

Welcome to Unit 4.1 Vascular and General Surgery

Halifax Infirmery Site, QE II

Unit 4.1
Phone: 902-473-3405



Contents

Your rights and responsibilities	1
Diversity and inclusion	1
Rooms	2
Visitors	2
Spokesperson.....	3
Personal directives (PDs)	3
Goals of Care and levels of intervention	3
Your health care team	4
What is a usual day like?	7
How do I set up my bedside phone?	7
How do I watch TV in my room?	8
Personal belongings and valuables	8
Infection prevention and control for your visitors	8
Infection control while you are in the hospital.....	9
Blood clots	10
Pressure injuries (pressure ulcers or bedsores).....	10
Fall prevention	10
Alcohol	11
Smoking	11
Before your surgery	12
The day of your surgery	12
After your surgery.....	13
Discharge and transfers	16
At home.....	18
Resources	19

Welcome to Unit 4.1

- Unit 4.1 is for people who have had:
 - › Vascular surgery
 - › General surgery
- 4.1 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 the rights and responsibilities of patients at Nova Scotia Health.
- Nova Scotia Health pamphlet 0466, *Your Rights and Responsibilities*, reviews patients' rights and responsibilities, including information on:
 - › Quality care
 - › Dignity and respect
 - › Your health care
 - › Privacy
 - › Uninsured services
- To view the pamphlet, please use the QR code or the link below, or ask a member of your health care team:
 - › www.nshealth.ca/patient-education-resources/0466



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 4.1 has 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 a.m. to 7:45 a.m.**
 - › **6:45 p.m. to 7:45 p.m.**

This gives nurses time to hand off care and protect patient privacy.

- 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 at the nursing station before going into the IMCU.** People in the IMCU need rest and quiet time to heal.
- A person's condition 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 directives (PDs)

- A personal directive (PD) is a legal document in which a person with capacity (they can make decisions for themselves) outlines what, how, and by whom their personal care decisions are to be made if they are no longer able to make these decisions on their own. The person who will make these decisions is called a delegate.
- **A PD must be:**
 - › in writing.
 - › signed and dated by the person making the directive.
 - › witnessed by someone other than the delegate.
- For more information, please use the QR code or the link below, or ask a member of your health care team for pamphlet 1942, *Advance Care Planning: Making Your Personal and Medical Wishes Known*:
 - › 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 (if your breathing or heart stops while you are in the hospital). Your level of intervention 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, please use the QR code or the link below, or ask a member of your health care team for pamphlet 2208, *Talking About Your Goals of Care and Choosing a Level of Intervention*
 - › 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)
 - › 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.

Nurses

- Registered nurses (RNs) and licensed practical nurses (LPNs) on Unit 4.1 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, orders meals, 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

- 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 on any medication changes you may need during your stay
 - › Answer any questions about your medications
- After a pharmacist reviews the medication 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 to find resources and services (like housing or transportation, helping you apply for grants and social services, or helping 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, please use the QR code or the link below, or ask a member of your health care team for pamphlet 2120, *Continuing Care - Important Information for You*:
 - › www.nshealth.ca/patient-education-resources/2120



What is a usual day like?

- **6 a.m. morning rounds:** The residents and the 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 charge nurse if you would like to talk with a doctor.
- **6:45 a.m. 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.

How do I set up my bedside phone?

- There is a set-up charge and a daily service charge. Payment is made through Bell Aliant. Call **499** from the phone at your bedside.
- **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
- **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, unit (7.2), and room number.

- Please ask staff if you would like to use your bedside phone for outgoing calls.
- Bedside phones turn off at 10 p.m. This is so patients can sleep.

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 and staff are 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.**
- Always wash your hands with soap and water or use alcohol-based hand rub:
 - › **before eating.**
 - › after using the washroom or touching things in patient rooms.
 - › before and after visiting.
 - › between visiting patients in the same room.
- There may be signs posted outside or inside 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.
- If any of your dressings are loose or look like they have more drainage than usual, tell your nurse. They will check for signs of infection.
 - › Infections can enter through intravenous (I.V.) tubes and drains. If your I.V. dressing is loose or the area gets red or sore, tell your nurse. They will check for infection.
- 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 2 weeks (14 days). Your nurse will need to take a swab from 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 moving less and having surgery.
- You will be given medication to prevent blood clots.
- For more information, please use the QR code or the link below, or ask a member of your health care team for pamphlet 1542, *Preventing Blood Clots While in the Hospital*:
 - › 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 for you to change your position often to help prevent pressure injuries.
- For more information, please use the QR code or the link below, or ask a member of your health care team for pamphlet 1582, *Pressure Injury (Ulcer) Prevention*:
 - › 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 when you stand up.**

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

- For more information, please use the QR code or the link below, or ask a member of your health care team for pamphlet 1643, *Preventing Falls During Your Hospital Stay*:
 - › 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 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.
- Stopping smoking is the most important thing you can do for your health.
Smoking:
 - › Slows down healing
 - › Raises your risk of blood clots and heart disease
 - › Narrows your arteries
 - › Increases your blood pressure and pulse rate
 - › Causes severe (very bad) breathing problems
- **If you keep smoking after vascular surgery, your grafts will have a higher chance of becoming blocked again. You may need more surgery if this happens.**
- Stopping smoking at any time will help with your recovery. Ask your doctor, nurse, or pharmacist for information about Nova Scotia Health's Stop Smoking Program to help you stop smoking while you are in the hospital.
- After you are discharged, these resources can help you with stopping smoking:
- **Smokers' Helpline**
 - › Phone (toll-free): 1-877-513-5333
 - › Visit: www.smokershelpline.ca/home
- **Tobacco Free Nova Scotia (TFNS)**
 - › Call 811 and ask about the Tobacco Free program
 - › Visit: <https://tobaccofree.novascotia.ca>

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 the waitlist.
- When you have your surgery will depend on:
 - › how many other patients are waiting.
 - › 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.

Your booked surgery may be cancelled because of an emergency. If this happens, you will be placed 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.

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. Your nurse will check your pain often. After your surgery, you may have pain medication injected using a needle.
- As you recover:
 - › You will start to take pain medication by mouth instead of by an injection.
 - › Your doses (amount) of pain medication will be smaller.
- **Managing pain after surgery is very important for your recovery.** It helps you rest and move your body 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

- 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, dirty, or comes off.
- If you need your dressing changed after you go home, you 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 your recovery. Your health care team will help you get moving safely. This may include using equipment (like a walker).

When you are getting 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 (feeling sick to your 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 feel sick to your stomach after surgery.

Low appetite

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

Constipation (not being able to poop)

- You may have problems with constipation after surgery. You may be given medication to help you with your 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 high in fibre can help. These foods 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 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.

Discharge and transfers

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

Discharge home

- 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 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.
- General surgery patients usually stay on Unit 4.1 for 3 days or less. You may stay longer, if needed.
- If you need to be in the hospital for more than 3 days, you may be moved to a nursing unit at the Victoria General (V.G.) site.
- Moves may happen at any time during the day or night. This is because Unit 4.1 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 rehabilitation 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 Regional Municipality (HRM):**
 - › You will be transferred to a site within HRM.
 - › 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.

At home

Once you are home, get medical attention (call 911 or go to your nearest Emergency Department) if you have any of these symptoms:

- › Fever (temperature above 38 °C or 100.4 °F)
- › Chills
- › Severe (very bad) nausea (feeling sick to your stomach)
- › Vomiting (throwing up)
- › More redness, pain, or swelling at an incision site
- › More drainage (fluid), 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

Resources

Need a Family Practice Registry

- The Need a Family Practice Registry helps Nova Scotians who are looking for a primary health care provider. There are 2 ways you can join the Registry:
 - › Call 811 (Monday to Friday, from 10 a.m. to 6 p.m.) to add your name and contact information to the provincial 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
 - › Visit: <https://811.novascotia.ca>

Community Health Teams

- The Community Health Teams offer free, in-person and online wellness programs to all Nova Scotians who are 18 years of age and older.
 - › Phone: 902-460-4560
 - › Visit: 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
 - › Visit: <https://ns.211.ca>

Notes:

This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

Find this pamphlet and all our patient resources here:
<https://library.nshealth.ca/Patients-Guides>

Connect with a registered nurse in Nova Scotia any time:
Call 811 or visit: <https://811.novascotia.ca>

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