

## ***PRE-OPERATIVE TEACHING***

**\*YOU WILL NEED TO BRING THIS PACKAGE WITH YOU TO ALL APPOINTMENTS RELATED TO YOUR SURGERY. – THANK YOU\***

You are having surgery at Groves Memorial Community Hospital.

This package has been created for you so pre-op teaching can begin.

Please review this package before your surgery. If you have any questions you can call the numbers listed in the booklet.

√ You are required to complete the first page of this package, the **Pre-Operative Patient Questionnaire** prior to your Pre-op Teaching appointment.

√ If you **do not** require a Pre-op Teaching appointment these forms need to be completed prior to your surgery.

Please note the visiting hour guidelines listed in the package.

## PRE-OPERATIVE PATIENT QUESTIONNAIRE

HEIGHT: \_\_\_\_\_ WEIGHT (Kg): \_\_\_\_\_ BMI: \_\_\_\_\_  
 BP: \_\_\_\_\_ HR: \_\_\_\_\_ SaO<sub>2</sub>: \_\_\_\_\_ Temp: \_\_\_\_\_  
 Surgery \_\_\_\_\_ Surgeon \_\_\_\_\_

ADDRESSOGRAPH

Check the correct box before each question.

(PATIENT TO COMPLETE)

- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Have you ever had a heart attack, Date: _____ <input type="checkbox"/> Stent or <input type="checkbox"/> CABG?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Do you have any other heart trouble, murmurs or arrhythmia? <input type="checkbox"/> Pacemaker? <input type="checkbox"/> ICD?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Do you have or take medication for high blood pressure?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Do you have a cough <input type="checkbox"/> or cold <input type="checkbox"/> ?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Do you snore or have sleep apnea? <input type="checkbox"/> CPAP?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Do you have any issues with your breathing? <input type="checkbox"/> Asthma? <input type="checkbox"/> COPD? <input type="checkbox"/> Use of Puffers?                     |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Do you get short of breath climbing one flight of stairs?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Smoking Status: <input type="checkbox"/> Never <input type="checkbox"/> Current <input type="checkbox"/> Ex-Smoker (Year When Quit _____) <input type="checkbox"/> Vape? |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Do you drink alcohol: <input type="checkbox"/> Never or how many per day ___/ Per week ___?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Do you use marijuana or cannabis products? How much per day ___? Per week ___?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Do you use recreational drugs (Meth, Cocaine)?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Any history of liver disease, hepatitis or HIV+, or AIDS?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Any heartburn, hiatus hernia, reflux?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Do you have diabetes? <input type="checkbox"/> Diet Controlled <input type="checkbox"/> Oral Medication <input type="checkbox"/> Insulin Dependent                      |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Have you ever had Cancer? Treated with <input type="checkbox"/> Chemo <input type="checkbox"/> Radiation Type: _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Any history of thyroid problems?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Have you taken steroid, prednisone or cortisone-like drugs in the past year (by pill or IV)?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Do you have any kidney issues?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. Any history of <input type="checkbox"/> stroke, <input type="checkbox"/> TIA?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Do you have epilepsy or a seizure disorder?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. Do you have rheumatoid arthritis or any other inflammatory condition?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 22. Do you have scoliosis?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 23. Is there any history of bleeding disorders in you or your family?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 24. Do you use blood thinners?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 25. Do you have a diagnosed mental health condition?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 26. Have you or member of your family had problems with anaesthetics?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 27. Do you or a member of your family have Malignant Hyperthermia (MH) or Pseudocholinesterase deficiency?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 28. Do you have any caps, loose teeth or other special dental work? <input type="checkbox"/> Dentures?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 29. If of child bearing age, is there any chance you might be pregnant?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 30. Are you sensitive to latex products, like balloons or gloves?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 31. Have you ever had a blood transfusion?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 32. Other health condition? _____   |

List your allergies and drug sensitivities:

List your medications:

List any operations you have had:

Completed

By: \_\_\_\_\_  
(PLEASEPRINT)

If not patient,

state relationship: \_\_\_\_\_

Date: \_\_\_\_\_



## Getting ready for surgery at Groves Memorial Community Hospital

131 Frederick Campbell St., Fergus, Ontario N1M 0H3 519-843-2010

### STEPS TO SURGERY

#### STEP ONE

Read through the package. We ask that you complete the following:

#### STEP TWO

- Complete the first page only of the Pre-Operative Patient Questionnaire
- Please list all medications (including inhalers, eye drops, ASA, etc.)

#### STEP THREE

- If you have been scheduled for a pre-operative clinic appointment, **please bring the package with you, as well as the completed Pre-Operative Patient Questionnaire.**
- If you do not have a pre-operative clinic appointment, **please bring the package on the day of your surgery, as well as the completed Pre-Operative Patient Questionnaire.**

#### STEP FOUR

- Have any necessary bloodwork or ECG done as determined by your surgeon, pre-operative nurse, or anesthetist.

#### STEP FIVE \*\*

- On the day before your surgery, call the Groves switchboard to see what time you should arrive. 519-843-2010 ext. 0 between 2pm and 630pm**

#### STEP SIX

- Do not eat anything after midnight the night before your surgery (see page 3 questions).**
- Arrive on the day of your surgery, at the time you are told. There are a few things we need to do before you go to the operating room, including checking all your papers.

YOUR NAME:	
SURGEON:	SURGERY:
DATE OF SURGERY:	**TIME OF SURGERY:
** CHECK IN TIME:	REGISTER AT : <input type="checkbox"/> Switchboard <input type="checkbox"/> Emergency Department
PRE-OP TEACHING:      Yes / No	PRE-OP TEACHING Date/Time:
ANESETHETIC CONSULT:    Yes / No	ANAESTHETIC CONSULT Date/Time:

### 1. Will I have to come to the hospital before my surgery date?

#### a) Pre-Operative Clinic

You may be scheduled for a Pre-Operative Clinic appointment at Groves a few weeks prior to your surgery. If you are to come to a pre-op clinic appointment, you will be contacted by the hospital. The clinic nurse will be able to answer many of your questions, so do write them down as you read and complete this package. **Remember to bring the package with you.**

b) At this appointment you will also be meeting with an anesthetist. **\*Bring your current medication list from your pharmacy as well as the medication bottles.** It is very important that you keep your pre-operative appointment. If you do not attend the clinic your surgery will be cancelled.

c) On the day of your Pre-Operative Clinic appointment, you must register at the Information/Admissions desk and they will direct you to the waiting room where the pre-operative nurse will find you.

#### d) Labwork

If you require labwork or an ECG prior to surgery, you will be informed at your pre-op clinic Appointment and you can have those tests completed in our hospital laboratory on the lower level.

### 2. Can I drive myself to and from the hospital for Day Surgery?

**You will not be able to drive after surgery. You need to arrange for a responsible adult to drive you home and stay with you overnight the first night.**

### 3. What if I get sick before the surgery?

Please call your surgeon if your health changes in any way before the day of surgery. You may have to have your surgery postponed.

### 4. What do these terms mean?

**Day Surgery:** you are not admitted as an inpatient to hospital. You arrive, have surgery and go home on the same day.

**Same Day Admit Surgery:** you are not admitted before surgery, but you are admitted to hospital after your surgery.

**Pre-Operative:** before surgery

**Post-Operative:** after surgery

#### 5. Can I eat before surgery?

It is very important that your stomach is empty to prevent complications of the anaesthetic.

**\*DO NOT eat anything after midnight the night before your surgery.\***

You should continue to drink clear fluids up until two hours before you are to arrive at the hospital. For example, if they tell you to arrive at 8:00am, stop drinking by 6:00am. Clear fluids are fluids you can see through. For example, clear fruit juices, black coffee or tea, sports drinks, or popsicles. You must avoid milk products, juices with pulp, tomato and vegetable juices.

**Please Note: If you eat anything after midnight,  
your surgery may be delayed or cancelled.**

#### 6. Can I bring my purse or wallet with me?

We will not be responsible for valuables. Please leave purses and wallets at home.

#### 7. Can I wear my jewellery?

For infection control reasons and because electricity is used in many surgeries, all jewellery must be removed, including body piercings. You should have a jeweller cut off your rings if they do not come off easily.

#### 8. Should I have a bath or shower on the morning of surgery or the evening before?

We ask that you have a thorough bath or shower at home before your surgery, as this also helps with infection control. **Do not shave the operation site.** Shaving is no longer done before surgery as it makes small cuts in the skin and adds to the risk of infection. If necessary, we will use clippers to remove hair before surgery.

#### 9. Can I wear makeup, perfume, hairspray, aftershave or nail polish?

No, please remove all nail polish and makeup prior to surgery. Gel nails with clear polish are okay. Makeup and nail polish make it difficult for us to assess your condition, and we will remove it if it is in place. Hairspray, aftershave and perfume are allergic triggers for many patients and staff and we maintain a scent free hospital. As well, hairspray is flammable and as we mentioned, we use electricity for many surgeries. For these reasons, we ask that you not wear any of these products.

#### 10. Can I bring my eyeglasses or hearing aids? What about dentures?

Please wear your dentures, eyeglasses or hearing aides if you need them.

We will have you remove them before surgery. Please leave contact lenses at home, but remember to bring containers to put your dentures, eyeglasses and hearing aides in during surgery.

### **11. Can I smoke and drink before surgery?**

It is best not to smoke or drink alcohol for at least 24 hours prior to surgery. Your body needs to be at its best to recover quickly from the anaesthetic and surgery. Research has shown that those who stop drinking alcohol and stop smoking for 4 weeks prior to surgery have much less chance of complications of surgery.

### **12. Where does my driver park?**

Parking is located near our Emergency and front doors. It is provided at no cost. A map to the hospital is provided at the back of this package.

### **13. What do I do about pain?**

We encourage you to use pain medication regularly and in a timely fashion to help you move more easily and to actively participate in your care. You don't have to wait until the pain is out of control to take something. It is much better for you to stay on top of the pain than to try to regain control.

If your medications are not working for your pain, please discuss with your nurse and doctors. Pain medication can be delivered in your IV, by mouth, injection, suppository or through a patch. Some patients may be able to have a Patient Controlled Analgesia system, where you as the patient can push a button for a dose of pain medication through the IV if you remain in hospital.

### **14. What if I am afraid and need to talk to someone while in hospital?**

Sometimes sickness and surgery can make you feel weak and afraid. Talking about it often helps. We are here to listen. Please let us know if there is someone we can call for you, or if you wish a visit from Pastoral Care.

### **15. What happens on the day of surgery?**

#### **BEFORE SURGERY**

You will arrive at the hospital with your driver and register at the Information/Admissions desk. After you register, you will be directed to Day Surgery. Your driver may accompany you to Day Surgery so that the Day Surgery nurse can tell them what time to return. The driver can wait or if they have a cell phone, we will record their phone number and your driver may go and do something else.

The Day Surgery nurse will ask you:

- When did you last eat or drink?
- What medication are you taking?
- Do you have any health problems?
- May we call you the next day to follow up on how you are doing?

The Day Surgery nurse will:

- Ask you to change into a hospital gown.
- Check your blood pressure, breathing rate, temperature and oxygen level.
- Ask you to remove dentures, eyeglasses, hearing aids, hairpieces, etc. You will put them in the containers you bring with you.
- Start an intravenous drip (IV) in your arm for medications during surgery.

#### **AFTER SURGERY**

- You will be taken on a stretcher from the Operating Room to the Post Anaesthetic Care Unit (PACU). You may know PACU as the “Recovery Room”.
- Your nurse will check your blood pressure, breathing rate and oxygen level regularly.
- Eventually you will have some water, juice or pop to drink.
- Your nurse or surgeon will decide when you can go home and notify your driver.
- You may receive a prescription from your doctor.
- You may have an appointment made to see your surgeon later on.
- Your nurse will talk to you about how to take care of yourself at home.
- Your IV will be removed when you are able to tolerate fluids by mouth.

Please tell the nurse if you are having pain or feel sick to your stomach.

All of these things may happen entirely in the PACU or you may be taken to a Day Surgery room for the last part of your recovery, depending on your surgery.

Due to concern for patient privacy, we cannot allow visitors in the PACU.

#### **16. What kind of exercises can I do to help myself get better after surgery?**

We encourage you to participate in these mild exercises as soon as possible as you wake up from surgery.

Deep Breathing: this helps expand your lungs, bring oxygen to your body, and increase your circulation. All of these effects will help you feel less dizzy, less nauseated, and more awake. Repeat 4 or 5 times every waking hour until you are more active.

1. Place your hand on your abdomen. Allow your stomach to push up under your hands as you breathe in deeply through your nose.
2. Hold this breath for 1 or 2 seconds.
3. Breathe out completely through your mouth as if gently blowing out a candle.

Coughing: this helps remove mucous from lungs and therefore helps you to take in oxygen.

1. If you have an incision in the abdomen, use a pillow or your hands to support the abdomen.
2. If you have excess mucous, give one strong cough after each deep breathing session.

Leg Exercises: this helps circulation in the legs, which prevents clots. As well, it stretches muscles so that they are ready to support you when you stand up.

Repeat 4 or 5 times every waking half-hour until you are allowed out of bed.

1. Extend your legs until they are straight.
2. Wiggle your toes and bend your feet up and down (point down then up)/
3. Circle your ankles to the right and then to the left.

## **17. What do I do at home after surgery?**

Your recovery period will continue at home. Please consider the following:

- Arrange for family and child care needs in advance of your discharge.
- Your surgeon may order restrictions on how much you lift.
- It is not unusual to be sent home with stitches, staples or drains in place. Arrangements to remove them will have to be made through your surgeon's office.
- You may have pain at home still and your surgeon or family doctor can give you a prescription for pain medication that will help. Remember to keep on top of the pain.

We hope that this package has answered some of your questions. If you have any unanswered questions, call your surgeon or family doctor or call OR bookings at the hospital at 519-843-2010 extension 40209.





## Final Checklist Before Leaving Home on Day of Surgery

- I have not had anything to eat or drink since midnight.

I have with me, my:

- Ontario Health Card
- Medications I am taking, in their labeled drug store containers, including inhalers, eye drops, patches and sprays, herbals and supplements. (If the pharmacy gives me a list of all my medications, I should bring that as well.)
- C-PAP machine if I use one
- Containers for dentures, eyeglasses, hearing aid, hair piece/wig if I am wearing them
- Any unanswered questions that I have (please write them down)
- Loose fitting, comfortable clothing and shoes with a low heel and a good grip.
- If I am 16 years of age or younger, a parent or guardian is with me
- A tote bag with my name tag, to hold my clothing and belongings while I have surgery.

I have made arrangements for:

- A ride home (not taxi) and someone to be with me overnight
- A way to fill new prescriptions on the way home (e.g. have my driver bring my wallet)

## Map to Groves Memorial Community Hospital

131 Frederick Campbell St., Fergus, Ontario N1M 0H3 519-843-2010

