

Surgery Guide



Garnet Health.

MEDICAL CENTER

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 professionals will work together to ensure you get the highest level of care. Our staff is committed to providing you with an exceptional experience that promotes health and healing.

We know that planning a surgery is stressful for patients and families. This booklet will give an overview of what to expect before, during and after the procedure—plus all the info you need to feel comfortable about the process, including details about:

- Preparing for your surgery
- What to expect on the day of the procedure and during recovery
- Planning for recovery and discharge
- What to expect once you're home

All patients are different, and our team will tailor a recovery program to your unique needs. Please contact your physician, nurse or any other member of your care team with questions.

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

We wish you a speedy recovery.

Surgical quality

Our program has a long history of providing high-quality care. We're proud to be one of 12 hospitals in New York to participate in the Agency for Healthcare Research and Quality Safety Program for Improving Surgical Care and Recovery. It's an evidence-based approach designed to enhance the surgical process and improve recoveries. Through care standardizations like this, and a strong partnership with our patients, we strive to improve patient experience and surgical outcomes.

We're constantly expanding our expertise across nearly all types of surgeries—employing some of the best surgeons who've trained at the country's top institutions.

This dedication to exceptional care is reflected in our accreditations, such as:

- Designated by the American College of Surgeons Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program as an active MBSAQIP Center.
- Fully accredited by DNV.

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, and consult with them regarding any medications you're taking.

Note: Your surgical team and prescribing doctor will prepare a plan for management of blood thinners before surgery, if needed.

Prior to surgery, please stop using tobacco products. Please see page 7 for more info.

Before surgery, you'll meet with your anesthesia providers to review:

- Medical history
- Anesthesia plan and pain relief options
- 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 is an option you have to appoint a healthcare agent—someone you trust to make decisions and communicate your personal preferences about treatments that may be used to keep you alive. If you have an advance directive, please bring a copy to your upcoming visit. It 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

Safety is always a priority, and you play a vital role. We not only welcome but count on your participation in reviewing your options and involving your family members. We will gladly consider all aspects of your lifestyle, family dynamics, and personal, religious, and cultural beliefs.

Always ask questions if you have any doubts or concerns. Understanding your needs will help your care team to optimize your treatment plan. Take time to make sure you understand your conditions, procedures and medications.

We'll review your care plan and discharge with you carefully. Please speak up if you'd like to make any adjustments, and be sure that you and your team agree about the details.

By being an informed and involved patient, you'll help us maintain a safe environment. If you feel that any concern hasn't been addressed, please call our patient experience and advocacy department 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 bring only 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
- Your machine and settings with you, If you have sleep apnea and use a machine at night

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. Please remove all jewelry, 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

This is where you'll wake up from anesthesia following your surgery. Specially trained nurses will monitor your vital signs and keep you comfortable until it's time to be transferred to your hospital room or discharge area.

Post Anesthesia Care Unit visitation

The PACU is a busy open unit, so we request that only a few family members visit this unit, and that visits are brief. Please note that we may require a short wait before family may be brought in to visit.

PACU visiting arrangements may be modified depending on the activity in the unit on that given day, as certain situations can take priority over visitation. If a PACU patient needs special attention, we may ask family to leave or delay their visit.

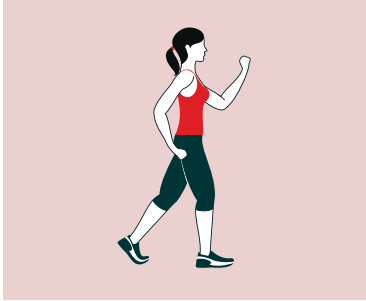
We ask that any visitors stay at your bedside to respect other patients' privacy and comfort. For the same reason, we prohibit the use of cell phones, smartphones, and any video or audio recording devices in the PACU area. We appreciate your understanding.



Preoperative exercises

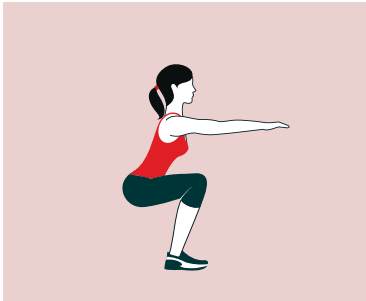
Preoperative exercises

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



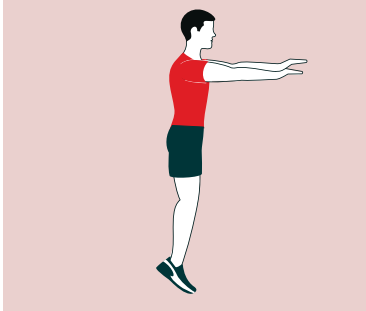
Walking

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



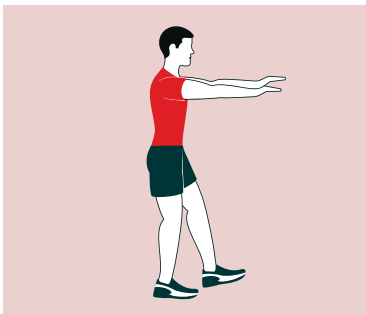
Mini squats

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://women.smokefree.gov/>

American Lung Association

lung.org

Centers for Disease Control and Prevention

cdc.gov/statesystem/index.html

National Cancer Institute Smoking Quit Line

1-877-448-7848

(also available in Spanish)



Incentive spirometer instructions

After surgery, you may be less active, increasing the risk of lung issues like pneumonia. Using an incentive spirometer before and after surgery helps expand your lungs by encouraging deep breathing.

How to use

Sit upright and hold the device straight. Set the target level. Exhale normally, then:

- 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 5–10 times, four times a day before surgery.

After surgery, repeat 5–10 breaths every hour while awake (or as instructed by your care team).

When to contact your healthcare provider

- If you feel dizzy or faint
- If you're unsure how to use the device

When to seek immediate care

- Chest pain
- Shortness of breath

Don't forget to bring your spirometer on surgery day.

Preoperative nutrition

Surgical recovery puts extra strain on your body, so staying well-nourished can help you speed the healing process. We recommend the following daily nutrition guide.

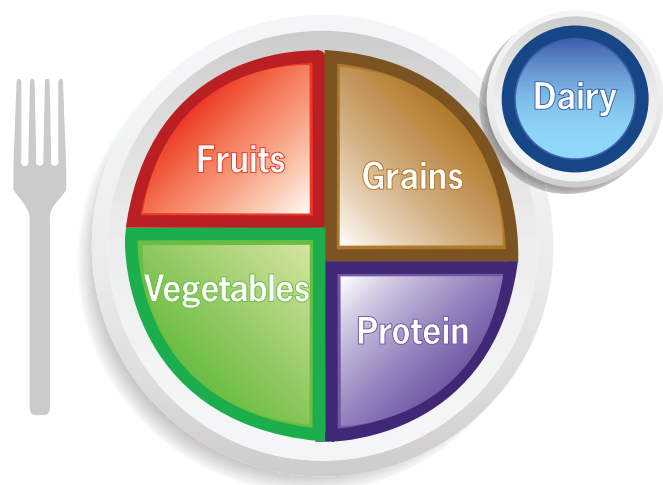
Carbohydrates (like bread, cereal, rice and pasta) | *Supply energy and spare protein.*
6–11 servings per day

Fruits and vegetables | *One of the best ways to reduce risk of heart disease and some cancers.*
3–5 servings of vegetables per day
2–4 servings of fruit per day

Protein | *Keep your body working properly and help build new tissue.*
2–3 servings of meat, poultry, fish, dry beans, eggs or nuts per day

Dairy | *Excellent source of calcium and vitamin D to keep bones healthy.*
2–3 servings per day

Fats, oils, sugars | *Some fat is necessary, but too much is unhealthy, and foods high in added sugar have very little nutritional value.* Use sparingly.



Key recommendations for the general population from the USDA

Consume a variety of nutrient-dense foods and beverages within the main food groups (see above).

Limit saturated and trans fats, cholesterol, added sugars, salt, and alcohol.

Meet recommended intakes within energy needs by adopting a balanced eating pattern, such as:

- U.S. Department of Agriculture (USDA) Food Guide
- 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 2½ 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; red and orange vegetables; beans, peas and lentils; 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 organs, implanted material or tissues under the skin.

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.

Pain management

Pain relief after surgery

Tell your care team what pain relief methods have or haven't worked for you. If you have a chronic pain, you may have a higher tolerance for certain medications. In such cases, regional anesthesia may be a helpful supplement.

Managing your pain after surgery is a top priority at Garnet Health Medical Center. While some discomfort is normal, we'll take every step to minimize it safely. Good pain control supports faster healing, reduces the risk of complications like pneumonia and blood clots, and helps you start moving, breathing deeply and participating in therapy sooner.

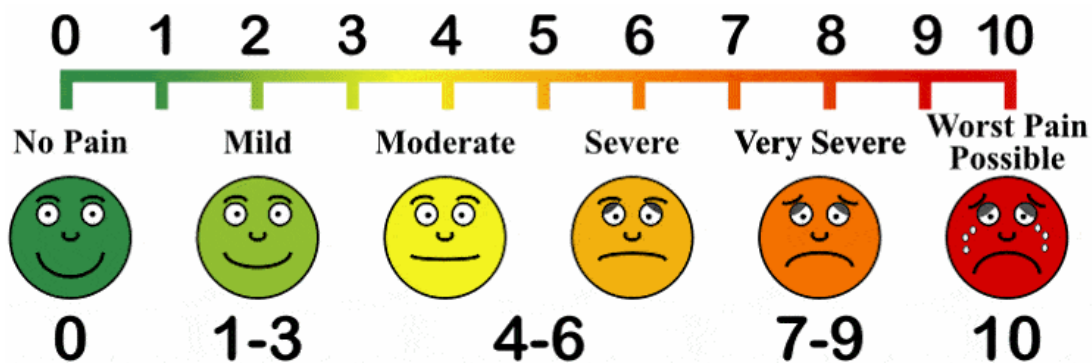
Pain control options

- **Regional anesthesia:** Nerve blocks can help reduce pain after surgery. These may be delivered as a single shot or continuous infusion. Your anesthesiologist will review your options.
- **Intravenous (IV) pain medication:** A Narcotics such as morphine or Dilaudid may be delivered through an IV if oral medications aren't effective.
- **Oral pain medications:** During your stay, you'll be switched to oral pain medications before discharge. These may include narcotics (like oxycodone), NSAIDs (such as CELEBREX®), or other pain relievers like Tylenol, Gabapentin or Ultram. Some medications are scheduled, while others must be requested—ask your nurse which applies.

Please don't wait until pain is severe to ask for relief.

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) 333-2635

Same-day surgery nurse director

(845) 333-2444

Other services

Patient Experience and Advocacy Departments
(845) 333-1178

Pastoral care

(845) 333-1014

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.