



About Your Surgery

Outpatient Surgery :: Same-Day Admission For Surgery



CAPE FEAR VALLEY HEALTH

YOUR SURGERY

We are pleased that you and your physician have chosen a Cape Fear Valley Health facility for your upcoming surgery. We will make every effort to ensure your comfort and satisfaction with our services.

This booklet will tell you about the preparations you need to make before you come to the hospital for surgery. It also contains some important safety information you need to know.

THE NIGHT BEFORE SURGERY

- Please follow any bowel prep instructions given to you by your surgeon or pre-testing nurse. Not all surgeries require a bowel prep.
- Eat a light supper.
- Do not eat or drink anything after midnight, including water, coffee, candy or chewing gum.
- Remove all fingernail and toenail polish.
- Do not drink any alcoholic beverages 24 hours before your operation. Alcohol may increase the effect of the medicines you are given.
- If you smoke, it is recommended that you avoid smoking 24 hours before surgery.
- Pack an overnight bag with clothing and any toiletries you may need if your surgeon has told you that you may be staying in the hospital.
- Call your surgeon if you develop a fever, rash or cold prior to surgery.

THE MORNING OF SURGERY

- Leave all jewelry, money and other valuables at home. If you will be staying overnight in the hospital, leave your overnight bag in your vehicle for a family member to bring in once you are in your room.
- Shower, wash your hair and remove any nail polish on your fingers and toes. Do not wear make-up. Your caregivers need to see your skin and nails to check your blood circulation.
- Do not wear perfume, powder, lotions, deodorant, or false eyelashes. Do not wear a wig or hairpiece.
- If you wear dentures, a partial plate, contact lenses or other prosthesis, you will be asked to remove them just before going to surgery. Bring your storage container and solution for your contact lenses, as well as your glasses.
- If you have long hair, braid it or secure it in a rubber band or cloth ponytail holder. Hair pins, hair clasps and hair combs must be removed.
- Brush your teeth the morning of surgery, but do not swallow any water.

ADDITIONAL INSTRUCTIONS



MEDICATION GUIDELINES FOR THE MORNING OF SURGERY

- If you are a diabetic, do not take your insulin or any diabetic medicine the morning of surgery. However, if you have an insulin pump, please leave the pump attached and running at your basal rate unless instructed otherwise by your surgeon.
- If you take a Beta Blocker (a type of prescription blood pressure medication), it is important that you continue taking this medication prior to surgery. Please take your Beta Blocker medication on the morning of surgery if this is your routine schedule.
- Use inhalers and asthma medicine the morning of surgery and bring your inhalers with you.
- You should take the following medications the morning of surgery with a sip of water (if you normally take them in the morning):

IF YOU ARE HAVING OUTPATIENT SURGERY

A responsible adult must be available to drive you home when you are ready for discharge. The drugs and/or anesthesia that you will receive will make it unsafe for you to drive a motor vehicle, walk home or travel alone by bus or taxi.

Your outpatient surgery will not be performed if you do not have a responsible adult to drive you home. We recommend that you not drive a motor vehicle for 24 hours after your surgery.

We recommend that a responsible adult remain with you for at least six hours after you arrive home. If you have had general anesthesia, you should not be responsible for small children the evening of surgery.

Please do not bring children to the hospital unless they are to be patients, as we do not have facilities or personnel to provide adequate supervision.

IF YOUR CHILD IS HAVING SURGERY

- A parent or guardian must remain in the hospital during the child’s surgery and recovery.
- We strongly recommend that someone other than the driver be available to care for small children during the trip home as some children experience nausea and dizziness.
- You may bring a favorite soft toy or blanket for your child.
- If your child is very young, do not brush his or her teeth the morning of surgery, as young children have a tendency to swallow water.
- If your child takes a bottle, please bring a bottle of juice, milk or formula with you. The nurses will let you know when your child can take his or her bottle after surgery.
- Please bring extra diapers or underwear for your child.



FOR YOUR SAFETY IN SURGERY

Before you have surgery, the staff will ask you to sign an Informed Consent form if you did not sign one during pre-surgical testing. Please read it carefully.

The Informed Consent form lists:

- Your name
- The kind of surgery you will have
- The risks of your surgery
- That you talked to your doctor about the surgery and asked questions
- Your agreement to have the surgery

Make sure everything on the form is correct and that your questions have been answered. If you do not understand something on the form, please ask your nurse.

When you report to the pre-surgical area, you will be asked the same questions many times. The staff asks these questions at each handoff for your safety. They will ask:

- Your name
- Your date of birth
- What kind of surgery you are having
- The part of your body you will be operated on

AVOIDING MISTAKES IN SURGERY

Your physician will mark the spot on your body to be operated on. Make sure they mark only the correct part and nowhere else.

If you are having spine surgery, your neck, upper back or lower back will be marked. The surgeon will check the exact place on your spine in the operating room after you are asleep.

Your surgeon and all the staff working in the operating room will take a “time out” just before your surgery. This is done to make sure they are doing the right surgery on the right body part on the right person.

PREVENTING SURGICAL INFECTIONS

A surgical site infection is an infection that occurs after surgery in the part of the body where the surgery took place. Most patients who have surgery do not develop an infection. However, infections develop in about 1 to 3 out of every 100 patients who have surgery.

Your healthcare team has a number of steps to follow to minimize the risk of a surgical infection. They include:

Giving antibiotics one hour before surgery for certain surgeries to prevent infection.

It has been shown that administering an appropriate antibiotic 60 minutes before the surgeon makes an incision provides the most protection for the patient with as little risk as possible. The antibiotic is administered through an IV.

Discontinuing the antibiotic when the risks outweigh the benefits is as important as starting the antibiotics at the right time. For most procedures, the antibiotic is discontinued after 24 hours. Using antibiotics for too long a time may contribute to the development of “super bugs” that are resistant to common antibiotics.

Using clippers for hair removal rather than shaving.

If hair removal is needed, it will be done immediately before surgery rather than the night before. Shaving hair with a razor is not done because shaving creates microscopic skin nicks, which can increase the risk of infection.

Maintaining blood sugar control.

If you are a diabetic, special care will be taken to keep your blood sugar under control, especially after surgery.

Maintaining normal body temperature in the operating room (OR).

The staff will take measures to warm you in the OR if your body temperature drops too low.

Continuing beta-blocker therapy if you are already on a beta blocker.

This has been shown to reduce the risk of heart

problems in patients who have had surgery.

Using medications and mechanical therapies to prevent deep vein thrombosis (blood clots) for those at risk.

HOW YOU CAN HELP PREVENT A SURGICAL SITE INFECTION

There are some things you can do to help prevent a surgical site infection.

Before surgery:

- Tell your doctor about other medical problems you may have. Health problems such as allergies, diabetes and obesity could affect your surgery and your treatment.
- Quit smoking. Patients who smoke get more infections. Talk to your doctor about how you can quit before your surgery.
- Do not shave near where you will have surgery. Shaving with a razor can irritate your skin and make it easier to develop an infection.

At the time of surgery:

- Speak up if someone tries to shave you with a razor before surgery. Ask why you need to be shaved and talk with your surgeon if you have any concerns.
- Ask if you will get antibiotics before surgery.

After surgery:

- Make sure your healthcare providers clean their hands before examining you, either with soap and water or an alcohol-based hand rub. **If you do not see your providers clean their hands, please ask them to do so.**
- Your family and friends who visit you should not touch the surgical wound or dressings.
- Ask friends and family to clean their hands with soap and water or alcohol-based hand rub before entering your room and when they leave your room.

YOUR ANESTHESIA PROVIDER

Anesthesia is administered by a Registered Nurse Anesthetist (CRNA) under the supervision of an anesthesiologist or surgeon.

A CRNA is a registered nurse who has already earned a four-year degree and has a minimum of one year of acute-care nursing experience and two more years in a masters level nurse anesthetist program.

During your surgery, your anesthesia will be performed and constantly monitored by a CRNA under the medical supervision of the surgeon.

RISKS OF ANESTHESIA

It is important for you to know that the administration of anesthesia carries risks. However, some of the benefits of anesthesia include pain control, anmesia, blood pressure control, heart rate control, ensuring adequate oxygen and relaxation.

The consumption of food, drink, or medicines not specifically approved after the time directed can cause or contribute to potentially life threatening complications and surgery may be postponed.

A member of the Anesthesia team will administer anesthesia appropriate to the procedure and any medical condition. Special or invasive monitoring may be required. These monitors may include the use of an arterial catheter and/or a central venous pressure catheter. Possible risks associated with these monitors include infection, eye (corneal) abrasion, venous and/or arterial injury, bleeding nerve damage, a collapsed lung or other lung injury, stroke, and possibly death.

GENERAL ANESTHESIA

General anesthesia provides unconsciousness by administration of general anesthetic drugs through the vein (intravenously) or through inhalation.

Serious risks are rare, but include death, heart attack, stroke, tracheal injury, esophageal injury and aspiration of stomach contents. Less serious risks include, but are not limited to, the following: sore

throat, hoarseness, headach, muscle pain, nausea and vomiting, and non-preventable damage to teeth or dental prosthesis. Postoperative mechanical lung support may rarely be required, especially in patients with severe lung disease or severe obesity, and in certain types of surgeries, such as heart bypass or gastric bypass operations.

EPIDURAL ANESTHESIA

Epidural anesthesia are medicines that numb parts of your body to block pain. In an epidural, the medicine is injected just outside the sac of fluid around your spinal cord. This is called the epidural space. The medicine numbs, or blocks feeling in a certain part of your body so you cannot feel pain. You will stay awake during this type of anesthesia.

Risks associated with epidural anesthesia include, but are not limited to the following: failure or inadequate anesthetic block, drop in blood pressure, nausea, headache, itching, backache, bleeding and infection. Neurologic injury is exceedingly rare but a potentially very serious complication. Headache from cerebrospinal fluid leakage may require a blood patch. Some of the medications used with epidural anesthesia can cause seizures and rarely, even death. Inadequate epidural anesthesia may require transition to general anesthesia.

SPINAL ANESTHESIA

Spinal anesthesia are medicines that numb parts of your body to block pain. In a spinal, the medicine is injected into the fluid in your spinal cord. The medicine numbs, or blocks feeling in a certain part of your body so you cannot feel pain. You will stay awake during this type of anesthesia.

The risks associated with spinal anesthesia are similar to those of epidural anesthesia as previously listed. Inadequate spinal anesthesia or prolonged surgical time may require transition to general anesthesia.

MONITORED ANESTHESIA CARE

Monitored anesthesia care consists of local anesthetic injections as well as other medications to make you drowsy.

Risks associated with monitored anesthesia care include, but are not limited to, the following: nausea and vomiting, artificial airway support, and pain or discomfort, which may require transition to general anesthesia.

NERVE BLOCKS

Nerve blocks involve the injection of local anesthetic near a cluster of nerves to provide numbness, loss of pain or loss of sensation to a particular part of the body. You will stay awake during this type of anesthesia.

Risks associated with nerve blocks include, but are not limited to, the following: nerve block failure; bleeding; infection; injury to nerves, blood vessels, and possibly the lungs; injection into a blood vessel leading to seizures; and serious drug reactions. Extremely rare risks include respiratory and/or cardiac arrest.

ANESTHESIA-RELATED COMPLICATIONS

Complications possible with any type of anesthesia include, but are not limited to, the following: allergic reactions, drug reactions, breathing difficulties, intraoperative awareness, injuries to nerves or joints from surgical positioning, eye injury, blindness from prolonged face-down positioning, heart and/or brain damage, and death.

Serious complications from any form of anesthesia are rare; however, pre-existing medical problems such as smoking, diabetes, heart disease, lung disease, liver disease, and kidney disease may increase your risks.

It is important to understand that unexpected complications during surgery may require a change in the anesthetic plan and/or placement of additional possibly invasive monitors and unplanned transfusions of blood or blood products.

HOME CARE AFTER SURGERY

- Before you go home, your doctor or nurse should explain everything you need to know about taking care of your wound. Make sure you understand how to care for your wound before you leave the hospital.
- Always wash your hands before and after caring for your wound.
- Before you go home, make sure you know who to contact if you have questions or problems after you get home.
- If you have any symptoms of an infection, such as redness and pain at the surgery site, drainage, or fever, call your doctor immediately.

If you have additional questions about your surgery or recovery, please ask your doctor or nurse.

DISCHARGE PRESCRIPTIONS

If your physician has prescribed pain medication or other discharge medications, you may get your prescription filled at one of Cape Fear Valley's retail pharmacies.

Ask your nurse to fax your prescriptions to the pharmacy before you are discharged. At Cape Fear Valley Medical Center and Hoke Hospital your prescriptions will be delivered to your bedside before you leave the hospital. At Highsmith-Rainey your prescriptions should be ready to pick up when you leave the hospital.

Cape Fear Valley's retail pharmacies accept all Medicare Part D plans and most third-party prescription plans. Those without prescription insurance will find Cape Fear Valley's retail pharmacies to be very economical.

Cape Fear Valley's retail pharmacies are:

Cape Fear Valley Pharmacy

Located off the main lobby in Cape Fear Valley Medical Center

Center Pharmacy

Located in the Medical Arts Center across from Highsmith-Rainey Specialty Hospital

Hoke Pharmacy

Located in the Medical Office Building adjacent to Hoke Hospital



YOUR SURGERY IS SCHEDULED FOR:

Cape Fear Valley Medical Center

1638 Owen Drive, Fayetteville

Date: _____

Arrival Time: _____

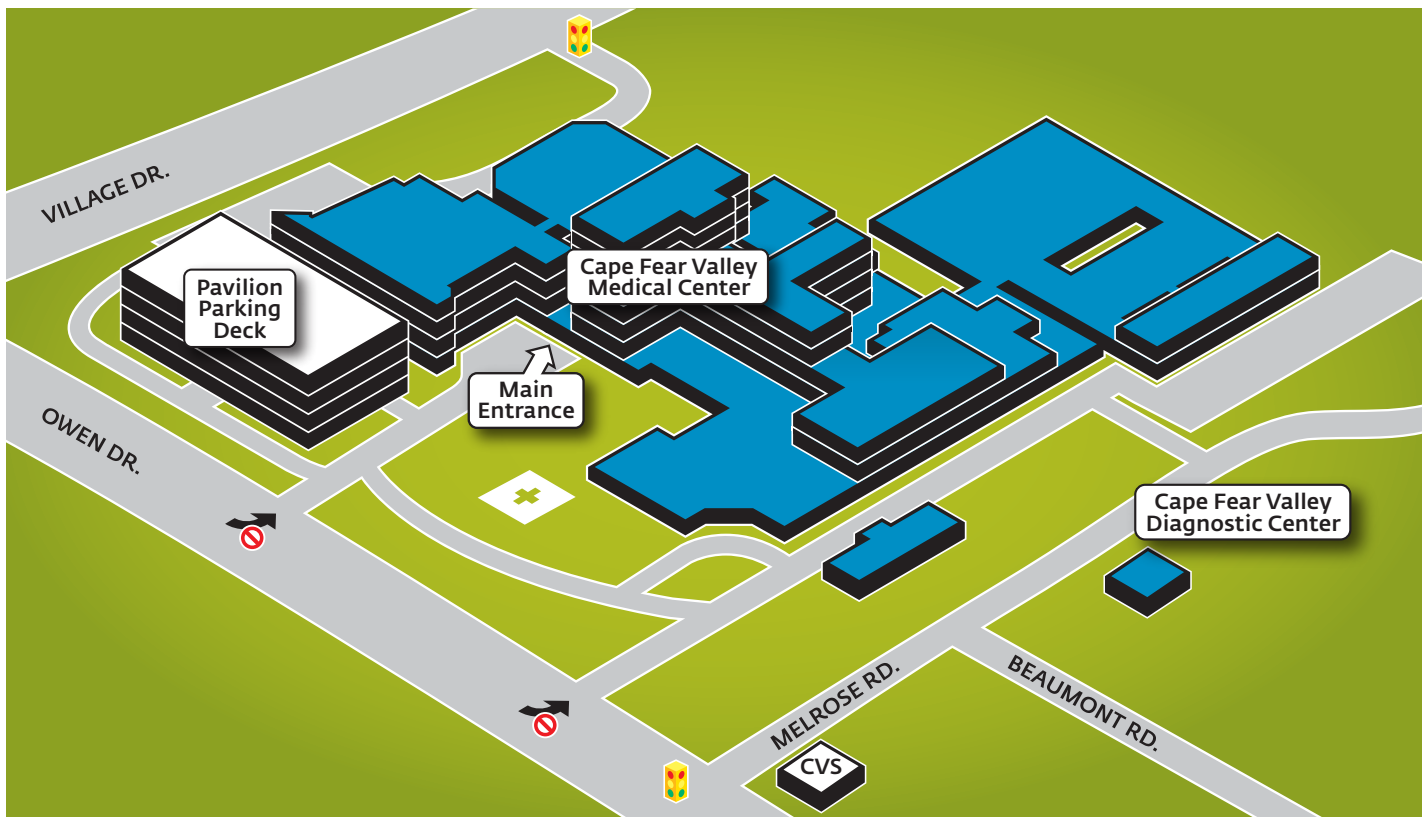
Check-in Location:

- ☐ Short Stay Center at Cape Fear Valley Medical Center
Enter at Main Entrance, take North Tower elevator to 2nd floor
- ☐ GI Center at Cape Fear Valley Medical Center
Enter at Main Entrance, take North Tower elevator to 2nd floor
- ☐ Main Lobby at Cape Fear Valley Medical Center
Report to Information Desk

Parking Location:

- ☐ Pavilion Parking Deck – Free for first hour, \$1 per hour up to \$5 maximum per day

If you will be late or have questions, please call (910) 615-6000.



YOUR SURGERY IS SCHEDULED FOR:

Highsmith-Rainey Specialty Hospital

150 Robeson Street, Fayetteville

Date: _____

Arrival Time: _____

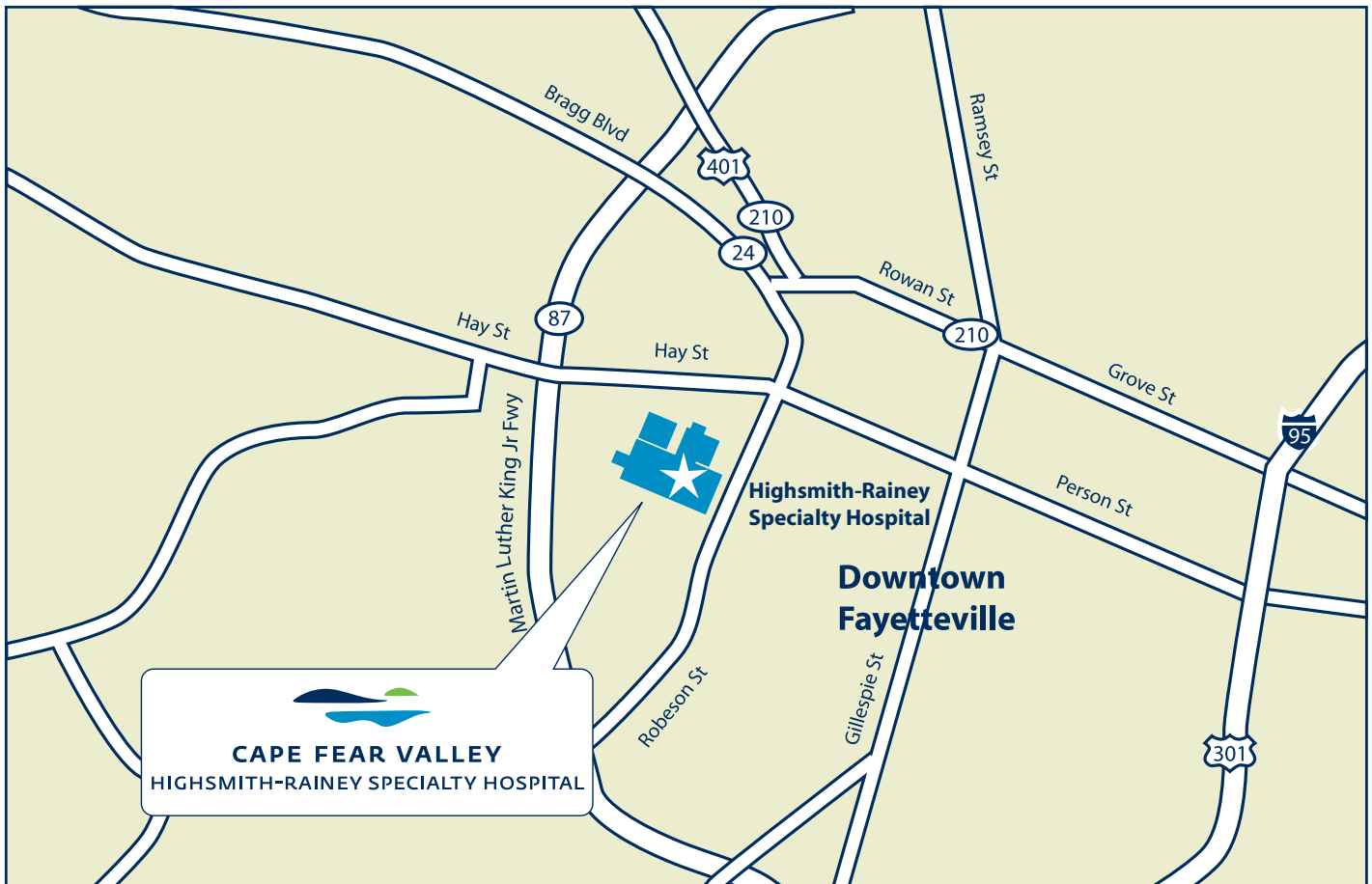
Check-in Location:

☐ Admitting, 1st Floor

Parking Location:

☐ Visitor parking in front of the hospital or in the side parking lot. Enter at Main Entrance.

If you will be late or have questions, please call (910) 615-1127.



YOUR SURGERY IS SCHEDULED FOR:

Hoke Hospital

210 Medical Pavilion Drive, Raeford

Date: _____

Arrival Time: _____

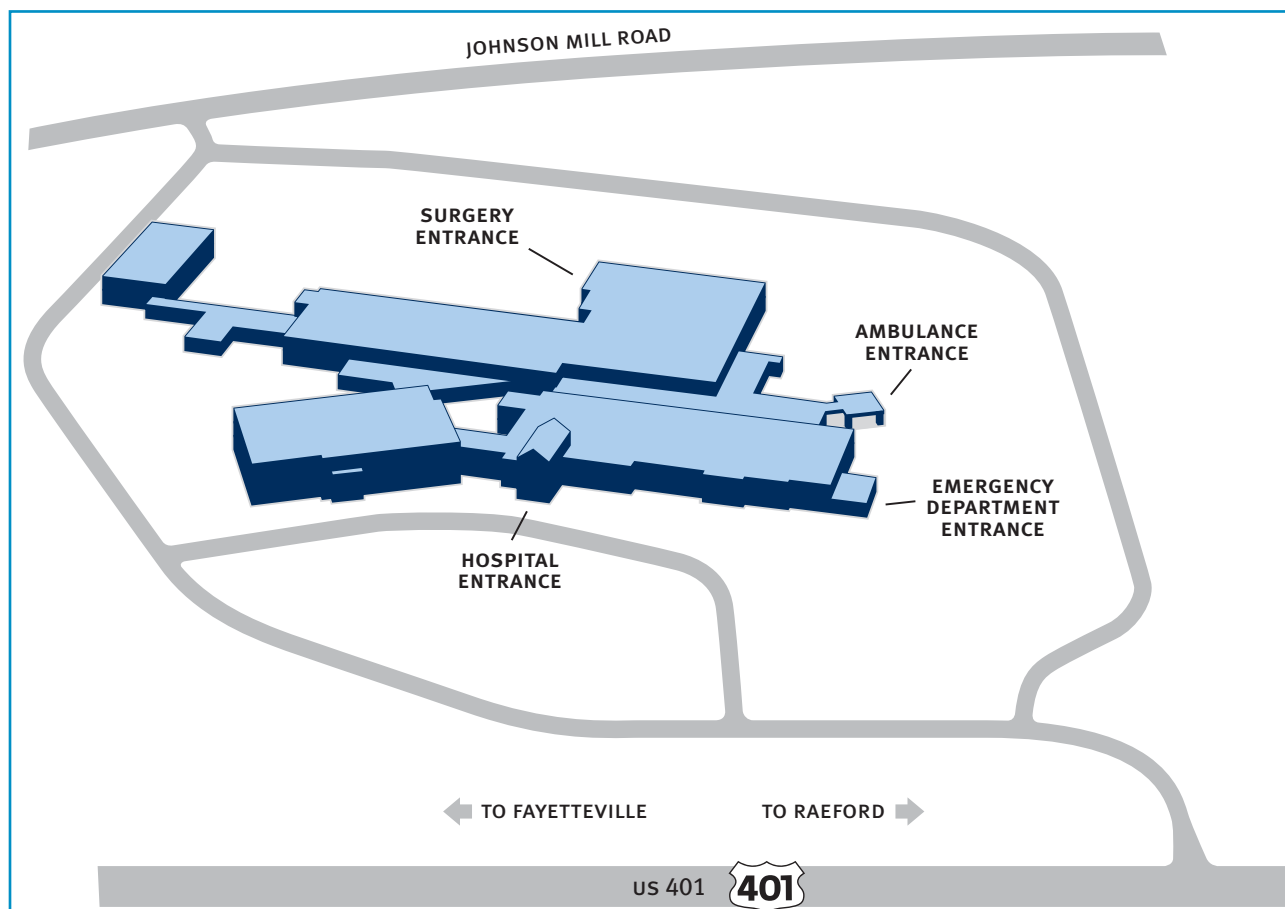
Check-in Location:

☐ Surgery Entrance, 1st Floor, Back of the Hospital

Parking Location:

☐ Park in Visitors' Parking by the Surgery Entrance

If you will be late or have questions, please call (910) 904-8056.



YOUR SURGERY IS SCHEDULED FOR:

Bladen County Hospital

501 South Poplar Street, Elizabethtown

Date: _____

Arrival Time: _____

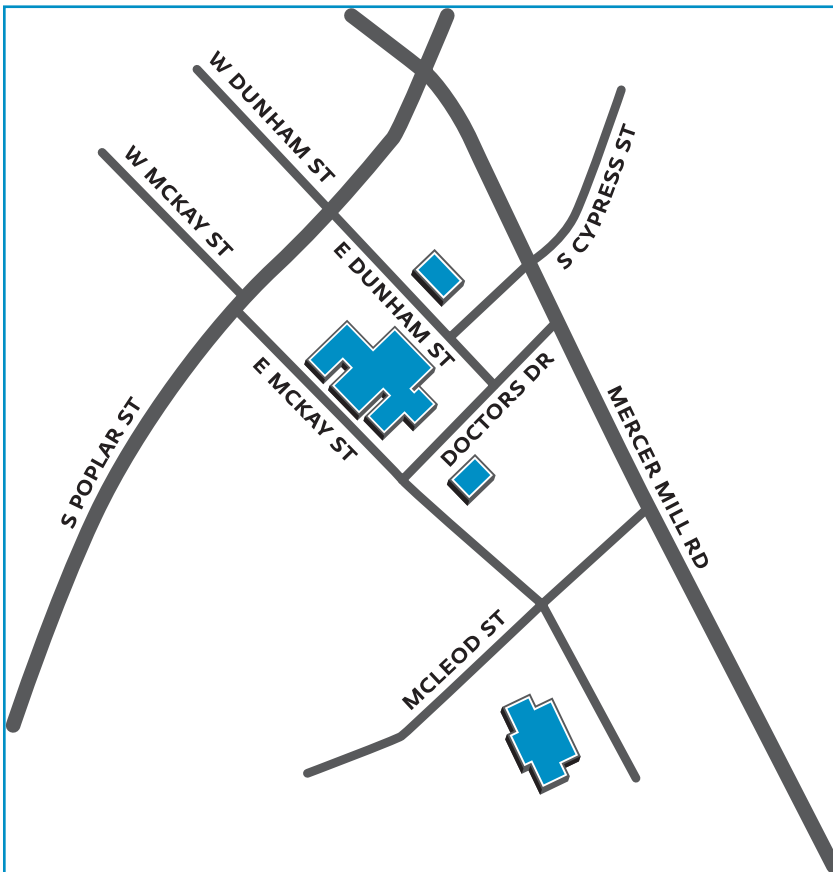
Check-in Location:

☐ Outpatient Registration, 1st Floor

Parking Location:

☐ Visitor parking in front of the hospital or in the side parking lot. Enter at Main Entrance.

If you will be late or have questions, please call (910) 862-1183.





ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-910-615-6120 (TTY: 1-910-615-5864).

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-910-615-6120 (TTY:1-910-615-5864)。