

OHSU SURGICAL SERVICES

Preparing for your surgery



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Details about your surgery are found on the back page of this guide.



Thank you for
choosing OHSU
for your surgery.

Your OHSU team wants your surgery to go as well as possible. Preparing before you arrive is very important. This booklet tells you how to prepare and what to expect.

Your rights and responsibilities

As an OHSU patient, you have several rights, including the right to respect, privacy and dignity. As an OHSU patient, you and your visitors also have responsibilities, such as the responsibility to be considerate and respectful of others. You can find a full list of your rights and responsibilities at www.ohsu.edu/patientrights.

Checking your health before surgery

We want to make sure you are healthy enough for surgery and anesthesia. So before surgery, you will have a consult visit with a provider from the OHSU Preoperative Medicine Clinic. You might come to clinic in person or have a phone visit. When you have a visit, please either bring your medication bottles or a detailed list of what you take, including doses and how often you take them.

Your preop provider will ask about your medical history and any other tests or steps you can take to get strong and ready for surgery.

Questions we may ask you

- Do you have a health condition, such as diabetes, heart disease or high blood pressure?
- Are you taking any medications? This includes non-prescription medications, such as aspirin, ibuprofen, vitamins and herbal products.
- Are you taking blood thinners?
- Do you use tobacco, marijuana (cannabis), alcohol or other drugs? OHSU does not allow smoking, but we can help you quit. Ask your doctor or nurse about getting help at OHSU.
- Do you have any allergies?
- Have you had surgery, been in the hospital or been very sick in the last year? If so, please tell us what surgery and which hospital.
- Are you pregnant now? Could you be pregnant?
- Do you have a fever, cold or rash?
- Do you have an advance directive? An advance directive is a legal document that gives your health care wishes, in case you are too sick to tell people. It can also give the name of someone to make health decisions for you.
- Do you refuse blood transfusions even in life-threatening emergencies, for religious or other personal reasons?



If you have a medical condition

If you have a medical condition such as diabetes, asthma or heart disease, your main health care provider and the Preoperative Medicine provider will tell the anesthesia team. You might not have any problems during surgery. But if you do, the anesthesia team is trained to treat health conditions and problems that may happen during and after surgery.

The list on pages 6 and 7 tells you how to get ready in the weeks and days before surgery. Doing these things helps your surgery and recovery go as well as possible.



Check your health insurance

Your surgeon's office will call your health insurance company about paying for surgery. It is a good idea to call the company yourself, too. Questions to ask include:

What is my deductible?

This is the amount you have to pay each year before the insurance pays for care.

Do I have a co-payment?

This is the amount you have to pay for a procedure before the insurance pays.

Is my surgeon in your network?

What about the hospital?

Insurance companies usually pay more of the cost for doctors and hospitals in your insurance network. A network is a group of health care providers the company has arranged to work with.

Do I need to meet any requirements to have this surgery?

A company may pay for surgery if you meet certain requirements, but not if you don't. Make sure you understand any requirements before surgery.

Get a cost estimate from OHSU.

Someone from OHSU's cost estimate team will call you to go over the estimated cost of your surgery. If you have questions, call 503-494-3508.



☐ Check on your medications

Ask your health care provider about all medications you take, including those for diabetes, blood pressure, heart, breathing problems and blood thinning. These medications can include Coumadin (warfarin), aspirin, Plavix and anti-inflammatory medications such as Advil. You might be told to change the dose before surgery. You will need to keep taking your aspirin or Plavix unless your surgeon tells you not to.



☐ Plan for going home

You are required to have a responsible adult leave the hospital with you and drive you home. We also recommend having someone stay with you for 24 hours after you get home.



☐ Stop smoking

If you smoke, quit or cut down **at least two weeks before surgery**. Smoking slows down your healing and recovery. Some people might need to stop smoking for a longer time before surgery.



☐ Let us know if you get sick

Call your surgeon's office if you get a fever, cold or rash within 2 days of your scheduled surgery date. Your safety is our top priority.

Talking with the surgery scheduler

The surgery scheduling office will call you two or three days before surgery. This is an important call to confirm your surgery. The scheduler will tell you:

- When to get to the hospital on your surgery day
- Where to park and check in
- Who can come with you
- What you can bring and what to leave at home
- Your plan for leaving the hospital and going home

You will get a reminder of any special instructions. Also, the scheduler will remind you **not to eat or drink anything after midnight the day before surgery, unless your surgeon tells you to.**

Give us your contact information

Please tell the surgery scheduler the best phone number and email to reach you. This helps us give you important information about your surgery as soon as possible.

Please call us back

If the surgery scheduler cannot reach you personally to confirm your surgery, they will leave a message. But privacy laws do not always allow them to leave a detailed message. If your answering machine or voice mail does not give your name or phone number, the scheduler cannot leave information for you. We will leave a number for you to call back. Please call, because it is very important to get the information you need before surgery.

Note: The privacy law that says what information we can leave on your answering machine or voice mail is the Health Insurance Portability and Accountability Act, also called HIPAA.

If you have any questions about your surgery, please contact your surgeon's office.

Phone: _____

Questions: _____

Countdown to your surgery

The information below tells you what to do in the day or two before surgery. It also tells you what to bring to the hospital.

Your surgeon or main health care provider will give you any other instructions you need. If you have questions, call your surgeon or main health care provider.



Two days before

- Start drinking plenty of fluids, such as water, unless you have a health condition that keeps you from doing this. Having plenty of fluid in your system makes it easier to put in your IV. If you do have a health condition that affects how much fluid you drink, talk to your doctor. These conditions include congestive heart failure, kidney failure (renal failure) and dialysis. If you do drink extra fluid, avoid drinking too much coffee, soda or alcohol.



The night before

- Take a shower. Carefully following the instructions on the next page.
- DO NOT eat or drink anything for the 8 hours before your surgery. You can drink clear liquids up to 2 hours before surgery — NO milk, cream or pulp. If your doctor says it is okay, you can take certain medications with a small sip of water.



The day of surgery

- Wear loose, comfortable clothing to the hospital.

Avoid:

- Wearing any makeup, nail polish or contact lenses. If you need help seeing, please bring your eyeglasses.
- Shaving the area where you will have surgery. We might ask you to use a special skin cleanser that can cause irritation in areas that are shaved.
- Wearing a watch or jewelry, including body jewelry. Leave valuable items at home.

How to shower the night before and the morning of your surgery

Some patients need to shower with a special soap the night before and the morning of surgery. If your provider tells you to wash with a CHG soap, please follow these instructions.

Shower instructions

1. Wash and rinse your hair, face and body using your **regular shampoo and soap**.
2. **Completely rinse** off any shampoo residue.
3. Turn **off** the shower.
4. Use your hands (**NOT** a washcloth) to apply a small amount of Hibiclens to your **entire body**, drizzling the soap directly on the skin **from the chin down** (avoid the genital area). **ONLY** use it from your chin down, even if you are having head or neck surgery. Apply the smallest amount you need to cover the skin. Focus on your neck, chest, belly and where the belly connects to your upper legs. Include belly folds, belly button and under the breasts.
5. Leave the Hibiclens on your skin for **1 minute**.
6. **Rinse** thoroughly with warm water.
 - ⊗ **DO NOT** use regular soap after Hibiclens.
 - ⊗ **DO NOT** shave legs or surgical area nor remove hair from the neck down the day before or the day of your surgery. Do **NOT** shave your face if you are having head or neck surgery.
 - ⊗ **DO NOT** apply lotions, deodorants, perfumes, hair products, powders or makeup after your shower, nor the day of surgery.
7. **Pat** your skin **dry** with a clean towel.
8. Put on **clean** underwear, socks and **clothing**.
9. Sleep on **clean bed linens** the night before surgery.
10. Shower again in the morning following the same instructions.

Getting your skin ready for surgery is extremely important. **Please read the entire instructions before taking your shower.**

Use a soap with Chlorhexidine Gluconate (CHG) 4% antiseptic solution.

CHG or Hibiclens is a special anti-bacterial soap that kills the germs on your skin that can cause infections. By using this soap, you can help reduce the risk of infection after surgery.

Warnings before using Hibiclens:

- **STOP** using if an allergic reaction occurs.
- **DO NOT** use on your face or hair. **KEEP OUT** of eyes, ears and mouth.
- **DO NOT** use on your genital area (“private parts”).

11. Put on clean underwear, socks and clothing.
12. If you are having head or neck surgery:
 - Make sure your hair is fully dry before surgery.
 - Keep your hair as clean as possible.
 - If you wear a hair covering, make sure it is clean (freshly laundered).

What to bring with you to the hospital



- ☐ Medical cards: Insurance, prescription, Medicare and any other medical cards



- ☐ A list of your medications (see below) with the name, dose and how often you take each one



- ☐ Money for co-payments or prescriptions, if required by your insurance provider



- ☐ Inhalers, eye drops, walkers, crutches, home CPAP or BiPap devices and any other personal medical items



- ☐ A copy of your advance directive, if you have one. This is a legal document with your health care choices. It can also include the name of someone to make health care choices for you, if necessary



- ☐ Toothbrush, hairbrush, and other personal items — If you are staying in the hospital after surgery



- ☐ A case for your glasses or dentures, if you wear them

What to *not* bring to the hospital

- ⊗ Valuables such as jewelry
- ⊗ Tobacco products
- ⊗ Contact lenses — they cannot be worn during surgery
- ⊗ Electronic devices such as laptops, tablets and games
- ⊗ Medications (unless your doctor tells you to bring them)
- ⊗ Weapons of any kind — weapons are not allowed on OHSU campus

Checking in for your surgery

Please plan for service animals to remain on the admitting/check-in floor during your surgery. They will not be permitted to enter the surgery area. Contact your care team for any special circumstances or arrangements.



Please get here a few minutes before the arrival time your operating room scheduler gave you. The information below tells you where to check in, depending on where your surgery is.

OHSU Hospital

Admitting: 9th floor hospital lobby
3181 S.W. Sam Jackson Park Road
Portland, OR 97239

Center for Health & Healing Building 2

Admitting: 1st floor lobby
3485 S.W. Bond Ave.
Portland, OR 97239

Driving directions

Visit www.ohsu.edu and choose “Maps & Directions” to get directions. Choose the Marquam Hill campus for surgery at OHSU Hospital, Multnomah Pavilion or OHSU Doernbecher Children’s Hospital. Choose the South Waterfront campus for the Center for Health & Healing. Parking is always free for patients.

Visit www.ohsu.edu/map to see the OHSU Marquam Hill and South Waterfront campus from above.

What happens when you check in

If surgery is delayed

Sometimes, an emergency or unexpected schedule change means surgery does not happen on time. We do everything we can to keep this from happening, but it sometimes does. If so, we will give you as much information as possible and answer your questions.

How long will my same-day surgery take?



Many things affect the length of your stay, such as the type of procedure, anesthesia and medications given. You should expect to be at the hospital for a minimum of **5 hours to a full day.**

When you check in for surgery, we will ask you to:

- Remind us of the best way to contact the family member or friend who will meet you after surgery.
- Show your insurance card.
- Make a co-payment, if your insurance requires it.
- Sign a form that lets us bill your insurance company.

Next, you go to the pre-surgery area. Your surgery team will help you put on a gown and get ready for surgery. They will:

- Check your blood pressure, pulse and temperature.
- Clip any hair in the area of your surgery. This lowers the risk of infection.
- Introduce you to members of your anesthesia and surgery teams.
- Offer you a pregnancy test — If you are of reproductive age. Offering the test does not mean we think you are pregnant or sexually active. It just means we want to make surgery as safe as possible. Anesthesia can be risky during pregnancy.
- A family member or friend may stay with you until you go to surgery. After that, they may wait in the surgery waiting room.

About the operating room

The operating room, also called the OR, is a safe, clean place for surgery. A member of your surgery team will take you there on a bed or a stretcher. Then you are given anesthesia before surgery starts.

What it's like

When you go into the operating room, you may notice bright lights above the operating table. These help your surgery team see as well as possible.

We try to keep the operating room at a comfortable temperature for you. If you feel cold before surgery, we can give you a warm blanket. Your team will also make sure you stay warm enough during surgery.

Your surgery team will put a blood pressure cuff on your arm. This keeps track of your blood pressure during surgery. You will also have sticky pads on your chest to measure your heart rate and a clip on your finger to measure the oxygen in your blood.

Who takes care of you

- Your surgeon — You might have a main surgeon and others who help.
- Your anesthesia providers
- Surgical residents
- Nurses
- Operating room technicians
- Physician assistants and nurse practitioners

This is your surgery team. The team keeps track of how you are doing through the entire surgery. Our most important goal is keeping you safe and healthy.



About your anesthesia

What is an anesthesiologist?

An anesthesiologist is a doctor who often works with a nurse anesthetist or resident to give you anesthesia during surgery. Anesthesia keeps you from feeling pain or discomfort during surgery. Your anesthesia provider also keeps track of your body functions during surgery and treats any problems.

You usually meet your anesthesia provider in the preop area just before surgery. Sometimes they call you at home the night before surgery.

What your anesthesia provider does

During surgery, your anesthesia provider watches and measures all your important body functions. These include your heart rate, blood pressure, heart rhythm, body temperature and breathing. Your provider uses the most advanced equipment to keep track of everything that happens. He or she can adjust the anesthesia medication, medical equipment and more to help keep you safe and comfortable. If you need and accept extra blood, or need fluids during surgery, your anesthesia provider makes sure you get them.

What your anesthesia provider needs to know

Before your surgery, your anesthesia provider learns as much about your health as possible. This information is very important for your safety. It is important to tell your anesthesia provider about:

- Your medical history
- Your lifestyle

- Your medications — This includes non-prescription medications, vitamins, herbs and other supplements.
- If you refuse blood transfusions in life-threatening situations

Your anesthesia provider will ask about the things below.

Reactions to previous anesthetics

If you ever had a bad reaction to anesthesia, your anesthesia provider needs to know exactly what happened. This includes the specific problems you had.

Difficulty with a breathing tube

Has any health care provider said you have a “difficult airway,” or that putting in a breathing tube was difficult? If so, it is extremely important to tell your anesthesia provider before surgery. Problems with a breathing tube could be life threatening.

Any herbal supplements you take

Doctors now know that some common herbal supplements may change your heart rate and blood pressure. They may also increase bleeding. During surgery, this could be dangerous. We recommend stopping all your herbal supplements before surgery. Stop at least two to three weeks before, so your body can get rid of them in time.

Any known allergies

Tell your anesthesia provider if you are allergic to any foods, medications or anything else. This is very important because some anesthesia drugs can cause similar reactions.

Medications you take

Tell your surgeon and anesthesia provider about all your medications. This includes:

- Prescription medications
- Non-prescription medications — Medications you buy at the store without a prescription from your doctor.
- Medications you are not taking now, but took recently — For example, in the last six months.

Knowing what medications you took recently is important because you need to stop some medications several weeks before surgery, or even longer. The blood thinner called Coumadin is an example of this type of medication.

Knowing what medications you take now is important because you should keep taking some during surgery and your hospital stay. Your health care team will tell you which medications to take and when to take them.

Refusal of blood transfusions

Tell your surgeon and anesthesia provider if you refuse blood transfusions, even in life-threatening situations, for religious or other personal reasons. OHSU Patient Blood

Management staff can help to document your wishes and help providers plan for alternatives if available.

Cigarette smoking, marijuana and alcohol use

Cigarettes, marijuana and alcohol can affect you as strongly as medication. In fact, the effects can be even stronger. Because these products have such strong effects, tell your surgeon and anesthesia provider if you use them now or did in the past.

Having surgery can help you quit smoking cigarettes. OHSU does not allow smoking. Doctors, nurses and other health providers can help you quit. You will also recover faster if you do not smoke. Specifically, your incision (cut) will heal faster. If your surgery involves bones, these will also heal faster if you don't smoke. Quitting smoking also lowers your risk of heart disease and cancer.

Using other drugs

“Street drugs” are drugs that are not sold in stores or pharmacies. These drugs include cocaine, methamphetamine and some pills, including prescription pills you buy on the street. You might not want to talk about using these drugs. But you should know that all conversations with your doctors are confidential. The only reason your doctor needs this information is to keep you safe during anesthesia. These drugs can affect your heart rate, breathing and other body functions. So it is extremely important to tell your doctors if you use these drugs now, recently or even a long time ago.

Types of anesthesia

There are different types of anesthesia. Your anesthesia provider determines the type of anesthesia and the dose. Which type you have depends on your surgery, general health, medical condition and other factors.

Types of anesthesia include:

General anesthesia

With general anesthesia, you are unconscious during surgery. You do not feel pain and are not aware of surgery. Your anesthesia team cares for you during and immediately after surgery.

If you have general anesthesia, you will get medications to keep you asleep. To make sure you are breathing properly, you might have a tube put in your nose or mouth after you are asleep. The tube comes out as you wake up. After surgery, you wake up slowly in the recovery area.

Local anesthesia

Local anesthesia stops pain in a specific part of the body. You are conscious during surgery. If you have minor surgery, you might get local anesthetic as an injection (shot).

Regional anesthesia

Regional anesthesia stops pain in a larger area of the body than local anesthesia does. Regional anesthesia is given as an injection (shot) through a needle placed around nerves. You may be awake during surgery. There are several types of regional anesthesia. Two common types are spinal/epidural and peripheral.

Spinal anesthesia

Spinal anesthesia causes numbness in the lower body. Doctors use it for surgery in that area. Your anesthesia provider injects a dose of medication into your lower back.

Epidural anesthesia

This type of regional anesthesia is similar to spinal anesthesia. It is often used for leg surgery. Doctors also use it for childbirth. Your anesthesia provider puts a thin, hollow tube called a catheter into your lower back. The anesthesia goes in as long as the tube is in place.

Doctors also use epidural anesthesia for chest or abdominal (belly) surgery. If so, the catheter is placed higher in the back. This makes sure the correct area is numb.

Peripheral nerve blocks

Peripheral nerve blocks work by injecting medicine next to the nerve that sends sensations of pain from the part of your body where the surgery is. Sometimes a hollow tube will be left in place so that more medicine can be given as needed.

Sedation

Some surgery is done with sedation. This is medication to help you relax and feel sleepy. It keeps you comfortable during surgery. Doctors often give sedation along with local or regional anesthesia.

After your surgery

During your stay with us, you may experience patient and family rounding. Rounds are a structured time for doctors, nurses and other team members to discuss your health and care plan. If your surgery is in the Center for Health & Healing Building 2, rounds may be done using telemedicine. Telemedicine allows you and your doctor to see and talk to each other over a computer, much like Skype or FaceTime.

Overnight stays

Private rooms are not always available. If you stay overnight, you might need to share a space with other patients.

Going home

Before you are discharged to go home, your nurses will go over with you and instructions from your surgeon. You will be given a copy of these instructions to take home.

Pain management

Everyone deserves pain relief, but it is normal for you to have some pain and discomfort while your body heals. The goal is not to take away all of your pain but to safely make you as comfortable as possible. We will do all we can to reduce your pain safely and to keep you active enough to do the things you need to do to heal quickly.

Talk with your surgeon and anesthesia provider about how you have handled pain in the past and your goals for pain management. If you are taking pain medicine, tell them how much you take on a regular day.

How to manage pain safely

- Ask your surgeon for information about your surgery, medications and any expected pain, so that you can **tell your family doctor**.
- **Learn about ways of managing pain without opioids.** These methods may actually work better for you and have fewer risks and side effects than opioids: acetaminophen (Tylenol), ibuprofen (Advil), naproxen (Aleve), heat packs/cold packs, acupuncture, cognitive behavioral therapy and psychotherapy.
- **Only use opioid pain medicine for severe pain.** Opioid drugs can be an important part of treatment but can also have serious side effects and cause addiction. Over time, opioids actually make it harder for you to handle pain. They should only be used for pain that makes it hard for you to sleep or when other methods have failed.

Your surgery information

Date of surgery: _____ Do not eat or drink after: _____

Surgeon: _____

Location

OHSU Hospital
 Admitting: 9th floor hospital lobby
 3181 S.W. Sam Jackson Park Road
 Portland, OR 97239

Center for Health & Healing Building 2
 Admitting: 1st floor lobby
 3485 S.W. Bond Ave.
 Portland, OR 97239

Take these medications as directed with a sip of water the morning of surgery:	Stop taking these medications:

Other appointments

Doctor: _____ Date: _____ Time: _____

Location: _____

Notes: _____

Doctor: _____ Date: _____ Time: _____

Location: _____

Notes: _____

Doctor: _____ Date: _____ Time: _____

Location: _____

Notes: _____

Doctor: _____ Date: _____ Time: _____

Location: _____

Notes: _____

Tests and follow-up

EKG: _____ X-ray: _____

Lab: _____ Occupational therapy: _____

MRI: _____ Physical therapy: _____

An EKG, also written ECG, is a heart test called an “electrocardiogram.” This test measures your heart’s electrical activity. It is done before surgery to learn if your heart’s activity is normal.

An MRI is a picture of the inside of the body. MRI stands for “magnetic resonance imaging.” You might have one before surgery to show the area that needs treatment.



OHSU Surgical Services

3181 S.W. Sam Jackson Park Rd.

Portland, OR 97239

www.ohsuhealth.com/surgery

OHSU is an equal opportunity,
affirmative action institution.

OHSU accepts most major health plans.

OHSU protects the privacy of its patients'
and research participants' personal health
information. If you would like a copy of the
OHSU Notice of Privacy Practices, please
call 503-494-8849.