

Your Stay on 4.1 Vascular Surgery & General Surgery Inpatient Unit

From Admission to Discharge

Halifax Infirmary Unit 4.1
Phone: 902-473-3405



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Welcome to Unit 4.1 at the Halifax Infirmary. This 31-bed unit is for patients who have had vascular surgery or short-stay general surgery.

You are an important member of your health care team. You have the right to be treated with dignity, respect, and consideration. You are responsible for treating all staff, volunteers, and other patients with dignity, respect, and consideration.

Diversity and inclusion

As part of providing a positive healing environment, Nova Scotia Health Authority (NSHA) gives and expects equal respect among patients, staff, family members, visitors, doctors, and volunteers, regardless of differences in culture, race, religion, age, sex, sexual orientation, gender, gender identity, or ethnicity.

We understand that you and your family and/or friends may feel anxious. We hope that the information in this pamphlet helps you to feel more comfortable.

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

You and your family members

You and your family are important members of your health care team. Your privacy is important to us. We will only give information to your next of kin unless you tell us otherwise. Please choose one family member or friend who can give updates to the rest of your loved ones. This helps your health care providers to focus on you and your healing. For more information on this topic, ask for the pamphlet called *Your Rights and Responsibilities*.

There is a shift change from 6:45 to 7:45 every morning and evening. **Please try not to call the nursing unit during these times.** This gives the nurses time to exchange information and assess patients to better answer your questions.

Your health care team

Patients on Unit 4.1 are cared for by a team. This includes staff who are involved in patient care each day, and staff who are consulted as needed.

4.1 staff

There are Registered Nurses (RNs) and Licensed Practical Nurses (LPNs) on the unit 24 hours a day. Your nurse can help you meet other team members and understand their roles in your care. Other staff members on 4.1 include Care Team Assistants (CTAs), Unit Aides, Unit Clerks, and housekeeping staff.

Medical staff

The QEII is a teaching hospital and surgeons work closely with residents (doctors who are training to become specialists). You may also see medical students on the unit.

The residents and charge nurse (nurse who is responsible for the general coordination of care and patient movement within the unit) usually do rounds (check each patient at their bedside) at 6 a.m. each day. If you would like to talk with a doctor, please tell your nurse or charge nurse. It is a good idea to make a list of questions and ask them all at this time.

Other team members you may see during your admission, as needed, include:

- › dietitians
- › occupational therapists
- › pharmacists
- › physiotherapists
- › respiratory therapists
- › social workers
- › spiritual care staff
- › continuing care coordinator

Levels of care and transfers

Intermediate Care Unit (IMCU)

Patients who need close observation and monitoring are cared for in our 4-bed IMCU. As you get better, you will move from the IMCU to the general nursing unit.

Patients in the IMCU need rest and quiet time to heal. If you are a visitor, please check at the nursing station before entering the IMCU. The condition of patients in the IMCU sometimes changes quickly. During these times we may need to limit the number of visitors at the patient's bedside.

Moving out of the IMCU is an important step in your recovery. It means that you are getting better.

Transferring units

You may be moved to a different room or unit to meet the changing needs of all of our patients.

General surgery patients usually stay on Unit 4.1 for 3 days or less, but may stay longer if needed. If you need to be in the hospital for more than 3 days, you may be moved to another nursing unit at the Victoria General (VG) site.

Unit 4.1 must have beds available for emergency admissions and surgeries, so moves may happen at any time of the day or night. We will do our best to try to limit these moves.

General information

Family and friends

Family and friends are an important part of the healing process. Please respect the privacy of other patients in shared rooms. Avoid having large groups of visitors at your bedside. Visitors may be asked to wait in the family waiting room during certain procedures. The waiting room is near the elevators. **The waiting room and family room are shared spaces for the whole unit. Please be respectful of these spaces.**

Your family and friends can contact you by calling 902-473-1510. Family and friends can call you whether or not you hook up your phone for outgoing calls. All patient bedside phones turn off at 10 p.m. to avoid disturbing sleeping patients. Please ask a 4.1 staff member about connecting your bedside phone for outgoing calls. If you are interested in using the TV service, ask a 4.1 staff member about connecting your TV. There is a fee for both of these services.

Personal belongings and valuables

There is a cupboard at your bedside for personal belongings. We encourage you to send all valuables home with your family. The hospital is not responsible for the loss of any item. Valuables may be locked in the safe in the hospital business office.

Types of rooms

- There are private, semi-private, and ward (3-4 bed) rooms.
- Patients in a room may not be the same gender. We thank you for your understanding.
- To request a private or semi private room, please talk to your nurse or unit clerk. Please remember these rooms are not always available. You will be charged a daily rate if we are able to meet your request.

Personal Directives and code status

Personal Directives (PDs)

A PD is a legal document in which a person with capacity (able to make decisions for themselves) outlines what, how, and/or by whom personal care decisions are to be made in the event that they are no longer able to make these decisions on their own. The person responsible for making these decisions is called a delegate.

A PD must be:

- › made in writing
- › signed by the person making the directive
- › witnessed by someone other than the delegate

Please tell your nurse if you would like more information about PDs or visit:

- › www.nshealth.ca/sites/nshealth.ca/files/patientinformation/1385.pdf

Code status

Understanding code status and talking about it with your health care team before surgery is important. We want to make sure your wishes are respected if you are not able to speak for yourself.

You may also wish to talk about this with your family members. We are happy to help with these conversations and answer any questions you may have.

Keeping you safe

Infection control

Preventing the spread of infections is everyone's responsibility. Please practice proper hand hygiene while in the hospital. If you do not see your health care providers cleaning their hands, please ask, "Did you wash your hands?" They will appreciate the reminder!

You may hear the terms 'MRSA' and 'VRE' during your stay. These are bacteria that we are concerned about in the hospital because they may affect your recovery. All patients are screened for bacteria every 2 weeks. Your nurse will need to take a swab from you if you are staying in the hospital on a screening day. **Please tell your nurse if you have ever been diagnosed with MRSA or VRE.**

Blood clots

While 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 prescribed medication to prevent blood clots. You will be given an education pamphlet with more information about this when you are admitted.

Pressure injuries

When you are admitted to the hospital, your nurse will check your skin. This is to see if you are at risk for getting a pressure injury. Pressure injuries are also called pressure ulcers or bedsores. It is important for you to change position regularly to help prevent pressure injuries. You will be given an education pamphlet with more information about this when you are admitted.

Falls prevention

People of all ages and abilities are at risk for falls in hospital. **We are here to help you. Please use your call bell for nursing staff help when getting out of bed, especially at night. Please be patient and wait for help to come.** You will be given an education pamphlet with more information about this when you are admitted.

Alcohol

If you drink alcohol regularly, please talk with your doctor or nurse before your surgery, as this may affect your recovery. Alcohol withdrawal may cause confusion and delay your discharge. Your doctor can prescribe medication to help you.

Smoking

- NSHA is smoke-free and vape-free.
- Stopping smoking is the most important thing you can do for your health. Stopping smoking at any point will help with your recovery. Smoking slows down healing.
- Smoking increases your risk for blood clots and heart disease, narrows your arteries, increases your blood pressure and pulse rate, and causes severe (very bad) breathing problems.
- **If you keep smoking after vascular surgery, your grafts will have a higher chance of becoming blocked again and you may need further surgery.**
- Please ask your doctor, nurse, or pharmacist for more information about the Smoking Cessation Program to help you quit smoking while you are in hospital.



After discharge, you can contact the following resources for help with quitting smoking:

- **Smokers' Helpline**
 - › Toll-free: 1-877-513-5333
 - › www.smokershelpline.ca/home
- **Tobacco Free Nova Scotia**
 - › Call 811 and ask about the Tobacco Free program
 - › Visit <https://tobaccofree.novascotia.ca>

Surgery

We have many educational pamphlets on specific surgeries and procedures. If you have questions about your procedure, please ask your nurse for more information.

- 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 placed on the waitlist.
- When you have your surgery will depend on the number and condition of other patients waiting.
- You will not be able to eat or drink during the day of your planned or waitlist surgery. You will be given intravenous (IV) fluids to keep you hydrated.
- **Please remember: Your booked surgery may be cancelled due to an emergency and you will be placed on the waitlist.**

Your surgery day

If you are already admitted to the hospital, you will be taken in your bed to the operating room (OR). You may leave all of 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. Patients usually spend 1-2 hours in the recovery room.

After surgery

Pain control

After your surgery, you will be given medication to help with pain and discomfort. Your nurse will check your pain often. Pain management is important for deep breathing and coughing, getting moving again, and rest needed for recovery. Although you may feel sleepy from the medication, you should be awake enough to follow directions and know your family. Pain medication is not usually scheduled to be given at specific times, so it is important to tell your nurse when you are in pain and need medication. **Don't let the pain get too bad before you ask for medication because it will be harder to get under control.**

During your hospital stay, you will take less and less pain medication over time as you heal. Immediately after surgery you may be given pain medication by needle. Over time you will be given pills instead of needles and the doses will be smaller. If you are given a prescription for pain pills, make sure you understand when and how much pain medication to take, how long to take it for at home, and when to stop taking it. Ask staff if you are not sure.

Care of incisions (cuts)

The nurses will care for your incisions and wounds during your hospital stay. This includes changing your dressings.

It is important to keep your dressings dry and in place for the first few days after surgery to prevent infections. Tell your nurse if your dressing is wet or dirty or comes off.

If you need dressing changes after discharge, arrangements may be made for home nursing care.

Moving, strengthening, and exercise

- Moving every day will help your recovery. Nurses, physiotherapists, and occupational therapists will work with you to help you get moving safely and/or to get you the equipment you need to do so.
- If you are able, we recommend moving around the unit at least once a day and eating 2 to 3 meals per day in your bedside chair.
- **Please do not get up for the first time after surgery without a member of your health care team to help you.** If you are not steady on your feet, we will help you move between the bed and the chair.
- Ask about exercises you can do in bed.

Dry mouth and/or a sore throat

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) or vomiting (throwing up)

You may have nausea and vomiting from the medications used during surgery. This is normal. Try sipping fluids and having ice chips for the first few hours after the breathing tube is removed. Please tell your nurse if you are feeling sick to your stomach after surgery.

Not feeling hungry

Not feeling hungry is common after surgery. As you recover from the anesthetic (medication used to make you sleep during surgery), your diet will slowly be increased from liquids to solids. Talk with the dietitian about your menu choices, as good nutrition is needed for healing.

Constipation

Many patients have problems with constipation (not being able to poop) after surgery. You may be given medication until you have a bowel movement (poop). Please tell your nurse if your bowels have not moved/if you are feeling uncomfortable.

The following may also help:

- Food with lots of fibre will help, such as whole grain breads and cereals, bran, fruits, vegetables, and pulses (peas, beans, and lentils). It may take a while before you feel like eating these foods, but try to start as soon as you can.
- Regular walks will help get your bladder and bowels moving.

Delirium after surgery

Sometimes people are confused after surgery. This is known as delirium. It can be stressful for you and your family. 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 includes:

- › keeping you safe and keeping you from harming yourself or others
- › medications to help improve your symptoms
- › having supportive family members present
- › understanding that recovery may take days or months

Please ask a health care team member for more information.

Discharge and transfers

Discharge planning starts when you are admitted to the hospital. During your admission assessment, or at any time during your stay, please tell your health care team about any concerns you have about going home. We will help you to get things ready before you are discharged and leave the hospital.

Discharge home

- Most people discharged from the hospital return home.
- The doctors will often tell patients during morning rounds that they will be discharged that day.
- Before your discharge, your nurse will go over your discharge instructions with you and give you important paperwork.
- Completing discharge paperwork takes time. **It is important that you take this information with you.** Thank you for your patience.

Please arrange a ride home from the hospital. If you need help finding a way to get home, please tell your nurse before your planned discharge day.

Transfer to a facility in the Halifax area

If you need more recovery time and rehabilitation after your surgery, and you live in Halifax Regional Municipality (HRM), you may be transferred to another facility within HRM. We will arrange for transportation to these facilities when a bed is available.

Transfer to your home hospital

If you need more recovery time and rehabilitation after your surgery, and you live outside of HRM, you will be transferred to your home hospital. We will arrange for transportation to these facilities when a bed is available. Family members must find their own transportation.

Symptoms needing medical attention

Once you are home, get medical attention if you have any of the following:

- › fever
- › chills
- › excessive (a lot) of nausea (feeling sick to your stomach) or vomiting (throwing up)
- › more redness, pain, and/or swelling at the incision (cut) site
- › increased drainage from the incision site
- › drainage from the incision site that has a bad smell
- › bleeding from the incision site

Vascular patients: go to the nearest Emergency Department if you have any of the following:

- › pain that is getting a lot worse
- › numbness (loss of feeling) in your limbs (arms or legs)
- › bleeding from the incision site

Resources

You may find the following resources helpful if you have medical questions once you are discharged home:

Nova Scotia Telecare: 811

If you have non-emergency medical questions or are concerned about your health, you can call 811 and talk to a registered nurse 24 hours a day, 7 days a week. They can also give you information about services in your area.

If you do not have a family doctor or nurse practitioner:

- Call 811 (Monday to Friday, 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>

You will be contacted directly by a primary health care provider's office when a spot becomes available.

211 Nova Scotia

211 Nova Scotia gives information on services and programs in your community 24 hours a day, 7 days a week. Services include: natural disaster relief, housing and shelter resources, food support, financial support, transportation, government and legal aid, continuing care and senior support, and much more.

- Call 211
- Visit:
 - › <http://ns.211.ca>

Community Health Team

- Call 902-460-4560

Notes:

Looking for more health information?

Find this pamphlet and all our patient resources here: <http://library.nshealth.ca/PatientGuides>
Contact your local public library for books, videos, magazines, and other resources.
For more information, go to <http://library.novascotia.ca>
Connect with a registered nurse in Nova Scotia any time: call 811 or visit <https://811.novascotia.ca>
Learn about other programs and services in your community: call 211 or visit <http://ns.211.ca>

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Please do not use perfumed products. Thank you!*
www.nshealth.ca

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