider if it is okay to use over-the-counter acetaminophen (Tylenol) or ibuprofen (Motrin, Advil).
- Take your opioids if you still have severe pain that is not controlled with the over-the-counter medications, or other non-opioid prescriptions.
- Talk to your provider before taking opioids with any other medicine.
- Do not mix opioids with alcohol or other medications that can cause drowsiness, such as muscle relaxers.
- Using opioids when pregnant can lead to many harmful side effects for the infant, including neonatal abstinence syndrome.
- As your pain gets better, wait longer between taking opioids.
- Only use your opioids for the reason they were prescribed.
- Your opioids are only for you. Do not share your pills with others.



Safe Storage & Disposal

Store opioids out of reach of infants, children, teens and pets.

- Lock your pills if possible.
- Try to keep a count of how many pills you have left.
- Do not store your opioids in places that allow easy access to your pills, like bathrooms and kitchens.

Safely dispose of unused opioids:

- Medication Take Back Drives
- Pharmacy and police station drop boxes
- Mix drugs (do not crush) with used coffee grounds or kitty litter in a plastic bag, then throw away.

To find a list of local places that will take back your unused opioid, visit: **[Michigan-open.org/takebackmap](https://michigan-open.org/takebackmap)**

Recovering from YOUR PROCEDURE



After your procedure you will be moved to the recovery room for close observation and monitoring by the highly skilled post anesthesia care (PACU) nurses.

After your procedure:

- You may be very sleepy at first.
- The PACU nurse may frequently ask you to take deep breaths and cough in order to keep your lungs clear.
- You may have some nausea and vomiting. Medication may be offered to help alleviate this. Once the nausea lessens, you will be encouraged to drink fluids.
- Since a tube is placed in your mouth or windpipe during the procedure, your throat may be sore. The anesthesia gas may also cause this. The soreness should disappear in about two days.
- You may feel tired, but it is important to gradually increase your activity level, along with getting adequate rest.
- We recognize that family is an important piece of the recovery process. We will notify your family to see you when you are awake. For the privacy and safety of all our patients, family members are not allowed in the PACU.
- Following your procedure, your surgeon will meet with your family. Due to anesthesia you may not remember your surgeon's visit.

GOING HOME

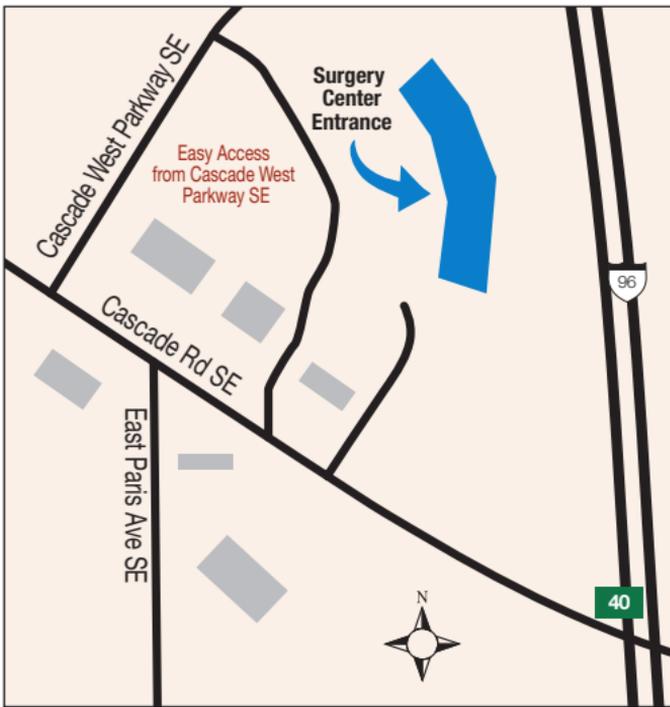


When you are ready to go home, your nurse will provide discharge instructions to follow so you can continue caring for yourself at home. We will discharge you by wheelchair to your car, so you can go home and continue your recovery in the comfort of your own surroundings.

Get plenty of rest after your procedure to allow your body to heal. Plan on having extra help at home, as you will tire easy and will need to rest. You will typically need approximately 24 hours to recover from having anesthesia. You need to ask your surgeon how much time you will need to recover from your surgical procedures.

We will call you 24-72 hours after you go home to ask how your recovery is going and to see if you have any questions.

For questions or concerns after you go home, please call your surgeon's office.



Park East Surgery Center

4055 Cascade Rd SE | Grand Rapids, Michigan 49546
616.252.6100



Dan & Eunice Pfeiffer Surgery Center Professional Building

2122 Health Drive SW | Wyoming, Michigan 49519
616.252.7109

To order more booklets for your practice, please call 616.252.4655.

SRG-1228 11/21



UNIVERSITY OF MICHIGAN HEALTH-WEST
MICHIGAN MEDICINE

Surgical Services