

Before and After Surgery

Aberdeen Hospital

You are scheduled for:

(procedure name)

Date of surgery:

Time of surgery:

We will call you with a surgery time before your
scheduled surgery date.

Before and After Surgery: Aberdeen Hospital

If you need to cancel your surgery:

- If you cannot come for your scheduled surgery, **call your surgeon's office AND the hospital (phone: 902-752-7600, ext. 4260) as soon as possible** stating the reason for your cancellation, so another patient can be booked in your time slot.
- Many people are involved in coordinating your surgery. It is important that you tell us as soon as possible if you are not able to keep your surgery appointment.

Welcome

The information in this guide will give you general information about your surgery. The exact surgery you are having may affect some of the instructions. Any changes will be explained to you.

After reading this guide, please tell your doctor, nurses, or any other member of 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 will be a positive one.

Come to the hospital on the day of your surgery.
Please arrive at the scheduled time.

**Go to the Central Registry Department located
in the front lobby.**

You will be directed to the One Day Surgery
Department on the first floor.

**Your surgery may be cancelled
if you are late.**

Delays in the OR 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

When you come for surgery, please bring:

- Provincial Health Card
- Any private health coverage
- Workers' Compensation Board (WCB) forms (if applicable)
- CPAP machine (if you use one)
- Braces or slings that your surgeon said you will need after your surgery
- Loose-fitting clothing to wear home, such as a sweatsuit and comfortable shoes

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

Medication information

- Blood thinners (e.g., warfarin, Xarelto[®], and ASA) will need to be stopped before your surgery as you were told in the Pre-admission Clinic.



- Over-the-counter medications like Advil (ibuprofen), Motrin[®], and Aleve[®], and prescriptions like naproxen and Arthrotec[®] all need to be stopped 7 days before surgery.
- Herbal preparations generally should be stopped 2 weeks before surgery, especially fish oils, omega, garlic, and vitamin E.
- If you have any allergies to medications and you do not know their name(s), check with your pharmacy or primary health care provider.

Special instructions

STOP these medications **before** surgery:

If instructed on the morning of surgery:

TAKE the following medications with a **sip of water**:

Insulin:

- › Take half of your usual insulin dose the evening before surgery.
- › Do not take any insulin the morning of surgery, but **check your blood sugar** at home and bring your insulin to the hospital with you.

Do not take **oral medication for diabetes** the evening before or the morning of your surgery.

TAKE any inhalers, eye drops, or bowel medications:

Anesthetic

Depending on the type of surgery you are having, you may be given a general anesthetic (medication to put you to sleep) or a regional anesthetic (an area of your body will be frozen). Sedation (medication to help you relax and fall asleep) is given with a regional anesthetic.

- **Do not eat** a large meal after midnight or for 8 hours before your surgery.
 - › You may continue to sip clear fluids up to 2 hours before your surgery. Clear fluids include: coffee or tea **without milk**, water, clear broth with no vegetables or noodles, and clear juice (e.g., apple or cranberry).
- **Do not eat** candy or chew gum after midnight.
- If you do not follow these instructions, your surgery may be delayed or even postponed.

Health and hygiene

- Call your primary health care provider if you have a fever or cold, or flu-like symptoms. You may need to postpone your surgery.
- Nova Scotia Health Authority (NSHA) is scent-free. Do not use scented products (such as perfume, aftershave, scented deodorant, or hairspray). If you have used any of these products, your surgery may be cancelled.

- Take a complete bath or shower and shampoo your hair the evening before or the morning of your surgery.
- Do not wear makeup, nail polish, or gel nails to the hospital.
- If you have your period, do not wear a tampon on the day of your surgery. Disposable mesh underwear and pads are available at the hospital.

Smoking

It is best if you can stop smoking (e.g., cigarettes, marijuana, and vaping) for 2 weeks before your surgery. If you are not able to do so, please do not smoke after your evening meal, the night before surgery.



Smoking interferes with oxygen levels in your blood, causes more secretions in your lungs, causes breathing problems after anesthesia, and increases the risk of complications such as pneumonia. NSHA is smoke-free and vape-free.

Alcohol

Do not drink alcohol for at least 24-48 hours before surgery. Alcohol thins the blood and can interfere with pain control after surgery.

Personal items

- Leave all valuables (e.g., jewelry, money, credit cards) at home. The hospital is not responsible for the loss of any item.
- All jewelry, including toe rings, must be removed at home. Any item used to pierce ANY body part, such as the nose, belly button, tongue, face, or ear, must be removed.
- You may wear your dentures to the hospital. Just before you go to the OR, you will be asked to take out your dentures and put them in a denture cup labelled with your name.
- You may wear your glasses and hearing aid(s) to the OR, if needed. Bring a case to store your glasses or hearing aid(s) in when they are not being used. **Do not wear contact lenses to the OR.**
- Ask a family member to bring your overnight bag when they visit you after your surgery.



Pre-operative (pre-op) preparation

- You will get ready for the OR in the One Day Surgery Department. We will ask you to change into a johnny shirt and a dressing gown.
- Your clothes and other belongings will be put in a plastic bag.

- 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 our patient safety standards, the nurse will ask you several questions that you may have already answered.
- You may have **one support person** wait with you in the pre-op area until it is time for you to go to surgery. This person can keep other family members informed, as needed.
- **No food or drinks are allowed in the pre-op waiting room.**
- Your surgeon and anesthesiologist (doctor who puts you to sleep before surgery) will talk with you before surgery about any concerns you may have.
- A nurse will walk with you to the OR.

Surgery

Operating Room (OR)

- All staff in the OR wear caps, gowns, and masks.
- An OR nurse will ask you several questions to ensure surgical safety standards.
- The OR is usually very cool. You will be given a warm blanket.

- OR staff will help you move to a 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 (IV) started, and monitoring equipment applied.
- Your surgeon and anesthesiologist will talk with you just before your anesthesia.

After surgery

Recovery area

- You will wake up in the Post-Anesthesia Care Unit (PACU). Most patients recover from their anesthesia in this area.
- Your nurse will also check your level of pain/discomfort and give you medications, as needed. Your anesthesiologist may also be in the PACU.
- A nurse caring for you in the PACU will regularly check your:
 - › blood pressure and pulse
 - › breathing and possible need for oxygen
 - › IV
 - › dressings and drainage tubes, if you have them

- The skin around your surgery site may be pink. This is normal. It is a cleansing solution used in the OR to make sure your skin is clean before surgery. This should be washed off with warm soapy water soon after your surgery.
- When you wake up, you will have an oxygen mask on and will be encouraged to do deep breathing exercises.
- If you had a general anesthetic, you may have a sore throat. This is because a special tube was placed in your throat during surgery. This discomfort will not last long.
- Visiting is allowed in the PACU **only under special circumstances and should not be expected.**
- When you are more awake and comfortable, you will be taken to a room on a nursing unit. Your support person can go with you.

Your hospital stay after surgery

- When you are in your room, we will help you move from the stretcher to a bed.
- We will help you get positioned so that you are comfortable.
- Your nurse will frequently check your vital signs, IV, and any dressings or tubes you may have.

Pain control

- Pain after surgery is more intense for the first 48 hours, and usually gets better over time.
- If you have pain after surgery, tell your nurse right away that you need medication. It is best to stay ahead of your pain rather than wait until it gets worse.
- Deep breathing, coughing, movement, and resting will be easier if your pain is under control.
- Do not worry about addiction to pain medication. It is normal to need medication for pain after surgery and your nurse will closely monitor how much you get.

Nausea (feeling sick to your stomach)

After a general anesthetic, some patients have nausea. Your nurse can give you medication to help with this. Tell your nurse if you feel sick to your stomach.

Dressing

- As you recover, tubes will be taken out, dressings will be changed, and any stitches will be taken out if they do not dissolve (usually 7-10 days after surgery).

- There are also stitches deep in your muscle(s) that you cannot see. These take much longer to heal (about 4-6 weeks) and will go away on their own.

Bowel and bladder functions

- Some patients find it easier to get up and go to the bathroom instead of using a bed pan.
- Some patients may have a catheter (hollow tube) in place after surgery to help drain urine (pee) from their bladder.
- You will know when your bowel function returns to normal, as you will start to pass gas. If gas pains are a problem, walking and activity may help. Stool softeners are also available and are recommended if you are on pain medications, if needed.

Eating and drinking after surgery

- You will have an intravenous (IV) after surgery to replace fluids and receive antibiotics.
- When you are allowed to drink again, it is best to start with a clear liquid like water.
- Your diet will be increased until you are back to a regular diet.

Exercises after surgery

Deep breathing, coughing, and leg exercises are very important. They will help you to recover more quickly after surgery.

Deep breathing and coughing

These exercises keep your lungs well-inflated and healthy. This helps to prevent fluid from gathering at the bottom of your lungs and to prevent lung infections. Normal activities and exercise promote healthy lungs. Less activity after surgery may limit your breathing, so it is important to do these exercises.

Practicing these exercises before your surgery will help you to be familiar with them.

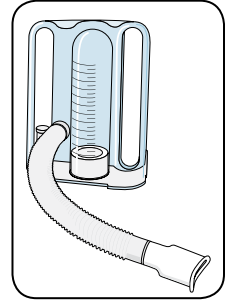
After surgery, try to do them every hour when you are awake.

Deep breathing

1. Breathe in slowly, and deeply through your nose, filling up the lower areas of your lungs.
2. Blow out slowly through your mouth, as if blowing out a candle. Repeat these deep breaths 5 times every hour.
3. After these deep breaths, cough deeply – do not just clear your throat. Coughing will help move any secretions in your lungs. When you cough, hold a pillow or folded blanket tightly against your incision (cut) to support it.

Using an incentive spirometer

An incentive spirometer is a mechanical device that helps measure your breathing. It also helps get rid of the fluid in your lungs. Your nurse will help you use this. Remember to suck air in, not blow it out.



1. Apply a tight seal on the mouthpiece. Suck in air as if 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 re-adjust the dial.
5. Repeat this 5 times every hour.

Leg exercises

Doing leg exercises is especially 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 each of the following exercises 10 times, 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 the other knee. Do this for 1-2 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.

Continue these exercises until you are up walking in the hallway. Your nurse will help you get out of bed the first time.

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

- 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.
- Do not be scared 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. To prevent large numbers of visitors at once or frequent visits, ask your family to coordinate and limit the length of their visits.
- Please choose one family member to call the hospital and share information with the rest of your family.
- Visiting hours: 8 a.m.–8 p.m.
 - › Patient rest period: 1:30–3:30 p.m.
 - › To call a patient in the hospital, call 902-766-6260 + room number + bed number

Getting ready to go home

- Instructions will include what types of activities you will be able to do when you return home (e.g., housework, lifting, driving, etc.), and appointments for followup visits and prescriptions, if needed.
- A nurse will help you get dressed in your own loose-fitting clothing. Anything that fits tightly may cause discomfort on your incision and may not fit over casts or dressings.

Going home

- You must arrange for a responsible adult to drive you home from the hospital. When you are ready for discharge (discharge time is 11 a.m.), a staff member will call this person. You will not be allowed to walk home or take a taxi alone.
- You must have someone at home with you overnight to provide care, as needed. If you have small children, arrange for someone to help you for a few days.

Nutrition

- Eat small meals and 3 snacks a day, until your appetite comes back.
- To improve wound healing, eat protein-rich foods such as dairy products, eggs, lean meats, poultry or fish, nuts, and seeds.
- Drink nutritious beverages such as milk, juice, hot chocolate (with milk), milkshakes, or liquid meal substitutes (e.g., Boost[®], Ensure[®], etc.). Coffee, tea, pop, and fruit drinks fill you up but don't give nutrients. Avoid alcohol.
- Ask about meal services available in your area. Meals on Wheels can be reached through VON (Victorian Order of Nurses) at 902-752-3184.

Care of your incision

- Dressing care will be explained to you and a family member before you go home. You can buy extra dressings at your local drugstore.
- 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 5-10 minutes.
- If your surgery was on an arm or leg, raise the limb above the level of your heart, if possible.
- If bleeding does not stop (you have slow oozing that completely 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 go immediately to the nearest Emergency Department.

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

- › fever with chills for more than 24 hours
- › increased swelling, redness, or warmth around the incision
- › increased drainage or a bad smell from the incision
- › pain that is not controlled (with or without prescription medications)

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>

Nova Scotia Health Authority promotes a smoke-free, vape-free, and scent-free environment.

Please do not use perfumed products. Thank you!

www.nshealth.ca

Prepared by: Surgical Pre-Admission Clinic, Aberdeen Hospital

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The information in this brochure is for informational and educational purposes only.

The information is not intended to be and does not constitute health care or medical advice.

If you have any questions, please ask your health care provider.

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The information in this pamphlet is to be updated every 3 years or as needed.