

Surgery guide

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Welcome

Thank you for choosing us for your upcoming surgery.

From the moment you walk through our doors, our highly-trained physicians, Magnet-designated nurses and additional members of your care team will work together to ensure that you receive the highest level of care. Our hospital staff is committed to providing you with an exceptional experience that promotes your health and healing.

We understand that planning a surgery can be stressful for patients and family members. This booklet provides an overview of what you can expect before, during and after surgery. Our goal is to provide you and your caregivers with all the important information you need to ensure you feel comfortable about your procedure.

In addition to answers to frequently asked questions, included are details about:

- Preparing for your surgery
- What to expect on the day of surgery and while you are recovering in the hospital
- Planning for recovery and hospital discharge
- What to expect once you are home

It is important to remember that every patient is different. Your care team will tailor your recovery program to meet your unique needs.

Please contact your physician, nurse or any other member of your care team with any questions you may have. We are here to help and value patients and family members as essential partners in the recovery process.

Please bring this booklet with you to all of your appointments and to the hospital.

We wish you a speedy recovery.

Surgical quality

Our surgical program has a long history of providing high-quality care. Our hospital is proud to participate in the Agency for Healthcare Research and Quality Program for Improving Surgical Care and Recovery. This evidence-based approach is designed to enhance the surgical process and improve patients' recovery after surgery. We are one of 12 hospitals in New York State to partake in this initiative. Through standardization of care and a strong partnership with our patients, we strive to improve both the patient experience and surgical outcomes.

We are proud to employ some of the best surgeons in their field who have trained at some of the most prestigious institutions across the country. With our expanding expertise across almost every surgical subspecialty, we are able to meet a wide range of patient surgical needs.

Our team is dedicated to providing exceptional surgical care and uses best practices to ensure patient safety and improve outcomes. Our progress in maintaining the highest standards of care is reflected in our accreditations, rankings and awards, such as the following:

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- Designated by the American College of Surgeons Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program as an active MBSAQIP Center.
 - Received the America's 250 Best Hospitals Award™ from Healthgrades® in 2019 and 2020.
 - One of Healthgrades® America's 100 Best Hospitals for Coronary Intervention™ for four years in a row (2017-2020).
 - A recipient of the Healthgrades Patient Safety Excellence Award™ 2016-2019.
 - Fully accredited by DNV GL.
 - Magnet Recognized for Excellence in Nursing.
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Preparing for surgery

Before surgery

If your surgeon has instructed you to see your primary care physician, please make this appointment at least 30 days prior to your surgery to meet the preoperative requirements.

Consult with your doctor regarding when or if you should take medication prior to surgery.

Note: A plan for management of blood thinners, such as warfarin, clopidogrel and aspirin, will be prepared by your surgical team and prescribing doctor in advance of surgery, if appropriate.

Prior to your procedure, please cease the use of cigarettes or other tobacco products. For more information on quitting smoking, please refer to “Quitting Smoking Prior to Surgery” on page 10.

Before surgery, you will meet with your anesthesia providers. This meeting will include:

- Review of your medical history
- Review of your anesthesia plan and pain relief options
- Review of bloodwork, if ordered

Insurance authorization

Your surgeon’s office will contact your insurance company to obtain prior authorization for your surgery and/or admission. Please be sure to notify your surgeon’s office with any insurance changes since your last visit. Our preregistration staff will contact you regarding any out-of-pocket expenses and to review your payment options. For further questions or concerns, please call (845) 333-7900, option 3.

Infection

Each year, many lives are lost or compromised due to the spread of infection in hospitals. Always remind friends, family and healthcare providers to wash and sanitize their hands before entering your room or providing care.

Advance directives

An advance directive can be used to appoint a healthcare agent, someone you trust to make healthcare decisions for you and to communicate your personal preferences about treatments that may be used to sustain your life. Advance directives are optional. If you have an advance directive, please bring a copy to the hospital if you want it to apply to your upcoming visit. An advance directive can be removed or revised at any time.

Patient identification

Make sure your healthcare provider confirms your identity by asking for your full name and date of birth and checking your armband before any medications are administered, treatments are rendered or procedures commence.

Patient experience

Your safety is our priority. Patients play a vital role in optimizing safety by becoming active, involved and informed members of our healthcare team. We not only welcome but count on your participation in reviewing your options, involving your family members and choosing what’s right for you when considering your lifestyle, family dynamics, and religious, cultural and personal beliefs.

Always ask questions if you have any doubts or concerns. Understanding your needs, beliefs and goals will allow your healthcare team to optimize your treatment plan. Take time to understand the facts about your conditions, procedures and medications.

Read carefully through your care plan with us and listen closely to your discharge instructions. Be proactive if you would like to make any adjustments to your care plan. Make sure that you and your healthcare team all clearly agree on the details of your procedure.

As an informed and involved patient, you help us maintain a safe environment for all. If you feel that your concerns have not been addressed, please contact our patient experience and advocacy departments at (845) 333-1015.



What to bring day of surgery

Leave all valuables at home or give to the person(s) accompanying you. We encourage you to only bring essential items the morning of surgery, including:

- Insurance cards
- Personal identification card, such as a driver's license
- Copy of your advance directive (optional)
- A list of all of your medications, including dosages and how often you take them
- This booklet
- Payment for any deductible or copayment that is due before the operation
- If you have sleep apnea and use a machine at night, please bring your machine and settings with you

Leave contact lenses at home, or if you must wear them, bring a contact case.

Please be aware that there may be some downtime prior to your surgery. We will do our best to predict how long the operations of the day may take, but unexpected delays are sometimes unavoidable. Please bring a book or something to do while you wait.

What to wear day of surgery

Wear loose, comfortable clothing. All jewelry must be removed before surgery, including wedding rings, earrings and any other body piercings.

What to expect upon arrival

Parking and check-in

We are located at:

**707 East Main Street
Middletown, NY 10940**

Unless otherwise instructed, enter through the main entrance of the hospital and report to the registration desk to sign in the day of surgery. You will be asked to verify some information and medical consents. You should be prepared to pay for possible copayments with cash, check or credit card.

We offer free valet parking for surgical patients at the main entrance.

Before surgery

Once your team is ready, you and one member of your family, if desired, will be escorted to our preoperative area. Here, the nurses and anesthesia providers will check you in. You will also see your surgeon. This is an opportunity to ask any last-minute questions you may have. During your stay, you may be asked the same questions multiple times from different caregivers. This is for your safety and part of our practice to ensure the best possible care.

Once the operating room is prepared, you will be taken to surgery and your family will be escorted to the waiting area. If you have any questions or concerns at any time, please don't hesitate to ask your care team.

During and after surgery

The operating room

Many patients do not recall being in the operating room due to the medications provided during surgery. You will be connected to machines that monitor your heart and lungs during your procedure.

Post Anesthesia Care Unit

Following surgery, you will wake up from anesthesia in the Post Anesthesia Care Unit (PACU), where you will be cared for by specially trained registered nurses. The PACU nurses will continue to monitor your vital signs and keep you comfortable. When your PACU nurse and anesthesiologist feel you are adequately recovered from your anesthetic, you will be transferred to your hospital room or discharge area.

Post Anesthesia Care Unit visitation

The PACU is a busy open unit, with patients being admitted and discharged throughout the day. Therefore, we request that only one to two family members visit the unit.

Patients need time for rest and nursing care immediately after surgery. As a result, family visitation is brief and limited. Please note that it is not unusual for an hour to pass once surgery is completed before your family may be brought back to the PACU for a visit.

PACU visiting arrangements may be modified depending on the activity in the unit at that time, as certain situations in the PACU may take priority over family visitation. If any PACU patient needs special nursing attention, we may ask family members to leave or delay their visit. Thank you for understanding.

When your loved one is visiting in the PACU, we ask that he or she remain at your bedside to help maintain and respect the privacy of other patients.

Garnet Health Medical Center policy prohibits the use of cell phones, smartphones, cameras, video cameras or any other devices in the PACU area. Thank you for following these guidelines, which will help ensure patient safety, privacy and comfort.



Educational resources

Preoperative exercises

Exercises prior to surgery can help aid in your recovery. Please be sure to discuss these exercises with your primary care physician prior to beginning an exercise regimen.



Walking

At least 20 minutes, five times per week.
This should be in addition to normal activity.



Mini squats

Stand at a counter, using fingers for balance as needed.
Place feet hip width apart.
Sit down and back as if you are sitting in a chair.
Do not let your hips drop below your knees.
Repeat 10 times, two times per day.



Heel raises

Stand at a counter, using fingers for balance as needed.
Raise up on your toes, lifting heels off the ground.
Stay for one to two seconds and slowly lower your heels.
Repeat 15 times, two times per day.



Single leg stance

Stand at a counter, using fingers for balance as needed.
Lift left leg and hold for 30 seconds.
Lower and repeat with right leg.
If this becomes too easy, try to lift each leg without using your hands for balance. Or, try the exercise with your eyes closed.
Perform two times per day for 30 seconds on each leg.

Quitting smoking prior to surgery

If you smoke, plan to quit smoking as soon as you know you may need to have surgery. The sooner you quit smoking, the more it will benefit your surgical outcomes. The successful quit rate is much higher for those who quit prior to surgery.

Smoking can increase your risk of surgical complications, including:

- Increased risk of lung problems, such as pneumonia.
- Increased risk of heart problems, such as high blood pressure, elevated heart rate and irregular heartbeat (arrhythmias).
- Decreased oxygen in your blood.
- Increased risk of blood clots.
- Increased risk of wound complications, such as delayed healing, wound infections and cell and tissue death.

Quitting eight weeks before surgery can help improve your airway function.

Quitting four weeks before surgery can help decrease your surgical complication rate by 20% to 30%.

Quitting one day before surgery can help improve your blood pressure and heart rate.

Helpful resources to quit

Call the Quit Line at 1-800-QUIT NOW (1-800-784-8669)

Government quit-smoking resources:

<http://teen.smokefree.gov/>
<http://espanol.smokefree.gov/>
<http://women.smokefree.gov/>

American Lung Association

lungusa.org

Centers for Disease Control and Prevention

cdc.gov/tobacco/state_system/index.htm

National Cancer Institute Smoking Quit Line 1-877-448-7848 (also available in Spanish)

Incentive spirometer instructions

Since you will not be as active after your surgery, exercising your lungs before surgery may reduce your risk of developing lung problems, such as pneumonia. An incentive spirometer is a device that measures how deeply you can inhale. It helps you take slow, deep breaths to expand and fill your lungs with air.

How to use

Sit up as straight as possible. Do not bend your head forward or backward. Hold the incentive spirometer in an upright position. Place the target pointer at the level that you need to reach. Exhale normally and then follow these instructions:

- Place the mouthpiece in your mouth and close your lips tightly around it. Do not block the mouthpiece with your tongue.
- Inhale slowly and deeply through the mouthpiece to raise the indicator. Try to make the indicator rise up to the level of the goal marker.
- When you cannot inhale any longer, remove the mouthpiece and hold your breath for at least three seconds.
- Exhale normally.

Repeat these steps for five to 10 breaths, four times per day before surgery.

After surgery, you should use your incentive spirometer for five to 10 breaths every hour while awake or as directed by your care team.

When to contact your healthcare provider

- If you feel dizzy or lightheaded.
- If you have questions or concerns about how to use your incentive spirometer.

When to seek immediate care

- If you have chest pain or shortness of breath.
- If you feel faint.

Please remember to bring your incentive spirometer with you on the day of your surgery.



Preoperative nutrition

Recovering from surgery requires more nutrients from our bodies. Being well nourished leading up to surgery means your body is better equipped to handle surgery, and this translates to a faster healing and recovery. Patients with good preoperative nutrition have a lower risk of postoperative complications.

Daily recommendations

Foods and beverages high in protein, vitamins and minerals help reduce your risk of infection, promote healing and reduce your risk of returning to the hospital. Eat a regular balanced diet with lean protein, such as chicken or fish, low-fat dairy, whole grains and fruits and vegetables.

We recommend the following as a daily nutrition guide leading up to your procedure:

- **Bread, cereal, rice and pasta:** Six to 11 servings per day.

Carbohydrates are a fundamental part of most diets. They supply energy and spare protein.

- **Vegetables:** Three to five servings per day.
- **Fruits:** Two to four servings per day.

A diet rich in vegetables and fruits is one of the best ways to reduce your risk of heart disease and some types of cancer.

- **Meat, poultry, fish, dry beans, eggs and nuts:** Two to three servings per day.

Protein is needed to keep your body working properly and to help build new tissue.

- **Milk, yogurt and cheese:** Two to three servings per day.

Healthy bones need calcium and vitamin D.

- **Fats, oils and sugars:** Use sparingly.

Some fat is necessary in our daily diet. However, less fat is better. Although candy, cakes and cookies are delicious, they have little nutritional value.

Key recommendations for the general population from the USDA

Consume a variety of nutrient-dense foods and beverages within and among the basic food groups while choosing foods that limit the intake of saturated and trans fats, cholesterol, added sugars, salt and alcohol.

Meet recommended intakes within energy needs by adopting a balanced eating pattern, such as the U.S. Department of Agriculture (USDA) Food Guide or the Dietary Approaches to Stop Hypertension (DASH) Eating Plan.

Recommended food groups

Consume a sufficient amount of fruits and vegetables while staying within energy needs. Two cups of fruit and 2 1/2 cups of vegetables per day are recommended for a 2,000-calorie intake, with higher or lower amounts depending on the calorie level.

Choose a variety of fruits and vegetables each day. In particular, select from all five vegetable subgroups (dark green vegetables, orange vegetables, starchy vegetables and other vegetables) several times a week.

Consume three or more ounce-equivalents of whole-grain products per day, with the rest of the recommended grains coming from enriched or whole-grain products. In general, at least half the grains should come from whole grains.

Consume three cups per day of fat-free or low-fat milk or equivalent milk products.

Fats

Consume less than 10% of calories from saturated fatty acids and less than 300 mg/day of cholesterol, and keep trans-fatty acid consumption as low as possible.

Keep total fat intake between 20% and 35% of calories, with most fats coming from sources of polyunsaturated and monounsaturated fatty acids, such as fish, nuts and vegetable oils.

When selecting and preparing meat, poultry, dry beans and milk or milk products, make choices

that are lean, low-fat or fat-free.

Limit intake of fats and oils high in saturated and/or trans-fatty acids and choose products low in such fats and oils.

Carbohydrates

Choose fiber-rich fruits, vegetables and whole grains often.

Choose and prepare foods and beverages with little added sugars or caloric sweeteners, such as amounts suggested by the USDA Food Guide and the DASH Eating Plan.

Reduce the incidence of dental cavities by practicing good oral hygiene and consuming sugar- and starch-containing foods and beverages less frequently.

Sodium and potassium

Consume less than 2,300 mg (approximately one teaspoon of salt) of sodium per day.

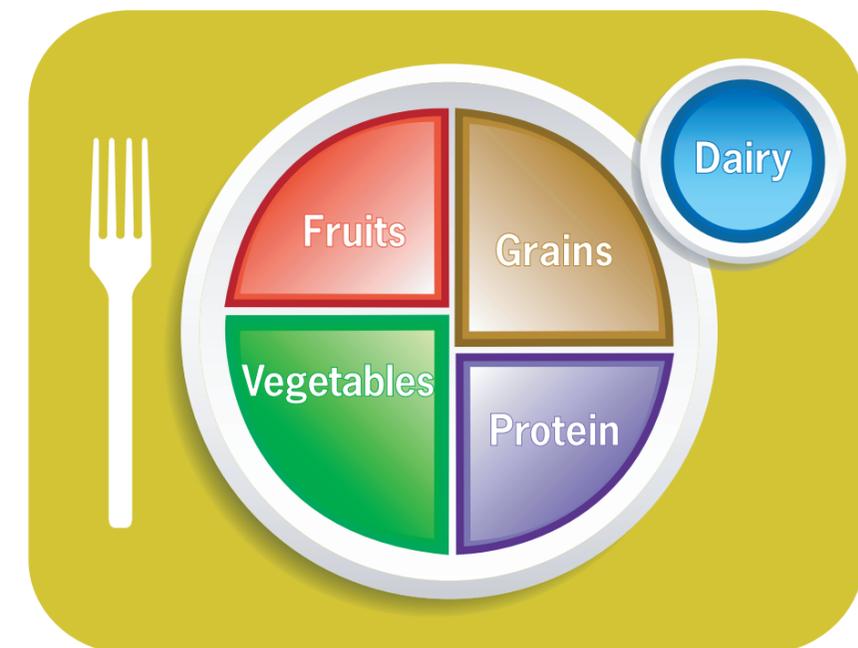
Choose and prepare foods with little salt. At the same time, consume potassium-rich foods, such as fruits and vegetables.

Alcoholic beverages

Those who choose to drink alcoholic beverages should do so sensibly and in moderation, defined as the consumption of up to one drink per day for women and up to two drinks per day for men.

Alcoholic beverages should not be consumed by some individuals, including those who cannot restrict their alcohol intake, women of childbearing age who may become pregnant, pregnant and lactating women, children and adolescents, individuals taking medications that can interact with alcohol and those with specific medical conditions.

Alcoholic beverages should be avoided by individuals engaging in activities that require attention, skill or coordination, such as driving or operating machinery.



Preventing surgical site infections

What is a surgical site infection?

A surgical site infection (SSI) is an infection that occurs after surgery in the part of the body where the surgery took place. Surgical site infections can sometimes be superficial infections involving the skin only. Other surgical site infections are more serious and can involve tissues under the skin, organs or implanted material.

Symptoms include:

- Redness and pain around the area where you had surgery
- Drainage of cloudy fluid from your surgical wound
- Fever

Can SSIs be treated?

Most SSIs can be treated with antibiotics. The type of antibiotic given depends on the bacteria (germs) causing the infection. Sometimes patients with SSIs also need another surgery to treat the infection.

What are some of the things that hospitals are doing to prevent SSIs?

To prevent SSIs, doctors, nurses and other healthcare providers should follow infection prevention guidelines, including:

- Clean their hands and arms up to their elbows with an antiseptic agent just before the surgery.
- Clean their hands with soap and water or an alcohol-based hand rub before and after caring for each patient.

- If indicated, remove some of your hair immediately before your surgery using electric clippers if the hair is in the same area where the procedure will occur.
- Wear special hair covers, masks, gowns and gloves during surgery to keep the surgery area clean.
- When indicated, you will receive antibiotics before your surgery starts. In most cases, you should get antibiotics within 60 minutes before the surgery starts and the antibiotics should be stopped within 24 hours after surgery.
- Clean the skin at the site of your surgery with a special soap that kills germs.

What can I do to help prevent SSIs?

Before surgery:

- Tell your doctor about other medical problems you may have. Health problems such as allergies, diabetes and obesity could affect your surgery and your treatment.
- Quit smoking. Patients who smoke get more infections. Talk to your doctor about how you can quit before your surgery.
- Do not shave near where you will have surgery. Shaving with a razor can irritate your skin and make it easier to develop an infection.

At the time of surgery:

- Speak up if someone tries to shave you with a razor before surgery. Ask why you need to be shaved, and talk with your surgeon if you have any concerns.

After surgery:

- If you do not see your providers clean their hands, please ask them to do so.
- Family and friends who visit you should not touch the surgical wound or dressings.

- Family and friends should clean their hands with soap and water or an alcohol-based hand rub before and after visiting you. If you do not see them clean their hands, ask them to clean their hands.
- Make sure you understand how to care for your wound before you leave the hospital.
- Always clean your hands before and after caring for your wound.
- Make sure you know who to contact if you have questions or problems after you get home.
- If you have any symptoms of an infection, such as redness and pain at the surgery site, drainage or fever, call your doctor immediately.

If you have any additional questions, please ask your doctor or nurse.

for you. Pain control following your surgery is a priority for your physicians and staff at Garnet Health Medical Center.

While you should expect to have some pain and discomfort after your surgery, we will make every effort to minimize your pain safely. Pain control helps you recover faster and may reduce your risk of developing certain complications after surgery, such as pneumonia and blood clots. If your pain is well controlled, you can start moving sooner and get your strength back more quickly. This will allow you to complete important tasks, such as physical therapy and deep-breathing exercises.

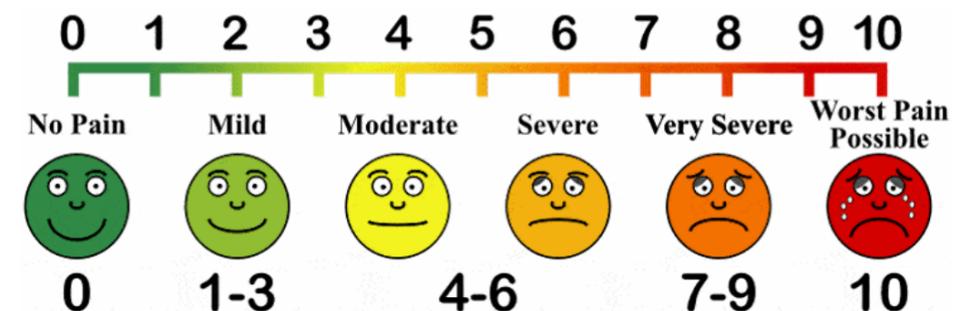
Pain control techniques

- **Regional anesthesia:** We offer a variety of nerve blocks that can be used to control postoperative pain. These blocks may be administered by a single injection or by continuous infusion. Your anesthesiologist will discuss with you whether a nerve block is appropriate for your case.
- **Intravenous (IV) pain medication:** After surgery, your doctor may keep your IV catheter in place to deliver pain medication while you are in the hospital. Traditional narcotic pain relievers (for example, morphine or Dilaudid) are used when your pain cannot be controlled by previous methods.

Pain management

Pain relief after surgery

It is important to mention what has worked for you in the past and what has not. If you have a history of chronic pain, you may be less sensitive to pain medication, a phenomenon called tolerance. If this is the case, regional anesthesia with local anesthetics may be a good supplement



- **Oral pain medications:** At some point during your hospital stay, you will be switched to oral pain medications in order to prepare you for discharge. Examples of these medications include narcotics, such as oxycodone, nonsteroidal anti-inflammatory drugs (NSAIDs), such as CELEBREX®, and other analgesics, such as Tylenol, Gabapentin and Ultram. These may be ordered to come at a specified time, or you may need to ask your nurse to bring them to you. Make sure you know if you need to ask for medication.

Please do not wait until your pain is severe before you ask for pain medications.

Post-discharge pain control

You may be given prescriptions for pain medications to take at home. These may or may not be the same pain medications you took in the hospital. Talk with your doctor about which pain medications will be prescribed at discharge and which ones have worked for you in the past.

Important contact numbers

Centralized scheduling

Pre-surgical testing appointment

(845) 333-7900, option 2 or toll-free at 1-866-676-2837, option 2

Pre-surgical testing department

Office hours: Monday through Friday, 7:00 a.m. – 4:00 p.m.

Garnet Health Medical Center

Outpatient Building

707 East Main Street

Middletown, NY 10940

(845) 333-7085

Same-day surgery (verification of arrival time, day of surgery)

(845) 333-1065

Pre-surgical testing nurse director

(845) 333-2648

Same-day surgery nurse director

(845) 333-1030

Other services

Patient Experience and Advocacy Departments

(845) 333-1015

Dietary/nutrition director

(845) 333-0405

Pastoral care

(845) 333-1014

Case Management Office

Social services, discharge planning, home-care questions

(845) 333-2178

Preregistration staff will contact you regarding any out-of-pocket expenses and to review your payment options.

For further questions or concerns, please call (845) 333-7900, option 3.



