

Before and After Surgery

Aberdeen Hospital

The name of my surgery is:

My surgery date: _____

My arrival time: _____

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If you need to cancel your surgery:

- Call your surgeon's office AND the hospital (902-752-7600, ext. 4260) as soon as possible explaining why you need to cancel, so another person can be booked in your time slot.
- Many people have a role in planning your surgery. It is important that you tell us as soon as possible if you need to cancel.

- Depending on the kind of surgery you are having, some of your instructions may change from what is written in this pamphlet.
- A member of your health care team will explain any changes to you.
- After reading this pamphlet, please tell your health care team if you have any questions.
- We want you to understand what is going to happen so that your experience at the Aberdeen Hospital is a positive one.
- Please arrive at the scheduled time.
- **Go to the Central Registry Department located in the front lobby.**

Your surgery may be cancelled if you are late.

- You will be directed to the One Day Surgery area on the first floor. Your loved ones are not allowed to wait in this area during your surgery.
- Delays in the Operating Room (O.R.) may cause a change in your surgery time.
- There is a chance that your surgery may be cancelled if there is an emergency. If this happens, the hospital will call you to arrange a new date.

Getting ready for surgery

Please bring:

- Nova Scotia health (MSI) card
- Proof of private health insurance
- Workers' Compensation Board (WCB) forms (if needed)
- CPAP machine (if you use one)
- Walking aids (crutches, canes, braces, slings, hip kit, walker)
- Loose-fitting clothes to wear home (like sweatpants and a sweatshirt or pyjamas)
- Comfortable shoes with good grips to wear home
- All of your medications in their original bottles or blister packs (including drops, puffers, patches, injections, creams, and over-the-counter or herbal products)

Medication(s)

- **1 week before surgery, stop taking:**

- › Fish oils
- › Omega
- › Garlic
- › Vitamin E

- **3 days before surgery, stop taking all NSAIDs (nonsteroidal anti-inflammatory drugs), including:**

- › Advil (ibuprofen)
- › Motrin[®]
- › Aleve[®]
- › Naproxen
- › Arthrotec[®]

- **Before surgery, stop taking the following medications, as advised by your anesthesia team:**

- › Warfarin
- › Plavix[®]
- › Eliquis[®]
- › Xarelto[®]
- › ASA
- › Other: _____

Follow Pre-Admission Clinic instructions for these medications. **Your surgery may be delayed if you do not follow these instructions.**



- **Stop** these medications **before** surgery:

_____ Date: _____
_____ Date: _____
_____ Date: _____

- If you have any allergies to medications and you do not remember their name(s), check with your pharmacy or primary health care provider (family doctor or nurse practitioner).

Puffers, eye drops, and bowel medications

Special instructions

Take only the following medication(s) on the morning of your surgery (if told by a member of your health care team):

Taking your diabetes medications before surgery

On the day before your surgery:

- **Short-acting (rapid) insulin**

Take these medications with your meals as usual:

- › Apidra®
- › NovoRapid®
- › Humalog®
- › Humulin® R

- **Long-acting (basal) insulin**

If you take:

- › Lantus®
- › Tresiba®
- › Basaglar™
- › NPH®
- › Levemir®
- › Humulin®N
- › Toujeo®

Take your regular dose of long-acting insulin in the morning on the day before your surgery.

Take **80%** (_____ units) of your long-acting insulin dose on the evening before your surgery.

- **Insulin pumps**

If you have an insulin pump, **lower your basal (background) rate by 30% at midnight the night before your surgery.**

- **Oral (taken by mouth) anti-diabetes pills (SGLT-2 inhibitors) (Forxiga®, Jardiance®, Invokana®)**

If you take these oral anti-diabetes pills:

- › Forxiga®
- › Invokana®
- › Jardiance®

Take your last dose:

72 hours before **major surgery.**

24 hours before **minor surgery.**

› Last SGLT-2 inhibitor dose before major surgery: _____

› Last SGLT-2 inhibitor dose before minor surgery: _____

On the day of your surgery, do not take any of the following non-insulin oral diabetes medications:

- › Metformin
- › Gliclazide
- › Janumet
- › Januvia
- › Trajenta

On the week before your surgery, do not take any of the following non-insulin injectable diabetes medications:

- › Victoza
- › Ozempic
- › Trulicity

Diabetes: _____

Weight loss: _____

Insulin

- › **Do not** take insulin on the day of your surgery, unless you use an insulin pump.

Type 1 diabetes

• On the day before your surgery:

- › Monitor (check) sugars regularly at home.
- › Treat low blood sugar with 3 tsp sugar in 250 ml (1 cup) of water.
- If you have Type 1 diabetes and **your surgery is the first-booked case of the day, do not** take insulin at home on the morning of your surgery.
- If you have Type 1 diabetes and your surgery is **not** the first-booked case of the day, **take 80%** (_____ **units**) of your long-acting insulin at home on the morning of surgery.
- Bring your own insulin pens with you to the hospital.

Anesthetic

- You will be given anesthetic (medicine given to lower or prevent pain) before your surgery.
 - Depending on the type of surgery you are having, you will be given:
 - › **general anesthetic** (medication to put you to sleep).
- or
- › **regional/spinal anesthetic** (an area of your body will be frozen). Sedation (medication to help you relax and fall asleep) is usually given with a regional anesthetic.

Before your surgery:

- **Do not** eat any food, including candy, gum, or mints, **after midnight or for 8 hours before your surgery.**
- You may drink **clear liquids up to 2 hours before your surgery.** Clear liquids include:
 - › Water
 - › Pulp-free, clear juice like apple or cranberry juice (**no orange juice**)
 - › Clear soup broth (with no vegetables, noodles, rice, dumplings, or meat)
 - › Tea or coffee **without milk or cream**
- If you do not follow these instructions, your surgery may be delayed or cancelled.

Your general health and hygiene before your surgery

- Call your surgeon if you have a fever (temperature above 38 °C or 100.4 °F) or cold, or flu-like symptoms. You may need to reschedule your surgery.
- Take a bath or shower and shampoo your hair the evening before or the morning of your surgery.
 - › **If you are having a joint replacement:**
Take a shower the evening before your surgery. After you shower, wipe your body with antiseptic body cleansing wipes from your neck down to your feet. This will lower the amount of bacteria on your skin.
- Nova Scotia Health sites are scent-free. **Do not use** scented products (like perfume, aftershave, deodorant, or hairspray).
 - › **If you have used any of these products before coming to the hospital, your surgery may be cancelled.**
- **Do not** wear make-up, nail polish, or gel nails to the hospital.
- If you have your period, **do not** wear a tampon or a menstrual cup (like a Diva cup) on the day of your surgery. Disposable, mesh underwear and pads are available at the hospital.

Smoking

- Nova Scotia Health is smoke-free and vape-free.
- Smoking slows down your body's ability to heal. It is best if you can stop smoking (cigarettes, cannabis, and vaping) **for 2 weeks before your surgery** if you are able to.
- If you are not able to do this, **do not** smoke after your evening meal, the night before your surgery.
- Smoking:
 - › affects the oxygen levels in your blood.
 - › causes more secretions (fluid) in your lungs.
 - › causes breathing problems after your anesthetic wears off.
 - › causes higher risk of complications after surgery (like pneumonia or a longer and harder recovery time).



Alcohol and cannabis

- **Do not** drink alcohol or use cannabis for at least 24 to 48 hours (1 to 2 days) before surgery.
- Alcohol thins your blood.
- Both alcohol and cannabis can affect pain control after surgery.
- **Do not drink alcohol while taking pain medication.**



Personal items

Valuables

- Leave all valuables (jewelry, cash, cheque books, debit and credit cards) at home. The hospital is not responsible for the loss of any item.
- All jewelry **must be removed at home.**
- **Any item used to pierce any body part (like your nose, belly button, tongue, or ear) must be removed at home.**

Dentures and oral appliances

- You may wear your dentures, Invisalign®, or retainer to the hospital.
- Just before you go to the O.R., you will be asked to remove them and place them in a cup labelled with your name.

Glasses and contact lenses

- You may wear your glasses to the O.R., if needed.
- Bring a case to store your glasses in when they are not being used. They will be returned to you in the recovery area.
- **Do not wear contact lenses to the O.R.** If this is not possible, please bring your lens container and cleaning solutions. Remember to tell your nurse that you are wearing contact lenses. They must be removed before you go to the O.R.



Hearing aids

- If you wear a hearing aid(s), bring it and a storage container with you.

Pre-operative (pre-op) preparation

- **Your loved ones are not allowed to wait with you in the pre-op area.**
- **No food or drinks are allowed in the pre-op room.**
- You will get ready for the O.R. in the One Day Surgery Department.
- We will ask you to change into hospital clothing: a hospital gown and socks.
- Staff will put your clothes and other belongings in a plastic bag that is labelled with your name. Your belongings will be brought to your hospital room.
- The pre-op nurse will talk with you to complete your admission paperwork. They will check your blood pressure, temperature, and pulse, and go over your medications again.
- To meet Nova Scotia Health's patient safety standards, the nurse will ask you questions that you may have already answered.
- Your surgeon and anesthesiologist (the doctor who will give you the anesthetic) will talk with you before surgery about any concerns you may have.
- A nurse will walk with you to the O.R.

Surgery

Operating Room (O.R.)

- An O.R. nurse will talk with you before you go into the Operating Room. They will ask you questions from a surgical safety checklist.
- All staff in the O.R. wear caps, gowns, and masks.
- The O.R. is usually cold. We will give you a warm blanket.
- O.R. staff will help you move to an O.R. bed. There will be a lot of equipment on tables around you. This is normal.
- Before you go to sleep, you will have an intravenous (I.V.) started, and monitoring equipment applied.
- Your surgeon and anesthesiologist will talk with you just before you are given anesthesia.

After surgery

Recovery area

- You will wake up in the Post-Anesthesia Care Unit (PACU) to recover from your anesthetic.
- A nurse caring for you in the PACU will closely check your:
 - › I.V.s
 - › Pulse
 - › Dressings (if you have them)
 - › Breathing
 - › Drainage tubes (if you have them)
 - › Oxygen levels
 - › Blood pressure
- PACU nursing staff will also check your pain levels. They may give you medication(s) to help with pain, as needed.
- The skin around where you had your surgery may look like it has been dyed. This is normal. The dye is from a liquid that is used to clean your skin before surgery.
- When you wake up, you will have an oxygen mask on.
- PACU staff will help you do deep breathing exercises that will help clear your lungs and make breathing easier.
- If you had a general anesthetic, you may have a sore throat. This is because a tube was placed in your throat during surgery. The soreness will go away soon.
- Visiting is **not** allowed in the PACU. You will be able to have visitors when you move to a nursing unit.
- When you are more awake and comfortable, PACU staff will take you to your room on a nursing unit.

Your hospital stay after surgery

- When you are in your room, staff will help you move from the PACU stretcher to your bed.
- Staff will help you get comfortable in your bed.
- Nursing staff on the unit will keep checking your:
 - › Vital signs (breathing, pulse, blood pressure, oxygen level, temperature)
 - › I.V.s
 - › Tubes (if you have them)
 - › Dressings (if you have them)

Pain control

- Your pain will feel the worst for the first 48 hours after your surgery.
- Pain after surgery usually starts getting better after 48 hours.
- If you have pain after surgery, tell your nurse and ask for pain medication right away.
- **Do not** wait until you are in very bad pain before asking your nurse for pain medication. Treating your pain early will help your healing.
- Deep breathing, coughing, movement, and resting will be easier if you treat your pain.
- You may be worried about becoming addicted to pain medication. Do not worry. It is normal to need medication for pain after surgery. Your nurse will closely monitor how much pain medication you get.

Nausea (feeling sick to your stomach)

- If you had a general anesthetic, you may be nauseous after surgery.
- Tell your nurse if you feel nauseous. They can give you medication to help with this.

Tubes, dressings, and stitches

- As you recover, any tubes you have will be taken out when you no longer need them.
- Your dressings will be changed, as needed.
- Many stitches are made with a surgical thread that safely dissolves (breaks down and disappears) after 7 to 10 days.
- If your stitches do not dissolve, or if you have staples, a member of your health care team will take them out.
- There are also stitches deep in your muscle(s) that you cannot see. These take much longer to heal (about 4 to 6 weeks) and will dissolve on their own.

Bowel functions

- Your bowel functions (when, how often, and how easily you poop and pass gas) may be different after your surgery. They will go back to normal as you recover.
- When your bowel movements go back to normal, you will start passing gas more.
- If you have gas pains, moving your body or walking around will help.
- It is very important to try not to get constipated (not able to poop). Constipation can be caused by what you eat and some pain medications. Ask your nurse for a stool softener (medication to help you poop).

Passing urine

- Some patients find it easier to get up and go to the bathroom instead of using a bed pan.
- You may have a catheter (a thin tube) put in during surgery to help drain urine (pee) from your bladder.
- Tell a member of your health care team if you have trouble peeing after the catheter is removed. If you have trouble after you are discharged, call your surgeon's office.

Eating and drinking after surgery

- When you are able to drink again, it is best to start with a clear liquid like water.
- As you recover, you will build back up to the amount of solid food and liquids that you ate and drank before your surgery.

Exercises after surgery

- After your surgery, you will be asked to do deep breathing, coughing, and leg exercises.
- **It is very important to do these exercises.** They will help you to recover more quickly.

Deep breathing and coughing

These exercises help with:

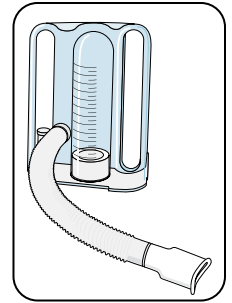
- › keeping your lungs strong and healthy.
- › keeping fluid from building up in your lungs.
- › lowering your chance of a lung infection (pneumonia).
- Moving your body each day helps keep your lungs healthy.
- Less activity after surgery may affect your breathing.
- Practice these exercises **before your surgery** so you will know how to do them.
- After surgery, try to do them every hour when you are awake.
- Deep breathing exercises work best when you are sitting up in a chair or on the side of the bed.

Deep breathing

1. Breathe in slowly and deeply through your nose. This will fill up the lower parts of your lungs.
2. Blow out slowly through your mouth. Do this 5 times.
3. After these 5 deep breaths, **cough deeply. Do not** just clear your throat. Coughing will clear the mucus from your lungs.
 - › When you cough, support your incision(s) (cut) by holding a pillow or folded blanket tightly against it. This will make coughing less painful.
4. Repeat this **5 times every hour.**

Using an incentive spirometer

- You may be given a device called an incentive spirometer. An incentive spirometer helps you to take slow, deep breaths, and strengthen your lungs.
 - The incentive spirometer also helps get rid of any fluid in your lungs.
 - Your nurse will help you use the incentive spirometer.
1. Apply a tight seal on the mouthpiece with your lips. Suck in air like you are drinking from a straw.
 2. Try to hold the ball up for 3 seconds, and then breathe out.
 3. Set the dial at a comfortable level before surgery. This will be a marker for you. Ask your nurse for help with this, if needed.
 4. After surgery, your nurse will help you to adjust the dial.
 5. Repeat this **5 times every hour**.



Leg exercises

- Doing leg exercises is important if you have been told to stay in bed.
- Leg exercises get your blood moving and lower the risk of blood clots in your legs.
- **Make sure you are not holding your breath during these exercises.**
- Repeat the following exercises 10 times each, 3 times each day:
 1. Pump your feet up and down at the ankles.
 2. Circle your feet at the ankles.
 3. Bend one knee up towards your chest, then lower. Repeat with your other knee. Do this for 1 to 2 minutes every hour you are awake.
 4. Squeeze your buttocks (bum) together, hold for 5 seconds, then relax. Do this every hour that you are awake, 5 times with each leg.

Do these exercises every day until you are able to walk in the hallway.

Getting out of bed safely (with the help of your nurse)

- **Do not get out of bed by yourself for the first time. Ring your call bell for a nurse to help you get out of bed.**
- Turn on your side, then push yourself up with one hand as you swing your legs out of bed.
- Turning on your side in bed is easier if you hold onto the siderail to help you move to the side.
- It is good for your recovery to move around in bed. Try to move as much as possible.

Visitors

- Rest is important for your recovery, especially during the first few days after surgery.
- Smaller numbers of visitors at one time and less visits throughout the day will help you rest more while still seeing your loved ones.
- Please ask your loved ones to make a plan for when they will visit you. Ask them to keep their visits short, so that you may rest when you need to.
- **Please name 1 person to be your spokesperson.** Most often this is an immediate family member.
- Your spokesperson will be the main person to talk with your health care team about your condition and plan of care. We will update this person with details about your health that they can then pass on to the rest of your family and visitors.
- Having one spokesperson who is responsible for keeping the rest of your loved ones up-to-date helps avoid confusion and helps your health care team have more time to care for you.
- Personal information will only be given to immediate family or a loved one chosen by you.

Visiting hours:

- › 7 a.m. to 7 p.m. (subject to change)

Patient rest period (no visitors are allowed at this time):

- › 1:30 to 3:30 p.m.

Getting ready to go home

- You will be given instructions for what types of activities you will be able to do when you return home (like housework, lifting, and driving), and appointments for follow-up visits and prescriptions (if needed).
- A nurse will help you get dressed in your own loose-fitting clothing. Anything that fits tightly may press on your incision and may not fit over casts or dressings.

Discharge (going home) from the hospital

- **Do not drive a car or operate heavy machines for 24 hours.**
- **You must have a responsible adult drive you home. Do not drive yourself.**
- Discharge time is at 11 a.m. When you are ready for discharge, a staff member will call your driver.
- **Do not** walk home or take a taxi alone. You must have a responsible adult with you.
- **You must have a responsible adult who can look after you and stay with you for the first 24 hours after surgery.**
- **Do not act as a primary caregiver (including caring for small children) for the first few days.** Ask a responsible adult to help you for a few days.
- **Do not sign any legal documents (wills, power of attorney) or important papers.**

Nutrition

- You may have a smaller appetite after your surgery. Your appetite will come back over time, but it is important to eat enough even if you do not feel as hungry as you usually would.
- Eat 6 small meals a day instead of 3 large meals.
- Eating food with lots of protein will help your wound to heal. Some of these foods are:
 - › Dairy products
 - › Eggs
 - › Poultry or fish
 - › Lean meats (like beef, pork, chicken)
 - › Nuts and seeds

- Choose drinks that will give you extra calories, like:
 - › Milk
 - › Juice
 - › Hot chocolate (with milk)
 - › Milkshakes
 - › Liquid meal substitutes (like Boost® and Ensure®)
- Coffee, tea, and pop fill you up, but do not give you the nutrients you need. Avoid alcohol.
- Follow your surgeon's specific instructions for eating after surgery (if you were given them).
- If you get constipated, you can buy a stool softener (like Colace® or Senokot®) without a prescription at your local drugstore.

Meal delivery

- The Victorian Order of Nurses (VON) offers a meal delivery service called Meals on Wheels.
 - › <https://von.ca/en>
 - › Phone: 902-752-3184

**What are your questions?
Please ask. We are here to help you.**

Care of your incision

- Your health care team will tell you how to care for your incision and how to change your dressings before you go home.
- You can buy extra dressings at drugstores, if needed.
- **Do not** shower at home until your surgeon says that it is OK. Keeping your incision clean will help it heal.

If you have bleeding after you go home:

- Place your hand over your dressing and press firmly for 5 to 10 minutes.
- If your surgery was on an arm or leg, raise the operated limb (arm or leg) above the level of your heart, if possible.
 - › If bleeding does not stop (you have slow oozing that fully soaks your bandage within 1 hour), **call your primary health care provider or go to the nearest Emergency Department.**
 - › If bleeding is heavy and shows no signs of stopping, press firmly on the site and **call 911 or go to the nearest Emergency Department right away.**

Contact your surgeon or primary health care provider, or go to the nearest Emergency Department right away if you have any of the following:

- › Fever with chills for more than 24 hours
- › More swelling, redness, or warmth around the incision
- › More drainage (fluid) or a bad smell from the incision
- › Pain that does not get better even with pain medication

