

Welcome to Unit 7.2 Vascular Surgery

Halifax Infirmary, QE II

Unit 7.2

› Phone: 902-473-3405

Contents

Your rights and responsibilities	1
Diversity and inclusion	2
Rooms	2
Visitors	2
Spokesperson.....	3
Personal Directive (PD)	3
Goals of care and levels of intervention	4
Your health care team	5
What is a usual day like?	8
Bedside phone	8
How do I watch TV in my room?	8
Personal belongings and valuables	9
Infection prevention and control for your visitors	9
Infection control while you are in the hospital.....	9
Blood clots	10
Pressure injuries (pressure ulcers or bedsores).....	11
Fall prevention	11
Alcohol	11
Smoking	12
Before your surgery	13
The day of your surgery	13
After your surgery.....	14
Managing pain.....	14
Care of your incisions (cuts)	14
Moving and exercising	15
Dry mouth and sore throat	15

Nausea (upset stomach) and vomiting (throwing up)	15
Low appetite.....	15
Constipation (not being able to poop).....	16
Delirium	16
Discharge and transfers	17
Your discharge	17
Transfer to another unit.....	17
Transfer to another site	17
Resources	19
Questions for my health care team:	20

Welcome to Unit 7.2 Vascular Surgery

- Unit 7.2 is for people who are waiting to have vascular surgery or who have had vascular surgery.
- 7.2 includes 2 units:
 - › Intermediate Care Unit (IMCU)
 - › General nursing unit

Each unit offers a different level of care.

- The IMCU is for people who need closer monitoring.
- When you are doing better, you will move from the IMCU to the general nursing unit.

Your rights and responsibilities

- You are an important member of your health care team. It is important that you and your visitors understand your rights and responsibilities.
- Ask a member of your health care team for pamphlet 0466, *Your Rights and Responsibilities*. It includes information on:
 - › Quality care
 - › Privacy
 - › Dignity and respect
 - › Uninsured services
 - › Your health care
- You can also scan the QR code below or visit:
 - › www.nshealth.ca/patient-education-resources/0466

Scan the QR code on your device (open the camera on your device, point the camera at the code, and tap the banner or border that appears)



Diversity and inclusion

- Nova Scotia Health expects the same respect among patients, staff, support persons, visitors, and volunteers, regardless of differences in culture, race, religion, age, sex, sexual orientation, gender, gender identity, or ethnicity.

Rooms

- Unit 7.2 has a mix of room sizes, including private (1 bed), semi-private (2 beds), and ward (3 or 4 beds) rooms.
- You may share a room with another person who is not the same gender as you.
- To ask for a private or semi-private room, talk to your nurse or the unit clerk. These rooms are not always available. You will be charged a daily rate if we are able to meet your request.

Visitors

- Visitors are an important part of your healing.
- Rest is also important. If you are not feeling well, we may ask your visitors to keep their visit short.
- **Do not** have large groups of visitors at your bedside.

Your loved ones and support persons should not visit if they are sick. Even a cold or a mild infection can be serious for a person in the hospital.

- We ask that visitors **do not** call the unit when the nurses are changing shifts:
 - › 6:45 to 7:45 a.m.
 - › 6:45 to 7:45 p.m.

This gives nurses time to hand off care and protect patient privacy by safely sharing patient information.

- Please respect the privacy of other patients in shared rooms.
- During certain procedures, visitors may be asked to wait in the family room or in the waiting room. **These are shared spaces for the whole unit.** Sometimes these rooms are crowded. **If you hear information about another person, please respect their privacy. Do not repeat this information.**

- **Visitors should check in at the nursing station before going into the IMCU.**
People in the IMCU need rest and quiet time to heal.
- The condition of a person in the IMCU can change fast. At times, we may need to limit the number of visitors.

Spokesperson

- Please choose **1 person** to be your spokesperson.
- Your spokesperson will be the main person who talks with your health care team about your condition and care plan. We will update this person about your health. They will share news with your other loved ones and support persons.
- Having 1 spokesperson helps to limit the number of patient care interruptions (multiple phone calls and repeating information).
- Your health care team will only give personal information to the person that you choose.

Personal Directive (PD)

- **A PD must be:**
 - › in writing.
 - › signed and dated by the person making the directive.
 - › witnessed by someone other than the delegate (the person identified to make decisions on your behalf).
- For more information, ask a member of your health care team for pamphlet 1942, *Advance Care Planning: Making Your Personal and Medical Wishes Known*, scan the QR code below, or visit:
 - › www.nshealth.ca/patient-education-resources/1942



Goals of care and levels of intervention

- During your hospital stay, we may ask you to think about what you want us to do in an emergency (like if your breathing or your heart stops while you are in the hospital). This is called your **level of intervention**. It tells your health care team what actions you want us to use.
- **It is important to talk about your level of intervention with your health care team before your surgery.** We want to make sure we carry out your wishes if you cannot speak for yourself.
- Talk about your goals of care with your loved ones and support persons. We are happy to help you with this and answer any questions you may have.
- For more information, ask a member of your health care team for pamphlet 2208, *Talking About Your Goals of Care and Choosing a Level of Intervention*, scan the QR code below, or visit:
 - › www.nshealth.ca/patient-education-resources/2208



Tell your nurse if you have questions for your health care team. There is space at the end of this pamphlet to write down any questions you may have.

Your health care team

You will be cared for by a team that includes:

You and your support persons

- **It is important that you and your support persons take an active role in your care and recovery by:**
 - › Asking questions you may have about your care
 - › Being involved in making decisions about your care
- If you or your support persons have questions or concerns, talk with a member of your health care team. They will help set up a meeting with your team.

Doctors

- A team of doctors will oversee your care during your stay. This team includes:
 - › Attending doctor (doctor in charge of your care while you are on the unit)
 - › Medical residents (specialists in training)
 - › Clinical associates (doctors)
 - › Medical students
- The doctors, residents, and students on the unit will change every few weeks. This means the doctor caring for you may change during your stay.
- Your follow-up care will be given by the surgeon who did your surgery.
- If you would like to talk to your doctors, please ask a member of your health care team.

Nurse practitioner (NP)

- The NP is a registered nurse (RN) with advanced knowledge, skills, and education. The NP works closely with you, your loved ones, and other health care providers to address your health needs and manage your illness.

Nurses

- RNs and LPNs on Unit 7.2 will:
 - › Give you medications and treatments
 - › Help with your personal care (like bathing, dressing, going to the bathroom)
 - › Teach you and your support persons about your care
 - › Watch for changes in your condition
 - › Coordinate your care with other team members
- The clinical nursing lead may also visit you, as needed.

Charge nurse

- The charge nurse coordinates patient care and movement on the unit. They keep the unit running smoothly.
- They are also a resource and support for staff, patients, and support persons. Talk with the charge nurse if you have any concerns.

Care team assistants (CTAs)

- CTAs help with your personal care (like bathing, dressing, feeding, and answering your call bell).

Unit aide

- The unit aide stocks supplies.

Unit clerk

- The unit clerk keeps patient charts in order, answers the phone, and arranges test appointments. They can often help with answering your questions.

Dietitian

- Dietitians help people who need better nutrition. They also help people with special dietary needs and teach people about nutrition.

Diet technician

- Diet technicians help with menus, food allergies, and dietary needs.

Occupational therapist (OT) and rehab assistant (RA)

- The occupational therapy team will help you with daily tasks (like bathing, dressing, and eating). This may include practicing techniques or using equipment to help you be as safe as possible.

Physiotherapist (PT) and PT assistant (PTA)

- The PT and the PTA will work with you on your range of motion, strength, walking, and transfers (moving from one position or place to another, like from a bed to a chair). This will help you to be as independent as possible when you go home. They will:
 - › Teach you how to use a walking aid (like a cane or a walker), if needed
 - › Teach you how to get around on your own or with help
- If the PT team says it is safe, your support persons can help you with your exercise and with getting out of bed more often.

Pharmacists

- Pharmacists will:
 - › Review your medications
 - › Help your health care team decide about any medication changes you may need during your stay
 - › Answer any questions about your medications
- After a pharmacist reviews the medication(s) you brought to the hospital, ask your support persons to take home any medications you will not need during your stay.

Social worker

- A social worker can work with you and your health care team during your hospital stay and after you go home. They can help you find resources and services (like housing or transportation), help you apply for grants and social services, or help you and your support persons cope with the stress that often comes with being sick and in the hospital.

Spiritual care

- Spiritual care counselling offers spiritual and emotional support. Spiritual care is for people of all spiritual beliefs, and for people without a faith community. Ask a member of your health care team if you would like to talk to a spiritual care provider.

Continuing care coordinator

- The continuing care coordinator works with you and your health care team to help you go home.
- For more information, ask a member of your health care team for pamphlet 2120, *Continuing Care – Important Information for You*, scan the QR code below, or visit:
 - › www.nshealth.ca/patient-education-resources/2120



What is a usual day like?

- **6 a.m. morning rounds:** The residents, clinical associates, nurse practitioner, pharmacist, and charge nurse will visit you at least once a day. Make a list of questions you would like to ask them. Tell your nurse or the charge nurse if you would like to talk with a doctor.
- **6:45 to 7:45 a.m. nursing shift change:** The nurse who is leaving gives a full report to the incoming nurse. The incoming nurse will then review your chart and examine you. **Try to limit visits and phone calls to the unit during shift changes.** This helps your health care team protect patient privacy and safely share patient information between shifts.

Bedside phone

- It is free to receive calls to your bedside phone. Your support persons can call your phone even if you do not set it up. To do this, they can call the patient switchboard:
 - › Phone: 902-473-1510
- They will need to give your name and unit.
- **There is a set-up charge and a daily service charge to set up your bedside phone to make outgoing calls.**
- To have your phone service connected, transferred to another bed, or disconnected:
 - › Call 499 from the phone at your bedside.
- Payment is made through Bell Aliant.
- **You are responsible for calling Bell Aliant to disconnect your phone before you leave, by calling 499.**
- If you have questions:
 - › Phone (toll-free): 1-800-760-8969

How do I watch TV in my room?

- **There is a charge for this service.**
- Turn on the TV and follow the on-screen instructions or:
 - › Visit: www.ConnectMyBed.ca
 - › Phone (toll-free): 1-866-223-3686
- For more information, use the written instructions on the unit or ask your nurse.

Personal belongings and valuables

- Please leave all valuables (like jewelry, money, credit cards, cheque books) at home. **The hospital is not responsible for the loss of any items.** There is a cupboard by your bed for personal belongings.
- If you have valuables with you, send them home with a loved one or a support person.
- Valuables may also be locked in the safe in the hospital business office.

Infection prevention and control for your visitors

- **Washing your hands is the best way to prevent infections.**
- Visitors should always wash their hands with soap and water or use alcohol-based hand rub:
 - › before eating.
 - › after touching things in patient rooms or using the washroom.
 - › before and after visiting.
 - › between visiting patients in the same room.
- There may be signs posted outside or inside patient rooms with instructions about:
 - › Washing your hands
 - › Wearing gloves, gowns, or masks when visiting
- All visitors must follow the instructions on any signs and from staff. Ask a nurse if you have questions.

Infection control while you are in the hospital

- **Washing your hands with soap and water is the best way to prevent infections.** Remember to wash your hands with soap and water:
 - › before eating.
 - › after touching things in your room.
 - › after using the washroom.
- Feel free to ask your health care team members if they have washed their hands before they give you care.
- Use a tissue to cover your cough. **Do not** use your hands.

- Tell your nurse if you have a dressing that is loose or that looks like it has more drainage (fluid) than usual. They will check for signs of infection.
 - › Tell your nurse if your intravenous (I.V.) dressing is loose or the area gets red or sore. Infections can enter through I.V. tubes and drains.
- Try to keep your hands away from your face. Germs can enter your body through your eyes, nose, and mouth.
- Tell your nurse if your gown or bed linens are dirty, or if you need tissues.
- Try to keep the area around your bed clutter-free. This helps housekeeping staff keep the area clean. It also helps prevent accidents.
- Follow your health care team's instructions about breathing exercises and getting out of bed. Moving can help prevent a lung infection (pneumonia).

MRSA and VRE

- MRSA and VRE are bacteria that can cause infections. MRSA and VRE infections can affect your recovery.
- All patients are screened for bacteria every 14 days (2 weeks). Your nurse will swab you if you are in the hospital on a screening day.
- **Tell your nurse if you have ever been diagnosed with MRSA or VRE.**

Blood clots

- While you are in the hospital, you are at a higher risk for blood clots. This is because you will be having surgery and moving less.
- You will be given medication to prevent blood clots.
- For more information, ask a member of your health care team for pamphlet 1542, *Preventing Blood Clots While in the Hospital*, scan the QR code below, or visit:
 - › www.nshealth.ca/patient-education-resources/1542



Pressure injuries (pressure ulcers or bedsores)

- A pressure injury is an injury to the skin and the tissue under the skin. Your nurse will check your skin when you are admitted to the hospital. This is to see if you are at risk for getting a pressure injury.
- **It is important to change your position often to help prevent pressure injuries.**
- For more information, ask a member of your health care team for pamphlet 1582, *Pressure Injury (Ulcer) Prevention*, scan the QR code below, or visit:
 - › www.nshealth.ca/patient-education-resources/1582



Fall prevention

- Wear shoes with non-skid soles.
- Put your shoes on before standing up. **If you feel dizzy, weak, or not steady, ask for help before you stand up.**

Use your call bell before getting out of bed, especially at night. Be patient and wait for help. This is very important.

- For more information, ask a member of your health care team for pamphlet 1643, *Preventing Falls During Your Hospital Stay*, scan the QR code below, or visit:
 - › www.nshealth.ca/patient-education-resources/1643



Alcohol

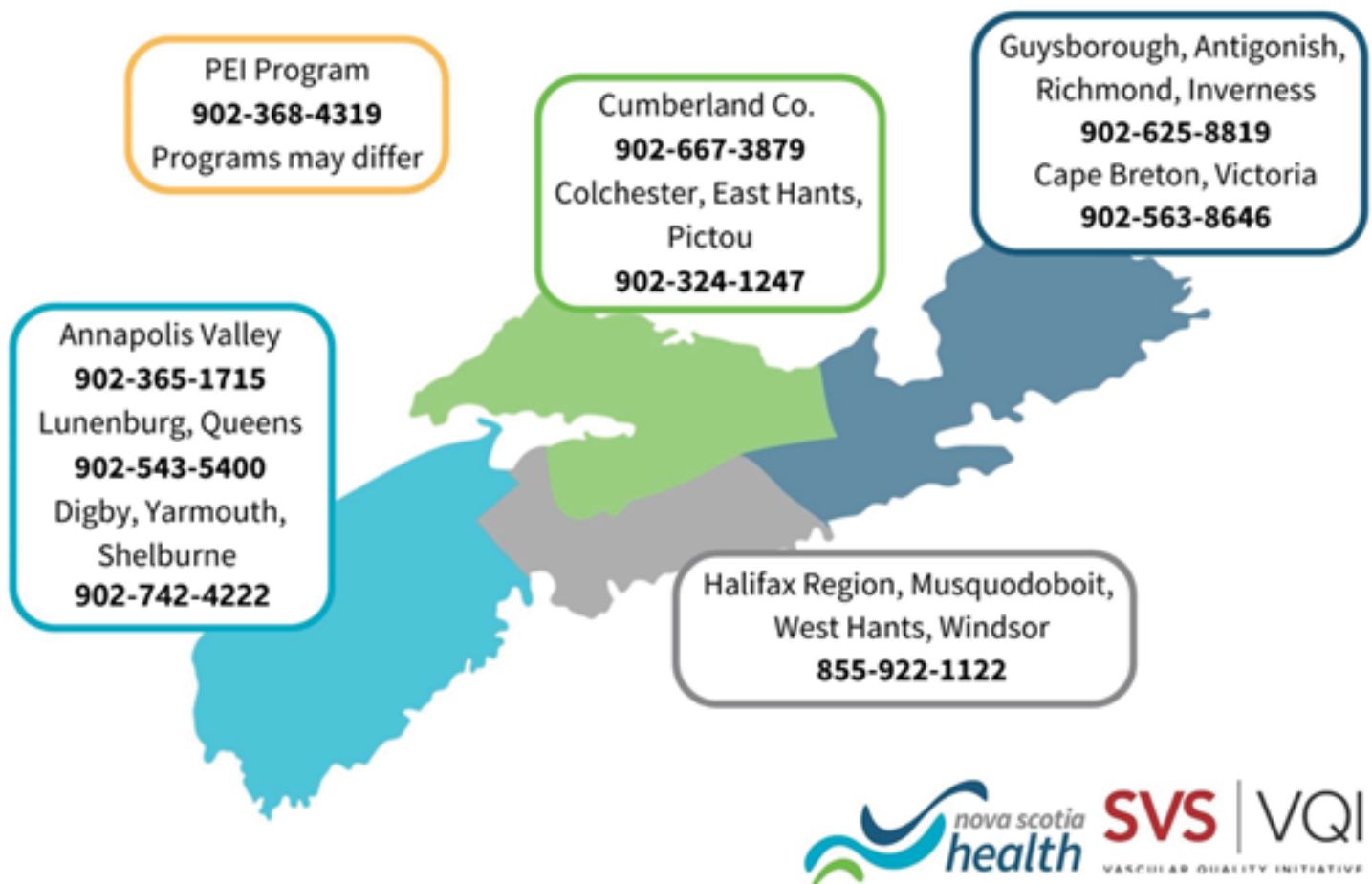
- Drinking alcohol can affect your recovery. If you drink alcohol, talk about this with a member of your health care team before your surgery. This information will be kept confidential (private).
- Alcohol withdrawal can may cause confusion and delay your discharge. Your doctor can give you medication to help with this, if needed.

Smoking

- Nova Scotia Health is smoke-free and vape-free.
- Smoking will cause more damage to your arteries. This may mean you need more surgery or even an amputation. A lot of people need help to stop smoking. This is normal. Talk to your nurse or doctor about stopping and to find out about Nova Scotia Health programs to help you stop. You can also scan the QR code below or visit:
 - › <https://mha.nshealth.ca/en/stop-smoking-program>



- You can also reach the Stop Smoking Program at the phone numbers listed below:



Before your surgery

- Your surgeon may book your surgery for a certain day and time, or you may be admitted to the hospital to wait for your surgery.
- If you do not have your surgery on the day you are admitted, you will be put on a waitlist.
- When you have your surgery will depend on how many other people are waiting and what their medical needs are.
- You will not be able to eat or drink on the day of your surgery. You will be given I.V. fluids to keep you hydrated (have enough fluids).

Your booked surgery may be cancelled because of an emergency. If this happens, you will be put on the waitlist.

- Nova Scotia Health has pamphlets about certain surgeries and procedures. If you have questions about your surgery or procedure, ask your nurse for the pamphlet about your surgery, scan the QR code below, or visit:
 - › www.nshealth.ca/patient-education-resources



The day of your surgery

- If you are already admitted to the hospital, you will be taken in your bed to the operating room (O.R.).
- You may leave all your belongings in your room. If you go to another unit, we will send your belongings there.
- After your surgery, you will be taken to the recovery room. This is where you will wake up after surgery. People usually spend 1 to 2 hours in the recovery room.

After your surgery

Managing pain

- After your surgery, you will get medication to help with pain. This may be injected using a needle. Your nurse will ask you about your pain often.
- As you recover:
 - › You will start to take pain medication by mouth instead of by injection.
 - › Your doses (amount) of pain medication will be smaller.
- **Managing your pain after surgery is very important for your recovery.** It helps you rest and move so you can recover faster.
- Pain medication may make you feel sleepy. You should be awake enough to follow directions from your health care team and to know your loved ones and support persons. **If you feel like you cannot do these things, talk to a member of your health care team.**
- Pain medication is not usually given at scheduled times. It is very important to tell your nurse when you are in pain and need medication. **Do not let the pain get too bad before you ask for medication. This makes it harder to manage your pain.**
- If you get a prescription for pain medication, make sure you understand:
 - › When to take your medication
 - › How much to take
 - › How long to take it
 - › When to stop taking it

Ask your pharmacist or a member of your health care team if you have any questions.

Care of your incisions (cuts)

- Your nurses will care for your incisions during your hospital stay. This includes changing your dressings.
- **It is important to keep your dressings dry for the first few days after surgery.** This helps to prevent infections. Tell your nurse if your dressing is wet or dirty, or comes off.
- If you need your dressings changed after you leave the hospital, we can arrange for home nursing care (like VON). Talk with a member of your health care team for more information.

Moving and exercising

- Moving every day will help you recover. Your health care team will help you get moving safely. This may include using equipment (like a walker).

When you get up for the first time after surgery, make sure a member of your health care team is there to help you. Do not get up by yourself. You may not be steady enough on your feet to move by yourself.

- If you are able, we recommend:
 - › moving around the unit at least once a day.
 - › eating 2 to 3 meals a day in your bedside chair.
- Ask a member of your health care team about exercises you can do in bed.

Dry mouth and sore throat

- You may have a dry mouth and a sore throat after surgery. This is because of the breathing tube used during surgery.
- Cough drops and ice chips may help. This will get better over time.

Nausea (upset stomach) and vomiting (throwing up)

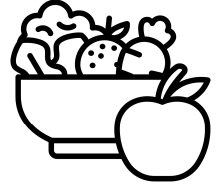
- You may have nausea and vomiting from the medications used during surgery. This is common.
- Try sipping fluids and having ice chips for the first few hours after the breathing tube is removed.
- Tell your nurse if you have nausea after your surgery.

Low appetite

- You may not feel hungry after your surgery. This is common.
- After your surgery, you may only be able to have liquids. You will slowly start to eat solid foods while you recover.
- Nutrition is important for healing. Talk with the dietitian about your menu choices.

Constipation (not being able to poop)

- You may have constipation after your surgery. You may be given medication to help you with bowel movements (poops), if needed.
- Tell your nurse if you have not pooped, or if you are not feeling comfortable because you cannot poop.
- Eating foods that are high in fibre can help. These include:
 - › Whole grain breads and cereals
 - › Bran
 - › Fruits
 - › Vegetables
 - › Pulses (peas, beans, and lentils)



It may take time before you feel like eating these foods. Try to start as soon as you can.

- Taking walks and staying hydrated can also help.

Delirium

- Delirium is a type of confusion people get after surgery. Delirium is not the same as dementia. Dementia starts slowly and gets worse over time. Delirium starts suddenly and usually gets better when the cause is treated.
- Treatment and recovery include:
 - › Keeping you safe by preventing you from harming yourself or others
 - › Giving you medication to help treat your symptoms
 - › Having your loved ones and support persons spend time with you
 - › Understanding that recovery may take days or months
- Ask a health care team member for more information, scan the QR code below, or visit:
 - › www.nshealth.ca/frailty/delirium



Discharge and transfers

- You and your health care team will start planning for your discharge as soon as you are admitted to the hospital.
- If you have any questions or concerns, tell your health care team when you are first admitted to the hospital, or at any time during your hospital stay. We will help you to get things ready before you leave the hospital.

Your discharge

- Most people discharged from the hospital return home.
- Often, your doctor will tell you during morning rounds that you are being discharged that day.
- Before your discharge, your nurse will go over your discharge instructions with you and give you important paperwork. **You must take this paperwork with you when you are discharged.** Filling out discharge paperwork can take time. We thank you for your patience.

You must arrange for a ride home from the hospital. If you need help finding a way to get home, tell your nurse as soon as you can.

Transfer to another unit

- You may be transferred (moved) to a different room or unit to meet the changing needs of all our patients.
- Moves may happen at any time during the day or night. This is because Unit 7.2 must have beds ready for emergency patients and surgeries. We try our best to limit these moves.

Transfer to another site

- If you need more recovery time and rehab after your surgery, you will be transferred to another site. We will plan for transportation to the site when a bed is available.
- **If you live in the Halifax area:**
 - › You will be transferred to a site within the Halifax area.
 - › Your loved ones and support persons must have their own transportation to the hospital.

- **If you live outside of HRM:**
 - › You will be transferred to your local hospital.
 - › Your loved ones and support persons must have their own transportation to your local hospital.
- **You may be limited to 1 bag of belongings during transportation to your local hospital.**
 - › Send your extra belongings home with a loved one or support person.

After you leave the hospital, call 911 or go to the nearest Emergency Department right away if you have any of these symptoms:

- › Fever (temperature above 38 °C or 100.4 °F)
- › Chills
- › Severe (very bad) nausea (upset stomach)
- › Vomiting (throwing up)
- › More redness, pain, or swelling at an incision site
- › More drainage, a bad smell, or bleeding from an incision

If you had vascular surgery:

Go to the nearest Emergency Department right away if you have any of these symptoms:

- › Pain that is getting worse
- › Numbness (loss of feeling) in your arms or legs
- › Bleeding from an incision
- › Less able to move your limbs (arms and legs)

Resources

Need a Family Practice Registry

- The Need a Family Practice Registry helps Nova Scotians who are looking for a primary health care provider (family doctor or nurse practitioner). To join the Registry:
 - › Call 811 (10 a.m. to 6 p.m., Monday to Friday) to add your name to the waitlist.
- or
- › Register online: <https://needafamilypractice.nshealth.ca>
- When a spot is available, a primary health care provider's office will call you at the phone number you gave when you registered. While you are waiting, registry staff may email you to check if you still need a primary health care provider.

811

- 811 can help if you need to talk with a health care provider and it is not an emergency. You can call 24 hours a day, 7 days a week. They can also give you information about health services in your area.
 - › Phone: 811
 - › <https://811.novascotia.ca>

Community Health Teams

- Community Health Teams offer free, in-person and online wellness programs to all Nova Scotians who are 18 years of age or older.
 - › Phone: 902-460-4560
 - › www.nshealth.ca/clinics-programs-and-services/community-health-teams



211 Nova Scotia

- 211 Nova Scotia gives information on services and programs in your community. You can call 24 hours a day, 7 days a week.
 - › Phone: 211
 - › <https://ns.211.ca>

What are your questions?

Please ask a member of your health care team. We are here to help you.

Questions for my health care team:

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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.