

# Surgical & Procedural Care

Patient Handbook



THE PATIENT. ABOVE ALL ELSE.®





# Table of Contents

## St. Luke's Information

- 3 Important Phone Numbers
- 3 Visitors
- 3 Parking and Directions
- 3 Finding Your Way at St. Luke's

## How to Prepare

- 4 Before your Procedure
- 4 Preoperative Physical Checklist

## Pre-Procedure

- 5 Food, Drink and Medications
- 5 Getting Ready
- 5 What to Bring to the Hospital
- 5 Coping with Anxiety

## Procedure

- 6 At the Hospital Before Your Procedure
- 7 Anesthesia
- 7 In the Operating Room (OR)

## Post-Procedure

- 8 After Your Surgery

## Discharge

- 9 Pain Management
- 9 Nausea/Vomiting Management
- 10 Signs of Bleeding
- 10 Signs of Infection
- 10 Discharge Instructions

## 11 Leaving the Hospital

## 12 Notes

The information provided is a general overview for all surgical procedures. Your surgeon may also give you more detailed information related to the specific procedure you are having.

Your procedure is at **St. Luke's Surgical & Procedural Care, 1015 E. 1st Street, Duluth, MN.** This guide will help you prepare for your procedure and know what to expect during your stay.

**Appointment Date:** \_\_\_\_\_

**Surgeon's Name and Phone Number:** \_\_\_\_\_

A day or two before your surgery, a nurse will call you. They will give you an arrival time for your procedure and any additional instructions you need to prepare for your procedure. **If you have not been called by 7 pm one business day before your procedure, call 218.249.5244.**

## IMPORTANT PHONE NUMBERS

### St. Luke's Hospital

Available 24/7  
218.249.5555

### Pre-Admissions Testing

Monday – Friday, 8 am – 4:30 pm  
218.249.5644

### St. Luke's Surgical & Procedural Care

Monday – Friday, 5:30 am – 8 pm  
218.249.5244

### St. Luke's Financial Specialists

218.249.5340

### St. Luke's Facility Assistants

Available 24/7  
218.249.4940

### Northland Pharmacy

Monday – Friday, 8 am – 6 pm  
218.249.2460

## VISITORS

Generally, you may have one adult visitor accompany you the day of your procedure. This person should be your support person.

- Check St. Luke's website ([slhduluth.com/visitors](http://slhduluth.com/visitors)) or call your surgeon's office for the most up-to-date visitor policy.
- Once you go into the operating room (OR), your visitor may need to return to the Surgical & Procedural Care waiting room.
- For refreshments, there is a coffee shop located on the 2nd floor of Building A. Also, Blue Waves Café is located on the 3rd floor of the hospital.

## PARKING AND DIRECTIONS

- Park for free in the covered lot in front of Building A (1015 E. 1st Street).
- Enter Building A. There will be an information desk staff member or volunteer to help direct you, and wheelchairs for patient use.
- Take elevators to 3rd floor, to the Surgical & Procedural Care waiting room and check in at the desk.
- For more information, visit [slhduluth.com/surgery](http://slhduluth.com/surgery).



## FINDING YOUR WAY AT ST. LUKE'S

To help make St. Luke's as easy to navigate as possible, all building and parking lot signs and maps are color coded.

- Building A – **GREEN**
- Hospital – **BLUE**
- Medical Office Pavilion – **RED**
- Lakeview Building – **PURPLE**
- Northland Medical Center – **GOLD**
- SLH Clinic Building – **ORANGE**

There are campus maps located near all entrance points, as well as courtesy phones and digital directories. Once you are in a St. Luke's building there will be color-coded signage to direct you to services in that building and to other St. Luke's buildings.

For a detailed map of St. Luke's Campus, visit [slhduluth.com/map](http://slhduluth.com/map).

### Need Help?

If you ever need assistance finding your way at St. Luke's or a wheelchair escort, call St. Luke's Facility Assistants at **218.249.4940**.

## BEFORE YOUR PROCEDURE

Here are several important things you will need to do before your procedure.

- **See your primary care provider.** Schedule a preoperative physical with your primary care provider within 30 days of your procedure. (If you do not have a primary care provider, reach out to your surgeon's office.) To help you and your provider make sure you are ready for your procedure, bring this booklet and talk through all of the items in the **Preoperative Physical Checklist** (next column) at your preoperative physical appointment.
- **Call your insurance provider.** To see if a prior authorization is required by your insurance policy, call your insurance provider. If this is not completed by the time of surgery, your procedure may be delayed.
- **Stop smoking.** Since non-smokers have fewer infections and faster healing, it is recommended that you stop smoking 4 weeks prior to surgery.
- **Stop drinking alcohol.** All patients are required to abstain from alcohol for 2 weeks prior to surgery. This prevents complications such as bleeding, infection, heart problems, and a longer hospital stay.
- **Receive a nurse phone call.** A day or two before your surgery, a nurse will call you. They will give you an arrival time for your procedure and any additional instructions you need to prepare for your procedure. **If you have not been called by 7 pm one business day before your procedure, call 218.249.5244.**

## PREOPERATIVE PHYSICAL CHECKLIST

Bring this checklist to your preoperative physical with your primary care provider. Review the items on this list to help avoid complications and delays in care.

### Discuss if you are ready to have the procedure by reviewing:

- How well your blood sugar is controlled
- If your Body Mass Index (BMI) is within a safe range
- Smoking cessation difficulties
- Alcohol cessation difficulties
- Whether insurance preauthorization is needed and who to contact
- Whether preoperative lab work is needed
- Whether any diagnostic work is needed (e.g., EKG)
- Your health care directive (optional)

### Discuss medication instructions if you take:

- Blood thinners or anticoagulants (e.g., Coumadin or Plavix)
- Blood thinning medications (e.g., NSAIDs or aspirin)
- Diabetic medications or insulin
- Scheduled pain medications
- Blood pressure medication
- Vitamins

### Discuss your plan for recovering, specifically regarding:

- Ordering adaptive equipment (e.g., crutches or a walker)
- Arranging discharge to a long-term care or rehabilitation facility





To prevent complications or delays in your care, you must follow these instructions.

## FOOD, DRINK AND MEDICATIONS

- You may have clear liquids or water up to 6 hours prior to your procedure.
- After midnight prior to your procedure, do not eat any food or use tobacco products. This includes hard candy, chewing gum, cigarettes and chewing tobacco.
- For children less than 36 months old, breast milk may be given up to 4 hours prior to procedure or formula up to 6 hours prior to procedure. However, follow the same guidelines for solids and other liquids.
- Follow instructions from your primary care provider regarding medications taken before your surgery. You can continue to take prescribed pain medication until the morning of surgery. Acetaminophen (Tylenol) is ok to take prior to surgery. Do not take NSAIDS (Ibuprofen, Advil, Motrin, Aleve) without discussing with your surgeon.

## GETTING READY

- Arrange for a responsible adult to drive you home after your procedure.
- If a wristband is placed at your lab appointment (generally 2 to 3 days before your surgery), you must leave it on.
- Before you arrive, please remove:
  - All makeup and nail polish
  - All body piercings and jewelry, including wedding rings
- Bathe/shower the night before or morning of surgery. Do not apply lotions, deodorants, oils or powders.
- Do not shave the operative site.
- Notify your surgeon immediately if you develop cold, flu or other symptoms of illness.

## WHAT TO BRING TO THE HOSPITAL

- Wear loose, comfortable clothing
- DO bring:
  - Your insurance card and picture ID
  - An updated list of medications
  - A container for your hearing aids, glasses, contacts and/or dentures
  - Your CPAP machine and mask, if you use one
  - Emergency inhalers, if you are prescribed them
- DO NOT bring:
  - Money or credit cards
  - Medications
  - Anything of value that you do not want lost or damaged

## COPING WITH ANXIETY

You may experience feelings of fear and anxiety leading up to your procedure. Talk with your primary care provider if you are unable to cope with anxiety. The day of your procedure, inform surgical staff immediately upon arrival. We will listen carefully and do everything we can to make sure you are comfortable. We will also notify your anesthesiologist who will decide whether medication to help your anxiety is appropriate.



## AT THE HOSPITAL BEFORE YOUR PROCEDURE

- **Room Assignment:** After you check in at the front desk of Surgical & Procedural Care, the staff will let your surgical team know you have arrived. As soon as your room is available, you will be brought back to your private preoperative room. Your support person may accompany you, if you wish.
- **Vitals Check:** Staff will weigh you and take your vitals (temperature, heart rate, blood pressure, etc.).
- **Clothing Prep:** You will be asked to remove all clothing, including your undergarments, and change into a hospital gown and socks.
- **Medication Verification:** Your nurse will verify your medications along with the last date and time taken. They will complete an assessment and place an IV. An IV is a soft flexible tube placed inside a vein, in which medications can be administered through. There are several options available to increase the comfort of your IV placement.
- **Additional Testing:** Labs or diagnostic testing, such as an EKG, may be completed.
- **Meet and Greet:** You will meet your anesthesiologist and surgeon to discuss your care and sign consent forms.
- **Skin Prep:** Depending on the type of procedure you are having, you may require a skin prep. This may require staff to clip hair and cleanse around the operative site. Do not shave the operative site before coming to the hospital.
- **Specialized Clothing:** You may be given compressive stockings to wear and/or have special sleeves applied to your lower legs that provide intermittent pressure cycles. These will help your blood circulation during and after surgery, helping to prevent the formation of blood clots.
- **Specialized Protection:** A foam dressing may be placed to prevent skin injuries on areas that your nurse has identified as high risk for skin breakdown during your procedure.
- **Keeping You Informed:** Sometimes there are unforeseen or emergent circumstances that may require a delay in your procedure start time. We will communicate updates or possible delays to the best of our abilities.



## ANESTHESIA

Your anesthesiologist provider will meet with you, and together you will decide which type of anesthesia is best for you. You may be asked to provide a urine sample for pregnancy testing prior to receiving anesthesia. You may not drive for 24 hours after receiving any type of anesthesia, sedation or narcotic medication.

There are several forms of anesthesia. Below is an overview of each one.

### General Anesthesia

This form of anesthesia is inhaled through a mask and/or given through your IV. Once you are completely asleep from the anesthesia, the anesthesia provider will gently place a breathing tube into your airway. Your anesthesia team, which may consist of an anesthesiologist and a certified nurse anesthetist, will monitor you very closely. They will be watching your vital signs and comfort level. With general anesthesia, you will not move, feel pain, or have any memory of the procedure.

### Sedation

This form of anesthesia is provided through your IV and allows you to be comfortable while still breathing on your own. Your levels of sedation and awareness will depend on the type of procedure you are having. Your anesthesia team will monitor you closely by watching your vital signs and comfort level.

### Spinal and Epidural Anesthesia

These forms of anesthesia numb parts of your body to block pain. They are given through injection(s) in or around the spine. Additional medication is provided through your IV to relax and sedate you. This additional medication often induces sleep and most patients have no memory of the procedure. Depending on several factors, your anesthesiologist will determine if you are a candidate for spinal or epidural anesthesia.

### Peripheral Nerve Blocks

Medication can be injected near the nerves of the surgery site to help alleviate post-operative pain. Your anesthesiologist will discuss whether a nerve block is a good option for you.

## IN THE OPERATING ROOM (OR)

Before you leave your preoperative room there will be a safety check. This will include verifying your name, date of birth, and type of procedure. This will be repeated when you arrive in the OR.

- You will be taken to the OR on the bed from your preoperative room. Once you reach the OR, you will be transferred to another bed.
- Your anesthesia team will place monitoring equipment. This will include a blood pressure cuff on your arm, a pulse oximeter on your finger, and electrode stickers on your chest to monitor your heart.
- For your safety and comfort, you will be continuously monitored by your anesthesia team.
- The OR is a sterile environment. Everyone in the room will wear protective coverings to reduce risk of contamination. You may receive an antibiotic through your IV to help prevent infection.
- The OR room temperature is cool. Keeping the temperature low may be helpful in reducing bacteria in the environment, as well as keeping your surgical team cool. You will be given warm blankets for your comfort.





## AFTER YOUR SURGERY

- **Recovery Unit:** Depending on the kind of anesthesia you received, you may go to the recovery unit as you wake up after your procedure.
- **Postoperative Update:** You may not remember speaking to your surgeon while you are in the recovery unit. Usually, your surgeon will update your support person while you are still waking up.
- **Postoperative Care Location:** After the recovery unit, you will return to Surgical & Procedural Care (unless you are admitted to the hospital to stay overnight). A nurse will monitor your vital signs, assess your comfort, nausea and wakefulness.
- **Ensuring Your Comfort:** Your nurse will make you as comfortable as possible by dimming the lights, providing warm blankets, and making sure you are positioned comfortably. They will also offer you fluids and a light snack.
- **Postoperative Instructions:** The nurse will review your postoperative medications and instructions with you and your support person before discharge. You may still feel sleepy when you leave, so it is advised that you spend the remainder of the day resting at home, with your support person.
- **Recovery Support – Movement:** Your nurse will encourage movement following your procedure. Movement is proven to help prevent complications such as pneumonia, blood clots, constipation, skin breakdown and inability to urinate. Continue to move as directed during your recovery at home.
- **Recovery Support – Breathing Exercises:** Your nurse will encourage you to cough and take deep breaths after your procedure. This helps to prevent pneumonia. You are encouraged to continue coughing and deep breathing often during your recovery at home.
- **IV Removal:** Before you leave the hospital, your IV will be removed. Firm pressure should be applied to the IV area for several minutes to minimize bleeding and bruising.





## PAIN MANAGEMENT

Pain control is very important for your recovery. After your procedure, you will be asked to rate your pain on a scale from zero to 10, zero being no pain and 10 being the worst pain possible. It is important to communicate to your care team what level of pain is tolerable.

Depending on your procedure, pain may be expected and you may not be pain-free when you leave. However, there are several options available to help lessen pain. Some pain management techniques frequently used are pain medication and non-medication pain relief. It is helpful to have a plan to use a combination of these during your recovery.

### Pain Medication

It is encouraged that you keep a log of when you take pain medications to prevent accidental overdose.

**Narcotics.** Narcotics may be prescribed following your procedure. These are used for moderate to severe pain. It is important to take these medications as prescribed. Oftentimes they are prescribed “as needed,” and should only be taken if you’re in pain. These should be taken only when pain cannot be managed by over-the-counter medications and non-medicated pain relief methods.

Risks of narcotics can include constipation, nausea, sleepiness and decreased tolerance to pain. To prevent constipation, drink plenty of liquids, move frequently, and take over-the-counter stool softeners. Discuss with your surgeon or pharmacist which stool softener they recommend for you.

### Over-the-Counter (OTC)/Non-narcotics

Many narcotic medications already contain Tylenol (acetaminophen). You should not exceed 4,000 milligrams (mg) of acetaminophen in a 24-hour period. Nonsteroidal anti-inflammatories such as Ibuprofen, Motrin, Advil, Aleve and Naproxen may be taken as directed.

For children, follow packaging instructions for the maximum amount of medication your child can have in a single day. Call your child’s provider if you are unsure of the instructions. Consult your provider before giving aspirin to your child.

### Non-Medication Pain Relief

**Ice.** Double-bagged ice cubes or commercially made ice packs can be used. Be sure to place a towel between the ice and skin to prevent frostbite or damage to the skin. Use ice as directed by your surgeon.

**Elevation.** Elevate the affected area above the level of the heart as able. This decreases swelling, which helps alleviate pain.

**Alternative pain management techniques.** Alternative techniques include guided imagery, meditation, music, acupuncture, massage, essential oils, or other techniques suggested by your surgeon.

## NAUSEA/VOMITING MANAGEMENT

Nausea is not uncommon following anesthesia, especially following abdominal and gynecological surgeries. If you’ve experienced post-operative nausea or vomiting in the past, please let your anesthesia team know before surgery.

If you become nauseous, here are some things that can help:

- Chew on ice chips and drink clear liquids, slowly progressing to bland foods as you’re able.
- Take pain medications with food.
- Aromatherapy, such as peppermint oil, may help.
- Ask your care providers if medication to treat nausea is appropriate for you.

## **DISCHARGE INSTRUCTIONS**

A nurse will review discharge instructions regarding your post-operative care with you. Make sure your questions and concerns are addressed by either your nurse or surgeon.

## **SIGNS OF BLEEDING**

Bleeding may happen inside of the body or outside of the body. Depending on the type of procedure you had, some bleeding could be normal and expected. Ask your surgeon what normal bleeding is for the type of procedure you had. If you are unsure as to whether your bleeding is normal, call your surgeon's office. If you are experiencing heavy bleeding call 911.

## **SIGNS OF INFECTION**

Most surgical infections appear at the incision site within 30 days after surgery. Surgical wound infections may have pus draining from them, and can be red, painful, or hot to touch. You may have a fever and feel sick. Call your surgeon immediately if you are experiencing any signs of infection.





## LEAVING THE HOSPITAL

Many procedures do not require a hospital stay. If your procedure does require a stay, it will be our goal to help you transition to the next phase of your care as quickly as possible. When you are discharged, it allows a bed to be available for someone else who needs the high level of care that our inpatient setting provides.

- Inform your care providers of your preferred pharmacy. Northland Pharmacy, located on St. Luke's campus, is available to fill your prescriptions Monday through Friday, 8 am to 6 pm. They accept most insurance plans.
- If you are planning to go to a skilled nursing or rehab facility after your procedure, tell your surgeon and nurse.
- If you are planning to go home after your procedure, you will need to have a responsible adult available to drive you home. You should not drive for 24 hours following your procedure or while you are taking narcotic medications.
- A nurse may call you following your procedure to see how you are doing. If you have any concerns or questions, contact your surgeon's office.



## LEARN MORE

If you'd like to learn more about your procedure or health condition, visit [slhduluth.com/HealthLibrary](https://slhduluth.com/HealthLibrary)









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