We thank you for choosing the Lakeshore General Hospital to undergo your surgery. This guide contains general information to help you prepare for surgery the best way possible.

PREOPERATIVE TEACHING GUIDE
For same day surgery clientele

We hope to help ease your apprehension and encourage you to participate in your care during your hospital stay. The medical and nursing staff will be pleased to answer all your questions about your surgery and the preoperative stages.

BEFORE THE SURGERY

- Find out from your employer if you have to fill out a form regarding your absence. If you do, please bring it with you on the day of your surgery. If your employer does not have a copy of the form used for this purpose, notify the nurse before your surgery and she will be pleased to provide you with one.

- It is recommended that you decrease your consumption of alcohol and cigarettes at least one week before your surgery.

- Avoid taking medication that contain aspirin or anti-inflammatories (for example: Advil®, Motrin®, Entrophen®, Novasen®, etc.) for at least seven days before your surgery, unless otherwise instructed by your doctor. You can take Tylenol® if needed.

- Since it is STRICTLY forbidden to drive after the surgery, arrange to have an adult accompany you home, for safety as well as for legal reasons. The designated person must be available at all times to come and pick you up.

- Leave your jewelry and money at home.

- Do not wear makeup and nail polish. Artificial nails are permitted.

- The first evening and the first night after your surgery, it is important that you are not alone. The presence of an adult is required.

FLU OR COLD?

If you have a fever or a cold the day before the surgery, please call 514-630-2225, extension 1288.
CONFIRMATION

We will call you the day before surgery, in the afternoon. We will inform you regarding what time to arrive at the hospital and the time of your surgery. Please note that you may arrive approximately 2 hours before surgery.

CANCELLATION

If you must cancel your surgery, please call 514-630-2225, extension 1288.

PHYSICAL PREPARATION

Hygiene:

- The day before surgery, it is very important to bathe or shower with a mild unscented soap (such as Dove or Ivory) and wash your hair. Afterwards, use a wash cloth dampened with 2% chlorhexidine gluconate to wash the area of your operation and do not rinse. Do not use the product on your face.

- The morning of the surgery, use a wash cloth dampened with 2% chlorhexidine gluconate to wash the area of your operation and do not rinse.

Shaving:

- It is important not to shave the area of your operation for seven days (one week) before surgery as it can create an entry point for bacteria.

- If necessary, when you are admitted, the nurse will use surgical clippers to cut the hair in the area to be operated on.

THE DAY OF SURGERY

FASTING

Fast as of midnight the night before, meaning you cannot drink or eat anything. Water and chewing gum are also prohibited. Do not smoke. A sip of water to swallow pills as indicated by your doctor is permitted. You can brush your teeth, as long as you do not swallow any water.

Why fast before surgery?

Fasting prevents aspiration, the act of breathing in vomit. It can be very dangerous. Our body has very efficient mechanisms to prevent aspiration, but they don’t work when you are unconscious. This is why it’s important to fast before receiving anesthesia.

If you have eaten recently, and urgent surgery is required, your anesthesiologist will take special measures to reduce the risk of aspiration. Even if you will undergo regional anesthesia (see the “Anesthesia” section on the next page), comply with the fasting directives, since it is still possible that general anesthesia will be required.

MEDICATION

Do not take any medication unless otherwise instructed. Some patients may be permitted to take certain medication with a sip of water on the morning of the surgery.
**ADMISSION**

Go to the Same Day Surgery Unit, on the 2\textsuperscript{nd} floor, room 2700.

**What do you need to bring?**

- Health Insurance card
- Lakeshore General Hospital card. If you do not have one, it will be made the morning you are admitted to the hospital.
- First urine of the day for women between 12 and 50 years of age who have not had a hysterectomy (removal of uterus) or for women who are not in their menopause yet (no menstrual periods for 2 years).
- Sanitary pads if you are undergoing gynecological surgery.
- Insurance form if required.
- Case for your eyeglasses, container for your dental prosthesis or hearing aid.
- Hobbies: iPod, material to read, child’s favorite toy, etc.

**Do not bring and do not wear:**

- Jewelry, body piercings, valuable objects, a large amount of money.

**Do not forget that...**

The Lakeshore General Hospital is not responsible for lost or stolen objects.

**THE CARE UNIT**

You will be directed to the same day surgery Unit. A nurse will greet you, and prepare you for surgery and discharge by asking you a few questions. After taking your blood pressure, pulse, rate of respiration and temperature, the nurse will make sure that all the information required has been documented in your medical record.

Your doctor has already provided you with the information you need to know regarding your surgery, as well as the possible implications and risks.

The nurse will ask you to sign the consent form for your surgery and anesthesia. If you have any questions, do not hesitate to ask them.

Before going to the operating room, the nurse will verify your identity, and ask you to remove your dental prosthesis and hearing aid, if needed. The nurse will also remind you to use the bathroom before surgery. You will then put on a hospital gown.

An orderly will come to get you and accompany you to the operating room.
**THE OPERATING ROOM**

A family member may accompany you until the entrance door of the operating room, if you wish.

A nurse from the operating room will once again verify your identity and your medical record. If you have any questions, do not hesitate to ask them.

Once in the operating room, you will be helped to move from the stretcher to the operating table. The operating room, which is kept at a cool temperature, is equipped with several surgical instruments and special lighting.

Usually, the people present are your surgeon, an assistant if necessary, an anesthesiologist, nurses, a respiratory therapist, as well as one or more orderlies. You may be sedated when your surgeon arrives.

Your heart rate and your blood pressure will be monitored throughout the operation. If you are not hooked up to an IV, a member of the anesthesia team will set one up in order to keep you hydrated and administer medication. A pulse oxymeter will be placed on your finger to measure the oxygen concentration in your blood.

**ANESTHESIA**

You will need anesthesia for your surgery.

Anesthesia is administered by a physician who is specialized in that field. If needed, the anesthesiologist will discuss the anesthesia that is the most appropriate for you, based on your preference, your health condition, your age and the type of surgery you are undergoing.

**There are three basic types of anesthesia:**

**General anesthesia**
- It is suitable for most surgeries. It is characterized by the total loss of consciousness, movement and pain.

**Regional anesthesia**
- Epidural anesthesia, spinal anesthesia, intravenous block of the upper limbs and axillary block are types of regional anesthesia. It is characterized by anesthesia of only a part of the body (arm, legs) and the patient remains awake.

**Local anesthesia**
- Local anesthesia is administered by the surgeon or the anesthesiologist. Only the part to be operated on is affected by a local anesthetic injection.

N.B.: During regional or local anesthesia, the anesthesiologist may add intravenous medication in order to improve comfort and analgesia, as well as to alleviate the patient’s stress.
The different anesthetic techniques used are safe. Perfected surgical instruments and the constant presence of the anaesthesiologist, the respiratory therapist as well as all the medical staff in the operating room provide you with the assurance that you will receive high quality care.

Nonetheless, regardless of the anesthetic technique used, complications remain possible.

Major complications (convulsions, paralysis, death, etc.) are extremely rare. Minor complications occur more frequently. Following general anesthesia, patients may experience nausea, vomiting, fatigue, dizziness, sore throat, muscle pain, etc. Following epidural anesthesia or spinal anesthesia, blood pressure may drop and, in 1% of cases, patients may experience cephalgia (headaches) in the days following surgery.

If you still have questions regarding your anesthesia, do not hesitate to address them with your anaesthesiologist on the morning of your surgery.

Please visit [http://www.cas.ca/English/Home.aspx](http://www.cas.ca/English/Home.aspx) for more information regarding your anesthesia.

**RECOVERY ROOM**

After your surgery, you will be taken to the recovery room. You will be under constant surveillance. The recovery room team will check your blood pressure, your pulse and your rate of respiration until your condition stabilizes.

If a child had surgery, one parent at a time will be admitted to the recovery room.

You will receive oxygen, administered by a mask placed over your mouth and your nose. Your throat may be a little sore.

If you are cold, feel nauseous or are in pain, notify the nurse. She will give you warm blankets and medication for your nausea and pain.

Once you have fully awakened, your condition stabilized and the pain controlled, the nurse from the recovery room will provide all the information regarding your surgery to your nurse. Then, you will be transferred to the same day surgical unit, on a stretcher or in your bed, accompanied by an orderly.

**PAIN**

Your doctor will prescribe pain medication for you to take at home. If he does not, Tylenol® should suffice. Do not wait until the pain is too intense to take your pain medication and take it regularly, as prescribed. If you do not feel any relief, call your doctor or your pharmacist, or go to your local medical clinic.
If you experience minor pain, it will be easier for you to move around and, by moving, you will prevent complications caused by immobility. Your recovery depends on it.

In order to determine the intensity of your pain, the nurse could ask you to rate it on a scale of 0 (no pain) to 10 (worst possible pain). Your collaboration is therefore required.

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**RETURNING HOME**

**DEPARTURE**

The nurse will evaluate your condition according to certain criteria and plan your discharge. The doctor will sign your discharge authorization.

You will receive information regarding your discharge medication, your next appointment with the doctor, and personalized instruction regarding the type of surgery you underwent. You will leave the department with an adult accompanying you.

It is strictly forbidden to drive for the 24 hours following your surgery. You must be accompanied for 24 hours following your surgery, regardless of the type of surgery you have undergone. The nurse will follow up with a phone call the day after your surgery.

Children under the age of 12 must be accompanied by two adults to leave the Same Day Surgery Unit.

**INFECTION**

Certain precursory signs will indicate the presence of an infection.

If you note the presence of redness, heat, swelling, pain, or green/yellow discharge around the area in which you were operated, and if you have a fever, you must consult a doctor as soon as possible.

**What should you watch out for once at home?**

- Repetitive vomiting;
- Dressings that are wet through or soaked;
- Fever of 38°C or higher (100°F or higher) for more than 24 hours;
- Wound that is red, swollen, more sensitive, with yellowish or greenish discharge;
- Cast or dressing that is too tight and cuts the circulation, resulting in limbs becoming cold, pale, bluish, swollen or painful;
- An abdomen that is hard and difficulty to urinate;
- You are in more pain and the painkillers are not taking the pain away.

If you notice one of these symptoms, do not hesitate to contact your doctor or Info-Santé by dialing 8-1-1. If necessary, go to the hospital in order to receive the care you need.
You will also receive other information more specific to your surgery upon your discharge from the hospital.

**SOME POSSIBLE PROBLEMS**

**Constipation**

It is normal not to have bowel movements upon your return home. The first bowel movement may sometimes occur 72 hours after surgery.

Staying hydrated, eating a fibre-rich diet (for example, All-Bran cereal) and drinking prune juice may facilitate bowel movement. If you are not getting any results, you may have to resort to taking a light laxative, such as Metamucil® or Prodiem®, which are sold over the counter in pharmacies.

Ask the pharmacist to recommend some products. If you have had intestinal surgery, call your doctor.

**Insomnia**

You may suffer from insomnia once you are at home. A hot beverage or a relaxation technique may help you sleep better.

**RECOMMENDATIONS**

**A FEW TIPS!**

You must understand the medical orders that you are given for your return home and accept that you must comply with them.

**A safety measure**

Once you are at home, avoid locking the door of the room you are in (bathroom, for example). That way, if you are not feeling well, the person who is at home with you can quickly come to help.

**Restarting your medication**

Unless otherwise instructed by your doctor, it is best to avoid taking medication that contains acetylsalicylic acid (AAS®, Aspirin®, Entrophen®) or ibuprofen (Motrin®, Advil®) for the first 24 to 48 hours after surgery to avoid the risk of bleeding.

Take medication containing acetaminophen instead (Tylenol®, Atasol®).

**Diet**

If you had general anesthesia, it is recommended to eat lightly the first day after surgery to avoid nausea. Here are some diet suggestions: broths, soups, crackers, Jell-O, etc. You can then gradually increase your diet until you are eating normally.

**Hydration**

Unless otherwise instructed by your doctor, drink plenty of water. For example, have a glass of water every 2 hours if you are not too nauseous. Staying hydrated promotes good intestinal and urinary elimination. A reason to stay hydrated is because some pain medication may cause constipation.
Rest

To fully recover, it is important to rest as much as possible. You may feel tired once you return home. Alternate between periods of rest and periods of walking around the house. Avoid going outdoors for the first 24 hours, even if you feel fine. If you are out of breath, practice pursed-lip breathing.

Pursed-lip breathing
1. Breathe in slowly through your nose
2. Purse your lips
3. Breathe out slowly through your mouth

Have a thermometer

Make sure that you have a thermometer to measure your temperature before and after surgery. If your temperature is higher than 38 °C (100 °F) even after you took acetaminophen, it is important to contact your doctor, or Info-Santé by dialing 8-1-1.

Do your errands

Before the surgery, make sure that your groceries are done and that you have some acetaminophen to relieve the pain, in case your doctor does not prescribe anything else.

Prepare your meals in advance

We recommend that you prepare your meals in advance, for the first 48 hours following your surgery, so that you can rest.

POSTOPERATIVE RESOURCES

Info-Santé : 8-1-1

CLSC de Pierrefonds: 514-626-2572
CLSC du Lac-Saint-Louis: 514-697-4110
CLSC de Vaudreuil-Soulanges: 450-455-6171
Lakeshore General Hospital: 514-630-2225
Preoperative clinic: 514-630-2225
To question the nurse, extension 1802-1804
For any other question, extension 1701

The surgery team wishes you a pleasant stay and a good convalescence!
We hope that this information is adequate and clear. If you have other concerns, please do not hesitate to call the Preoperative team and ask questions. The team will be happy to answer them.

Our thanks to the Preoperative Clinic team, the Physical Health – Surgery directorate, Sandra Harrison, Masters Candidate at the University of Ottawa and the Anna-Laberge Hospital of the CSSS Jardins-Rousillon.

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