



SURGERY *at* NORTH FLORIDA REGIONAL MEDICAL CENTER

 NORTH FLORIDA
REGIONAL MEDICAL CENTER

NORTH FLORIDA REGIONAL HEALTHCARE

We are with you **for life.**



Welcome

to the Surgical and Intensive Care Tower at North Florida Regional Medical Center. Our goal is to provide the highest possible quality of care to all our patients, and our staff takes special pride in that commitment.

The information in this brochure will help you to prepare for and understand the surgical process you will undergo as a patient at North Florida Regional Medical Center. Please read this material carefully, and if you have further questions please call us at 333-4780.

The Day of Your Surgery

Parking

For your convenience and safety, parking is available in the garage located on the west side of the hospital across from the Emergency Department. Additional parking is available in the garage located next to the Women's Center on the east side of the hospital. The garages are open 24 hours a day at no cost.

Handicapped parking spaces are available in the parking garages and spaces are located close to the elevators. Additional handicapped parking is available in the parking bays between the Women's Center parking garage and the Women's Center entrance. If you or any of your family members are disabled, you may unload at the Main Entrance of the hospital before parking your car. There is also a courtesy shuttle from the various parking areas and valet parking is available for a fee at the Main Entrance.

Preparing for Surgery

If you completed the pre-admission process prior to your surgery date, report to the area noted in the pre-operative instructions.

On the day of surgery please arrive at the main entrance of the hospital and take the elevators on your right to the third floor lobby and check in at the Registration desk.

To maintain confidentiality and protect your privacy, visitation is not permitted during the nursing interview. Family members or companions may use the waiting area until your surgical preparation is complete. Please advise them that preparation times vary and it could be 30 minutes to an hour before they are allowed to see you; your nurse will give them a time estimate. Also, remember that the length of your surgery and the scheduled start time are only estimates. Circumstances may occur throughout the day that may alter these times and we will keep you informed of changes as they occur.

Preparing for Your Surgery

- If your doctor plans to admit you to the hospital after surgery (inpatient surgery), bring your personal toiletries, pajamas, robe and slippers. If possible, leave your overnight bag in the car and have someone bring it to your room after surgery.
- If you plan to go home after surgery (outpatient, or same-day surgery), wear comfortable, loose fitting clothing.
- Make arrangements ahead of time for a licensed adult to drive you home. **YOU WILL NOT BE ALLOWED TO DRIVE YOURSELF HOME.**
- Please leave any valuables such as watches, jewelry, wedding rings or money at home.
- All body piercings and hair pieces will need to be removed prior to surgery.
- Bring protective cases for contacts or glasses.
- Bring or wear a pair of clean, white cotton socks.
- Remove make-up, especially nail polish and lipstick, before surgery. The doctors and nurses need to see your natural coloring.
- Children may bring a favorite toy, stuffed animal, blanket, etc.
- Do not take aspirin or Ibuprofen (Advil, Nuprin, Motrin, etc.) prior to surgery unless your doctor instructs you otherwise.
- Do not use any herbal or prescription diet pills or medications for ADHD for two weeks prior to surgery
- Stop smoking several days before surgery to help get your lungs in shape.
- Bathe and shower with a germ-killing soap (such as Dial or Safeguard) the morning of surgery.
- Do not shave your surgery site. It will be shaved in the O.R. if necessary.
- Before surgery, any change(s) in your medical condition such as a cold, cough or fever should be immediately reported to your physician.
- If you use a CPAP machine due to sleep apnea, please bring it with you on the day of surgery.
- Take your thyroid, anti-seizure, anti-Parkinson's, heart /or blood pressure medication with a sip of water the morning of your surgery, unless instructed otherwise by your physician.
- If you need pain medication and you have been taking pain medication regularly, please take with a sip of water the morning of surgery unless instructed otherwise by your physician.

continued

- If you are diabetic, do not take your insulin or oral medications on the morning of surgery, unless instructed otherwise by your physician.
- Take no food or drink after midnight on _____ .
- The pre-operative nurse will instruct you where to report the day of your surgery.

Date: _____ 20 _____

Time: _____ ☐ a.m. ☐ p.m.

Important Notes

Pediatric Patients

A parent or legal guardian must stay with minors until the time of surgery.

Your child's anesthesiologist will meet with you before surgery to discuss the anesthesia and answer any questions you might have. The surgical nurse who will care for your child will also meet with you to explain the surgical process and answer questions.

Our physicians and nurses understand that this experience can be frightening to both parent and child. Depending on your child's age, the anesthesiologist and nurse may use a variety of games and approaches to make the surgical process as pleasant as possible. From the wagon ride to the operating room to the "spaceship ride" before going to sleep, rest assured that your child will be attended at all times and cared for by skilled professionals.

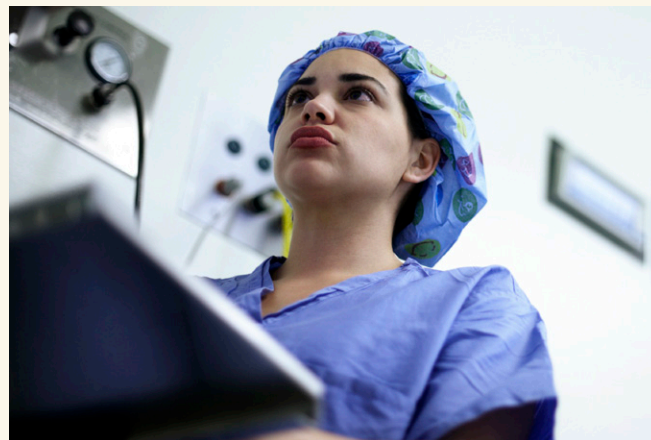
All of our pediatric patients will go first to Phase I Recovery, where no visitors are allowed until they are awake enough to ask for their parents or respond to them. It is impossible to predict how long this will take, but don't be alarmed if it takes an hour to an hour and a half.

About Your Anesthetic

Anesthesia is a medical term that literally means without sensation or feeling. We most often use the word to mean the temporary loss of feeling (and sometimes consciousness) caused by medications that block the passage of pain signals to the brain.

There are many anesthetic techniques that may be used; the method that is best for you will depend on several factors, including the type of surgery you are having, your past and present state of health, current medications, the presence of allergies, and whether you – or any of your family members – have had unusual reactions to previous anesthetics.

During your pre-admission visit you will be asked to complete a questionnaire which will give your anesthesiologist the medical information he/she needs to choose the anesthetic that is right for you. Please read all the questions carefully and answer them as completely and accurately as possible.



Waiting Areas

When you go to surgery, your family and/or companions should wait in the second floor waiting room. If your doctor plans to admit you to the hospital, your family should continue to use the waiting area located on the second floor. If you are going home the day of the surgery your family will need to go back to the third floor waiting room after talking with the surgeon.

Vending machines are located adjacent to the public lobbies on each floor of the Surgical Tower. Cafeteria hours are posted if your family or friends would like to eat a meal while they wait. Family and friends should let the waiting area volunteer know if they are leaving the waiting area and provide contact information.

The surgeon will either talk to your family prior to your arrival in recovery or later in the day after his or her surgical schedule is completed. Please let your family know that even if your surgeon speaks to them immediately after the operation, it may be thirty minutes or more before you actually arrive in the recovery room. The volunteer in the waiting room will be notified as soon as possible after your arrival. Your family will also be able to monitor your progress by watching the Patient Tracker in the waiting room.



We understand the period of waiting is very hard on family and friends. Our volunteers are there to make the wait as comfortable as possible. So we can devote our undivided attention to our patients, we request that inquiring calls into the recovery be held to a minimum. **Should there be any serious or unexpected change in a patient's condition, the physician will notify family immediately.**

It is our practice to update family via the volunteers should the recovery stay extend beyond two hours. As previously mentioned, this is very common for a variety of reasons, none of which are serious. If there has been no word from recovery after two hours, family may ask the volunteer for an update. If there is no volunteer on duty, dial the following extensions for information:

- Phase I Recovery – 4185
- Phase II Recovery – 4785

After Your Surgery

Phase I and Phase II Recovery

The recovery room provides a unique environment where nurses with special knowledge and skills work closely with your doctors to ensure your safe and pleasant awakening from sedation (a state in which the patient is drowsy and comfortable) or general anesthesia (a state in which the patient is completely asleep).

There are two levels or phases of recovery care:

Phase I recovery is a short-term intensive care unit where patients are first taken after general anesthesia. Patient's respirations, oxygen level, blood pressure, and heartbeat are monitored continually until stable.

Phase II is another recovery where patients who plan to go home the same day of surgery are taken after stabilizing in Phase I. Patients who have been sedated and not put completely to sleep may be directly admitted to Phase II without first going to Phase I. They will be initially monitored as they would in Phase I and then discharged from there to home when ready.

Recovery Time

The usual length of stay in Phase I recovery is one to two hours. After transfer (or direct admission) to Phase II it may take an hour or two before the patient is ready to go home. Individual responses to surgery and anesthesia are quite different, however, and the recovery room stay may be lengthened for many reasons. For example, the nurse will use medications to control pain and/or nausea. The amount of medication needed and, therefore, the time required to make a patient comfortable varies with each individual. Some patients are very sensitive to anesthetic medications and will awaken more slowly thus requiring a longer observation period. Also, blood pressure changes after surgery are common and to be expected. Most of the time, no treatment is required, but the patient must be observed until the pressure is stable and within the usual range.

It is important to understand what to expect and not to become alarmed if the recovery room stay is prolonged. Be assured that if there were to be a significant clinical change your doctor would notify you immediately.

Visitation

Because of the intensive nursing care required during the **Phase I recovery process visitation, as a general rule, is not permitted.** This is to ensure the SAFETY and PRIVACY of ALL of our patients

For our pediatric patients we do allow parents to visit when the child has safely awakened. Children are often fretful, agitated and tearful as they awaken. Please know that this does not mean the child is hurting. It is a common response to anesthesia in the adult and, particularly, the pediatric patient. Don't be concerned if you are unable to soothe the child. This too is typical of the early recovery period.

To ensure both the safety and privacy of our patients in Phase I* recovery, visitation will be allowed ONLY when recovery room stays are excessively prolonged due to high hospital census.

Please be aware that should visitation be permitted:

- The unit charge nurse will assess the appropriateness of a 10 minute visitation period at 1:00 pm, 5:00 pm and 9:00pm
- Visitation will be restricted to two persons
- Children under the age of 12 will not be permitted in Phase I
- Use of cell phones within the unit is strictly prohibited

**For our surgical patients who plan to go home the day of their surgery, visitation is permitted in our Phase II recovery.*

Your Hospital Room

Because we cannot tell in advance how many of our patient rooms will be available, it may not always be possible to honor your request for a private room or placement on a particular floor. Your name will be placed on a list, and you may be transferred, if you wish, when the requested room or floor becomes available.

Parents of pediatric patients age 12 and under are required to stay with the patient.

For the same reason, your hospital room may not always be immediately available when you are ready to be transferred to the floor. We assure you that our hospital staff will make every effort to keep delays to a minimum.

Because information regarding your room assignment is usually not released until the room is ready, we ask your family to avoid calling the recovery areas for your room number.



Pain Management at NFRMC

All members of the healthcare team at North Florida Regional Medical Center care about you and believe you should have a comfortable experience.

Because patients sometimes have pain, we want to share some information designed to help you manage your pain and increase your comfort.

What is Pain?

Pain is a sensation that hurts. We define pain as whatever you, the patient, defines as pain. Pain occurs whenever and wherever you say that it does. There are two main types of pain:

- **Acute Pain** is a temporary pain that may be severe and is usually a signal that body tissue has been injured in some way such as a surgical procedure, burn, broken bone or other disease. The pain generally disappears when the injury heals.
- **Chronic Pain** ranges from mild to severe and may be present to some degree for long periods of time. The cause is not always known. It may be related to such things as arthritis, back problems, persistent headaches, or other problems or diseases.

What Should You Expect?

As a patient at NFRMC, you have the right to pain management. You can expect:

- Information about pain and pain relief measures
- A concerned staff committed to pain prevention and management
- Health professionals who try to respond quickly to reports of pain
- That your reports of pain will be believed
- State-of-the-art pain management
- Reasonable access to pain relief specialists if needed
- The nurses will assess how sedated you are. They may not be able to completely remove your pain

What is Expected of Me?

As a patient at NFRMC, we expect you to:

- Ask what to expect regarding pain and pain management
- Discuss pain relief options with your healthcare team
- Work with us to develop a pain management plan for you
- Ask for pain relief when pain first occurs
- Tell your doctor or nurse if your pain is not adequately relieved

How is Pain Relieved?

Medicine and other treatments almost always can relieve pain. Most pain is relieved by two methods:

1. With Medicine: Medications prescribed by your doctor may be used alone or in combination with other medications to achieve good pain relief. Medications that are used to relieve pain can be given in a variety of ways, including:

- By mouth
- By rectum
- By injection or infusion
- By epidural catheter

Patient Controlled Analgesia (PCA) is a method of giving pain medication by infusion through a machine that you control by pushing a button when you feel pain.

Discuss this method with your doctor for more detail.

2. Without Medicine: You may need help from health professionals to learn to use these techniques for yourself.

- *Relaxation:* Relieves pain by reducing muscle tension and anxiety. May include visual concentration, rhythmic breathing or massage
- *Distraction:* The use of activity such as watching TV, reading, arts and crafts, etc. to refocus your attention away from the pain

- *Imagery:* Uses your imagination to create mental pictures or situations — like a deliberate daydream
- *Skin Stimulation:* The use of massage, pressure, friction, temperature change or chemical substances to relieve pain
- *Other methods:* May include surgery, nerve blocks, hypnosis, acupuncture, biofeedback and group therapy

Questions to Ask Your Healthcare Team

- What medicine(s) can you give me to relieve my pain?
- How often and when should I take the medicine(s) and for how long?
- What side effects are common? What should I do if they occur?
- Should I also try non-medicine methods to relieve my pain?



Questions Your Healthcare Team Might Ask You

- Where do you feel pain?
- What does it feel like? Sharp? Dull? Throbbing? Steady? Burning?
- When did the pain begin? How often does it occur?
- How bad is the pain? Can you use the pain scale to rate your pain?
- Does your pain prevent you from doing your daily activities? Which ones?
- What relieves your pain? What makes it worse?



Worried About Pain?

We Can Help Discuss Your Concerns

Please discuss your concerns about taking pain medicines with your doctor or nurse.

Q. I am afraid I will become addicted.

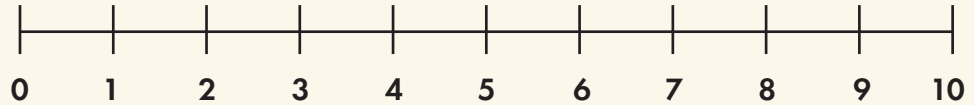
A. When pain medications are taken the right way, patients rarely become addicted. Talk to your healthcare team about the safe use of pain medicines. Most patients only need pain medicine until the cause of their pain goes away. Follow your doctor's advice and get the pain relief you need.

Q. Will I seem like a complainer if I ask for pain medicine?

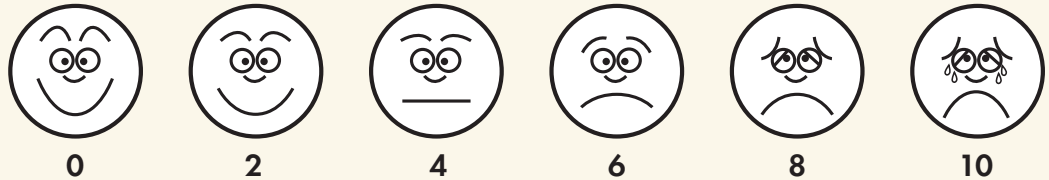
A. You have a right to ask for pain relief; in fact, the sooner you speak up, the better. It is much easier to control pain in the early stages, before it becomes severe.

Q. Will pain medications make me lose control?

A. Most people do not get "high" or lose control when they take pain medicines the right way. You may feel drowsy when first taking some medicines, but this should go away after a few days. Tell your doctor if you experience unpleasant side effects. Changing your dose or type of medicine usually can solve the problem.



Pain Rating Scales



Exercising to Speed Recovery

There are several exercises you can do to make your recovery as short and smooth as possible. If done properly on a regular basis, these exercises may shorten your stay in the hospital and can lessen the chances of common complications after surgery.

It is now known that long-term bed rest after surgery prolongs the recovery process. Your body requires activity to maintain normal function. Although getting back on your feet is sometimes hard work, it is in your best interest and will give you a sense of accomplishment.

Until your activity level is back to normal, you should frequently bend and straighten your legs at the knees to improve the circulation in your legs and feet. Pushing hard with your feet against the foot of the bed will exercise your calf muscles, promote circulation and prevent clots from forming and

traveling to the lungs. You may also have support stockings or inflatable plastic leggings to prevent blood clots.

Pneumonia can be a serious complication after surgery, and you can help prevent this by getting up and moving about as soon as your doctor permits. Taking frequent deep breaths and coughing to clear your lungs is very important. Many patients are taught to use an incentive spirometer. It is a tool to help you increase your deep breathing.

Because of pain, you may want to take shallow breaths without completely filling your lungs. It is important to let your nurse know if you are hurting so she can administer pain medication to help you relax and take deeper breaths. You can also help decrease your pain by holding a pillow or folded blanket firmly over your incision as you cough and do deep breathing exercises.

Fall Prevention Guidelines for Patient and Family

Why Falls Happen

Falls may occur in the hospital because:

- Medications such as sedatives, sleeping medication, pain relievers, blood pressure medications or diuretics may make you dizzy and disoriented.
- Your illness, enemas, laxatives, long periods without food, or tests your physician has ordered may leave you weak and unsteady.
- The hospital may seem foreign or unfamiliar to you especially when you wake up at night.
- Some falls, such as those associated with illness or therapy cannot be avoided; however, by following safety guidelines, you and your family can help reduce your risk of falling.

Safety Guidelines for Preventing Falls

- **ALWAYS** call for assistance and wait for the nurse/assistant to arrive to help you.
- Remain lying or seated until assistance arrives. Please be patient. Someone will answer your call as promptly as possible.
- Ask nurse/assistant for help if you feel dizzy or weak. Remember, you are more likely to faint or feel dizzy after sitting or lying for a long time.

- Walk slowly and carefully. Do not look down at your feet. Do not lean or support yourself on rolling objects such as IV poles or your bedside table.
- Always wear non-slip slippers or shoes while walking (check with your nurse).
- Always follow your physician's order regarding assistance to go to bathroom.
- Side rails may be used only for your mobility assistance while in the bed. If they need adjusting, ask your nurse.

Special Note for Family and Friends

- Because hospital staff members cannot remain constantly at a patient's side, you may want to have a family member stay with the patient, or you may wish to arrange for private-duty assistance.
- Whenever possible, please advise the staff of any special concerns regarding your family member.

Completing Your Recovery at Home

Many surgeries are now done safely without an overnight stay. After Phase I Recovery, you will continue your recovery in Phase II until you feel up to going home.

Because you may feel light-headed or dizzy when getting up after surgery, you should change position slowly. Your nurse will gradually return you to a sitting position before allowing you to sit on the edge of the stretcher and get out of bed. Never get up without assistance unless your nurse says it is OK.

As the effects of anesthesia wear off, you will notice some of the changes that have taken place during surgery. You will almost always have an IV in your arm or hand for fluids and/or medications. Lubricating ointment placed in your eyes may blur your vision until removed. You may also have a very dry mouth as a result of some of the anesthetic medicines. A moist gauze pad will help until you are able to begin fluids by mouth. Each doctor has a different preference regarding diet and fluids by mouth after surgery, and your nurse will advise you accordingly.

When you are sitting up and moving about without difficulty, your nurse will remove your IV and prepare you for discharge. Though individual responses to surgery and anesthesia are quite different, most people are ready to go home within four hours after surgery. If you are still not feeling up to going home at this time, your doctor may consider admitting you to the hospital.

When your doctor and nurse feel you are ready, you will be released to complete your recovery in the comfort of your own home. Before you leave, we will give you the medical information

you need to make this recovery period as short and worry-free as possible.

Many of the medications used during surgery may effect your memory for the next day or so, and it is important to review the discharge instructions with the person responsible for taking you home. We ask for both signatures on these instructions simply to confirm that both of you understand this information.

A recovery nurse will phone you at home within 72 hours to check on your condition and answer any questions you may have. If at any time you have questions about your surgery or any of the information given to you, please call us at 333-4785.

Important notes



(352) 333-XXXX

The Surgical and Intensive Care Tower

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www.NFRMC.com

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