



Surgery Information

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Welcome to Surgical Services

Consistent with the Piedmont Promise, our goal is to provide excellent care and service while making your visit as stress-free as possible.

Important Information About Your Visit

To maintain privacy, safety and minimize potential exposure to infections, visitors are limited to two in pre-op and restricted in PACU (Post Anesthesia Care Unit).

Basics of Surgery

Patients will be called to the pre-op area one to two hours prior to the scheduled surgery time. In pre-op, the anesthesia care provider and pre-op nurses prepare the patient for surgery. Please be aware that determining the length of a surgery is not an exact science. The surgeon may inform visitors of how long the operation is expected to last. Please note that the surgeon is referring to the actual operating time—many other patient care activities occur before and after the operation. Due to many variables, procedures may be delayed. The surgeon will make every effort to contact family members and/or friends in person or by phone after the operation.

Help Us Keep You Informed

Upon arrival to pre-op, provide a contact phone number, so we may keep family and friends informed of the patient's status if they leave the area.

Family and friends of patients being admitted to the hospital following surgery will be notified by watching the tracking board when the patient has received a room assignment.

Post Anesthesia Care Unit (PACU) Patients First

- For information about your family member or friend, please stay in communication with the Surgical Services' volunteers and/or secretary at the surgery waiting desk. They will deliver messages to you, from the patient, and/or the PACU nurse.
- Early recovery is an extremely critical period for the patient as he/she awakens from anesthesia. During this time, PACU nurses closely monitor the patient.

- Because patients in PACU often require immediate and critical intervention, each PACU nurse is trained in critical care. A member of the anesthesia team is also available.
- We realize how anxious family members and friends are to see their loved one after surgery, but the priority in the PACU is the patient. We ask for your understanding and patience as we assist and care for the patient during this critical transition period.

The average length of stay in PACU is one to two hours. Once the patient meets defined criteria for discharge from the PACU, the PACU nurse reports to the floor/unit nurse, and PACU staff transport the patient to his/her post-op room or to the phase 2 area for discharge home.

Visitation

Due to the constant movement of patients in and out of the PACU and the need for the safety and privacy of each patient, visitation in the PACU is restricted. Exceptions are at the discretion of the PACU nurse and anesthesiologist. Visitors may be allowed in PACU under extenuating circumstances.

At Piedmont Henry, more than 7,000 surgeries (in all specialties) are performed each year by highly-skilled and renowned surgeons. Specially-trained staff provide assistance to surgeons and care for patients in every perioperative area.

Please feel free to share any concern with any of our staff members, or after hours, with the nursing administrative supervisor.

After 4:30 p.m. on weekdays and weekends, dial extension 6060 to check on the patient's status. The surgeon or PACU staff will look for family in the Surgical Services waiting area.

Pre-Assessment for Surgery

You may be scheduled for an appointment in the Pre-Assessment Department within 7 – 10 days prior to your surgery date. A nurse will collect your medical information and provide any specific instructions pertaining to your upcoming surgery.

You may be seen by a member of the Anesthesia Department. Please bring all forms (medications taken at home, lab work, cardiac reports) that your physician has provided. If you are scheduled for an outpatient surgery, you may be called to complete an assessment over the phone with a pre-assessment nurse.

The Pre-Assessment Department will call between 3:30 and 5:30 p.m. the afternoon prior to your scheduled day of surgery. You will be instructed on the following:

- What time to arrive to the hospital for your scheduled surgery
- A reminder of withholding food or drink
- What medications to hold versus take on the day of surgery.
- Instructions as to whether you are scheduled for surgery in the hospital Outpatient Surgery Center located on the ground floor of the North Tower (off of Rock Quarry Road) or in the main OR on the first floor of the South Tower (off of Eagle's Landing Parkway).



Pre-Surgery Instructions

What are my instructions for the day before surgery?

Do not eat or drink anything after midnight the night before surgery, including sips of water. Do not chew gum. You may brush your teeth, but do not swallow the water.

It can be dangerous to be anesthetized or sedated when you have food or liquid in your stomach. Your surgery may be delayed or canceled if you eat or drink after midnight (other than as directed by your physician).

During your PreAssessment Testing (PAT) visit or phone screen, instructions about your medications will be given to you by a nurse or anesthesia provider. If you are unable to pre-test, ask your physician for instructions on if and how you should take your medicines before surgery.

Refer to any special instructions your surgeon may have given you about special washing, diets or procedures for you to do at home before coming to the hospital.

What should I do on the day of my surgery?

- Do not eat or drink anything.
- Please brush your teeth, but do not drink any water.
- Wear loose-fitting clothing and low-heeled shoes.
- Remove false eyelashes, wigs or contact lenses. Bring a container for your contact lenses, glasses or removable dental work.
- Hair should not have a ball on the back of the head so that the head can rest naturally.
- Male patients who normally shave daily should shave as usual.
- Bathe either the night before or the morning of surgery.
- Do not wear cologne or perfume.
- Do not drink alcoholic beverages or smoke for 24 hours before and 24 hours after surgery. Alcohol may increase the depth of your anesthesia or the effect of medicines you may be given.
- Please follow your surgeon's specific instructions about removing nail polish or acrylic nails.
- Remove all body piercings.

What time do I report for surgery?

Either your surgeon's office or the PAT department will be notifying you of a specific time to report to the hospital.

What should I bring with me on the day of surgery?

- Driver's license (as identification) and all insurance cards
- Eyeglasses if you wear them since you will be asked to sign legal documents
- Any forms your doctor has asked you to bring with you on the day of surgery
- Do not bring any valuables (money, watch, jewelry, etc.). The hospital cannot be responsible for valuables.
- A parent or legal guardian must accompany patients who are under age 18 to sign legal documents. Surgery will be canceled if a minor patient arrives without a parent or legal guardian.
- Must have someone to drive you home.



Anesthesia Services

An overview of information you need to know before surgery.

The quality of anesthesia care you receive at Piedmont Henry will be an important part of your surgical experience. When you arrive for surgery, the anesthesiologist assigned to your case and the other members of the anesthesia care team will meet with you and answer any questions before you go to the operating room (OR).

Anesthesiologists are physicians who, after finishing medical school, have completed at least one year of general medical or surgical training and three years of training in the field of anesthesiology. All anesthesiologists practicing at Piedmont Henry are certified or pending certification by the American Board of Anesthesiology. Many of the physicians have received board certification in other specialties as well. Some of the anesthesiologists have advanced training in the areas of cardiac anesthesia, pediatric anesthesia, critical care medicine and pain management. Your anesthesiologist will create an appropriate anesthetic care plan after reviewing your medical history and related laboratory data.

The Anesthesia Care Team

An anesthesiologist may personally provide your care or directly supervise the care you receive during surgery from a physician assistant anesthetist (AA) or certified registered nurse anesthetist (CRNA). PA anesthetists and CRNAs are professionals who have undergone two to three years of additional training in anesthesia after receiving a college degree. These skilled practitioners function only under the supervision of an anesthesiologist at Piedmont Henry and are certified by either the American Association of Nurse Anesthetists (AANA) or the American Association of Anesthesiology Assistants (AAAA).

Types of Anesthesia

There are several types of anesthesia, and more than one method may be suitable for your operation. While your surgeon may discuss your anesthetic with you, the anesthesiologist assigned to your case will best be able to explain the risks and benefits of each type. Remember—the decision regarding what type of anesthesia is most appropriate for your procedure will be made by you and your anesthesiologist on the day of surgery.

During all types of anesthesia, you are monitored continuously by a member of the anesthesia care team.

General anesthesia involves the administration of medications to make you unconscious and unable to feel pain. General anesthesia is usually started with medications through your intravenous (IV) line and maintained with gases from an anesthesia machine. Narcotic pain medications are given through your IV during the procedure to supplement your anesthesia and manage your post-surgical pain. For general anesthesia, partial or full dentures will be removed.

Regional anesthesia involves blocking pain sensation in the portion of your body where surgery is being performed. Local anesthetic medication can be injected into many areas, including your back (spinal or epidural) for procedures of the legs or abdomen, or around the shoulder, if surgery is to be performed on the arm.

During epidural anesthesia, a small plastic catheter allows continuous administration of local anesthetic during the procedure and may be used to provide pain relief after your surgery. You will also receive medication through your IV that will sedate you during the surgery.

Local anesthesia with sedation, also known as monitored anesthesia care, is similar to regional anesthesia except that the area where the procedure is to be performed is numbed by the surgeon injecting local anesthetics directly into the operative field. You will receive sedation and pain medications through your IV.

Pre-operative Preparation

Prior to your surgery, it is necessary to collect information about your personal health and medical history. Please bring a list of all your medications, all papers from your physician, past heart test results and all other test results to your preoperative visit in the PAT. Tests should include the name of the physician and their phone number.

You may need to have laboratory testing (blood work) or other studies (such as an electrocardiogram) before surgery.

In the PAT, you will receive a nursing evaluation, written preoperative instructions and a map to your assigned surgical area. In some cases, you may also need to meet with an anesthesia provider for additional preoperative instructions and review of your medical history to decide if further testing is necessary before your surgery. The anesthesia provider will be able to answer questions about types of anesthesia. The final decision regarding your anesthetic care will be made by you and the anesthesiologist assigned to care for you on the day of your surgery.

The Day of Surgery

You will be asked not to eat or drink anything after midnight on the day of your surgery; however, you may be instructed to take some of your usual medications with a small sip of water on the morning of surgery. Either your surgeon or the anesthesia provider in the PAT will be able to address your specific situation.

If you are scheduled to go home after surgery, you must name a responsible adult to transport you home when you check into the pre-op department. You will not be allowed to take a cab, public transportation or drive yourself. You will be strictly limited to two adult visitors in the pre-op area.

You will be prepared for surgery in the pre-op area and an IV line will be inserted. Special monitoring lines may be required based upon your medical condition and surgical procedure.

When you are taken to the OR, your family will be directed to the waiting room. Your surgeon will give information to hospital representatives, who will update your family during your surgery.

After surgery, you will recover from your anesthetic in a Post Anesthesia Care Unit (PACU or recovery room) where you will be cared for by specially trained nurses.

If you are scheduled as an a.m. admit patient, you will be taken to your assigned hospital room when you are awake and stable.

If you are going home on the day of surgery, you will return to the Phase 2 area, where a family member may join you. When you are fully recovered from your anesthetic, you will be discharged. Plan to stay up to two hours after surgery.* You will be given instructions on how to care for yourself at the time of discharge and you should have a responsible person spend the night with you after surgery. You will be contacted the day after surgery to check on your progress. For some procedures, you may be admitted to a short stay observation unit, where you will spend the evening before returning home.

What are the Risks of Anesthesia?

While many precautions are taken by anesthesiologists in order to prevent any injury to you, all types of anesthesia have some risk associated with them.

The most common post-operative problems are fairly minor, and include nausea and/or vomiting, headache, sore throat, muscle aches and tiredness. Major or life-threatening complications such as stroke, heart damage and death are quite rare and their incidence has decreased over the past decade. The chance of experiencing such a problem is related to your medical condition and the type of procedure you are having. Patients who smoke may be at increased risk for severe coughing, wheezing and pneumonia after surgery. Stop smoking for as long as possible before your operation to decrease the possibility of complications.

If there is any chance you might be pregnant, it is very important that you tell your surgeon and anesthesiologist. The risks of general anesthesia to the unborn child are not well-known, but safer techniques are available if this information is known ahead of time. Your anesthesiologist will explain the risks associated with anesthesia.

Anesthesia Billing

You will receive a statement from your anesthesiologist just as you will from any physician who cares for you during your visit. If you have any questions or concerns about financial matters, you can discuss this with a member of the anesthesia billing office at 1.800.475.6236.

**Please contact PAT at 678.604.5042
for any questions or concerns.**

Preventing Blood Clots

(Venous Thromboembolism, VTE)

Your risk of developing a blood clot increases while you are in the hospital. These clots can lodge in your lungs causing damage or death. It's very important to work with your health care team to prevent them!

Two types of venous thromboembolism (VTE) blood clots are:

- Deep Vein Thrombosis or DVT that forms in a deep vein (usually in the leg or arm), or
- Pulmonary Embolism (PE): a clot that has broken off and traveled to the lungs, which can cause death.

VTE can also cause long-term health problems such as:

- Problems with breathing
- Swelling that won't go away
- Higher chance of getting another clot
- Wound sores that will not heal

Hospitalized patients have a higher chance of getting a blood clot. Other conditions that can raise your chance of getting a VTE:

- Recent surgery
- Stroke
- Family history of VTE
- Sitting or lying in bed for long periods
- Smoking
- Hip or knee replacement
- Trauma
- Cancer
- Obesity

Your Piedmont health care team will develop a plan of care based on your risk of developing a VTE.

Special Needs Reminder

So that we may better serve you in the hospital, please alert your surgeon's office if you have any of the following needs/issues:

Special Needs Accommodations

- Ambulation/Mobility: Crutches/Cane, Wheelchair, Paralysis, Prosthesis, Visual (blindness)
- Communication/Language Services Needs: Visual, Hearing, Language
- Cultural/Religious Needs
- Difficult IV Access
- Issues Affecting Surgical Positioning: Severe rheumatoid arthritis, pain/injuries, recent joint replacement
- History of difficult airway or intubation

Geriatric Care Management Needs

- Complex Medical Issues
- Dementia Issues
- No support system
- Family discord
- Noncompliance with medical regime
- Need for community resources
- Long-term planning
- Limited functional ability

Discharge Planning Needs

Discharge planning should begin when your surgery is being planned. When it is time for you to go home, it is imperative that you are transferred to an environment that facilitates your medical needs. We can help with planning the following:

- Transportation from the hospital
- Someone to stay with you
- A support group if needed
- Extended Care or Nursing Home

General Hospital Services



Language Services

At Piedmont, we believe that effective communication equals effective care. Our mission is to provide the best possible care to all patients. An equal standard of care is a person's right in the United States, regardless of their legal status.

Piedmont's policy is to ensure that all patients who are "limited English proficient" (LEP) experience no delay or denial of services based on this limitation and that they receive care and services based on accurate, complete information.

It is our obligation to provide reasonable accommodation to overcome any language or disability barrier that might be experienced by our patients. This includes competent interpreting services to LEP patients and to any relative of a patient who is LEP and needs consultation regarding the patient's history or care. Interpreter services are provided by staff interpreters (Spanish), telephonic interpreting services, and live interpreters engaged from a local agency.

Shuttle Bus

For your comfort and safety, we are happy to provide shuttle service to and from the parking lots, courtesy of Volunteer Services. Call 678.604.5200 with your location.

Campus Amenities

| AMENITY | LOCATION |
|--|---|
| ATM Machine | South Tower, around corner from Gift Gallery |
| | North Tower, Ground floor in area of Subway |
| Baby Gift Shop (Lollipops) | North Tower, 4th floor |
| Cafeteria (Henry Café) | South Tower, Ground floor |
| | HOURS (Monday - Friday): |
| | 7:00 a.m. - 10:00 a.m. |
| | 11:00 a.m. - 3:30 p.m. |
| | 4:30 p.m. - 7:00 p.m. |
| | WEEKEND HOURS: |
| | 7:00 a.m. - 10:00 a.m. and 11:00 a.m. - 2:00 p.m. |
| PHONE: 678.604.1035 for daily menu and specials | |
| Gift Gallery | South Tower, First floor, main entrance |
| | MERCHANDISE: |
| | Balloons, books, cards, stuffed toys, candy |
| | Women's accessories (jewelry, watches, handbags, scarves) |
| Parking | ALL PARKING ON CAMPUS IS FREE |
| Subway Restaurant | North Tower, Ground floor |
| | HOURS: |
| | Monday - Friday 6:30 a.m. - 9:00 p.m. |
| | Saturday - 8:00 a.m. - 9:00 p.m. |
| | Sunday - 9:00 a.m. - 9:00 p.m. |
| Telephones | DIAL 9 for an outside line |

