

OCHSNER BAPTIST SURGERY GUIDE



WELCOME!

*Welcome to
Ochsner and thank you
for choosing us for
your surgical
healthcare needs.*

Before, during, and after your surgery, you will be cared for by skilled and experienced medical professionals.

Our surgeons, anesthesiologists, nurses, specialists, social workers and other healthcare professionals work with you and your family to ensure a safe, smooth and comfortable experience.

This guide was developed to provide you with important information you and your family should know about your upcoming surgery. Please read this guide carefully as the instructions will help you move smoothly through each phase of your surgery and recovery.

If you have any questions or concerns not covered in this guide, call the Pre-Admit Department at 504-897-5900 or talk to your surgeon or any member of your Ochsner healthcare team.

CONFIRMING YOUR ARRIVAL TIME

It is very important to contact your doctor's office the day prior to your surgery to obtain your arrival time.

Day Surgery is Scheduled	Prior Day to Call
Monday	Friday
Tuesday	Monday
Wednesday	Tuesday
Thursday	Wednesday
Friday	Thursday

Thank you for choosing Ochsner Baptist.

FAMILY AND VISITOR WAITING ROOMS

There are several waiting areas available for family and friends.

1st Floor Magnolia Building	504-899-9311
2nd Floor Magnolia Building	504-897-5923
4th Floor Magnolia Building	504-897-4452

Each patient is allowed two family members or visitors in the waiting rooms while you are in surgery. For the convenience of visitors, we have open visiting hours so family members can visit loved ones whenever they want, for as long as they want. However, please respect the need for a quiet environment.

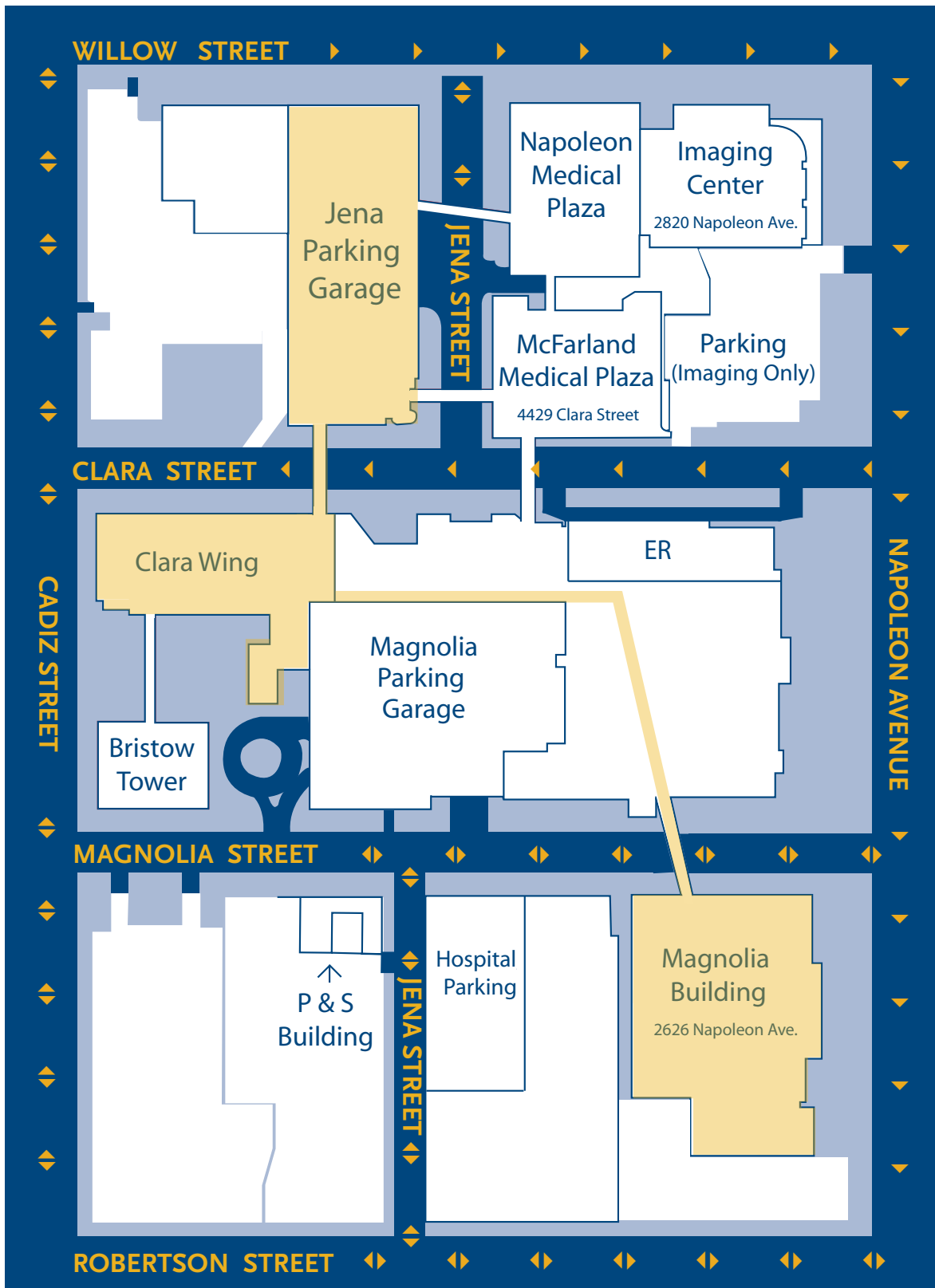
For the protection of all patients, people who are sick should not visit. All children must always be accompanied by an adult. Adults and children with fever, cough, rash, sore throat, nausea, diarrhea or recent exposure to illness should not visit. At any time, visitation may be limited to ensure continuity and quality of care.

Ask the nurse for more detailed information and visiting guidelines.

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CAMPUS MAP AND DIRECTIONS



This map shows the buildings of the Ochsner Baptist campus. Free parking is available in the parking garages and lots shown. For additional assistance on where to go at Ochsner Baptist, call 504-899-9311.

Directions to Inpatient Unit from the Magnolia Building:

- Take elevators in Magnolia Building at 2626 Napoleon Avenue to the 2nd floor.
- Exit the elevator, turn right and use the 2nd floor walk-bridge to the new building.
- Take walk-bridge across Magnolia Street through the tunnel and at end, turn left.
- Walk through a lobby waiting area to the Clara elevators.
- Take the Clara elevators to the 3rd floor, 3 Clara Center.
- Exit elevator and go right to the Nursing Unit.
- Look for signage to the correct room number.

Please note that once you are admitted to the Inpatient Unit, it will be more convenient for family and visitors to park in the Jena Garage, on the corner of Jena and Clara Street. This garage has a walk-bridge on the 2nd floor which leads lobby with the Clara elevators.

FREQUENTLY CALLED NUMBERS

Ochsner Baptist Medical Center.....	504-899-9311
Admit/Authorizations.....	504-897-5947
Clinical Administrator.....	504-897-4498
Emergency Department.....	504-897-5907
Intensive Care Unit (ICU).....	504-897-5923
Medical Surgery Inpatient Units.....	504-897-4540
Outpatient Surgery (4th floor).....	504-897-4452
Pre Admit.....	504-897-5900

FINANCIAL AND INSURANCE INFORMATION

At Ochsner, we realize the financial aspects of hospital services are often complicated and difficult to understand. But you should not worry, because Ochsner personnel will contact your insurance company for detailed information about your surgical coverage.

We want to make sure we meet your insurance company's billing requirements and, when needed, get their authorization for our services. Your insurance company will tell us what your out-of-pocket payment will be according to your policy. Your payment may include co-payments, deductibles, co-insurance, non-covered services or other insurance limitations.

Please contact your insurance provider if you have additional questions about your specific coverage.

You may want to contact your insurance company to:

- Better understand your insurance policy(s) for the expected hospital services
- Make sure the Ochsner facilities and physicians caring for you are approved by your insurance company
- Identify any out-of-pocket payments you will have to make
- Know and be able to pay your out-of-pocket payment before services are provided

Ochsner Admit/Authorization staff will contact your insurance company to:

- Obtain insurance coverage and benefit information
- Ask for authorization requirements and take the steps necessary to obtain authorization
- Take steps necessary to get authorization for healthcare services
- Determine your out-of-pocket payment

Also, Ochsner financial counselors are available to assist you, whether you have insurance or not.

PREPARING FOR SURGERY

When you need surgery, your physician determines whether your procedure is best done on an outpatient or inpatient basis and which Ochsner facility best meets your individualized needs.

If you are allergic to any medications, please inform your doctor or the nurse responsible for your care. Be sure to tell the doctor if you take aspirin, products containing aspirin, herbal medications or blood thinners, such as Coumadin, Ticlid, or Plavix.

You should notify your doctor if you are diabetic and provide information about the medications you take. Also, it is important that you arrange for someone to drive you home following surgery. You will not be allowed to leave the surgical facility alone or drive yourself home following sedation and anesthesia.

If you have not already done so, please bring a list of your medications with you on the day of your surgery.

BEFORE YOUR SURGERY

- Stop taking all herbal medications 14 days prior to surgery.
- If you take aspirin, your doctor or surgeon will instruct you to stop taking it prior to your surgery.
- If you take blood thinners, confirm with your doctor or surgeon when to stop taking them before your surgery.
- Stop smoking _____ days before surgery.
- Stop drinking alcoholic beverages for 24 hours before and after surgery.
- Eat a light supper on the night before your surgery.
- The evening before surgery **DO NOT EAT ANY SOLID FOODS AFTER 9:00 PM.** This includes hard candy, chewing gum, and mints. You may have liquids until midnight.
- After midnight, only drink water until the time you leave to go to the hospital. **DO NOT DRINK ANY WATER ON THE WAY TO THE HOSPITAL.**

We strongly encourage you to stop smoking. This will reduce your risk of respiratory and anesthesia complications after your operation. Speak with your primary care physician about smoking cessation programs.

IMPORTANT: Contact your doctor's office the day prior to your surgery to obtain your arrival time. Follow all instructions given to you by your doctor prior to surgery.

DAY OF YOUR SURGERY

- Take any medications specified by the Anesthesiologist with water the morning of your surgery.
- You may brush your teeth and rinse your mouth with water only.
- Do not use any perfume, powder, body lotions or deodorant on the day of surgery.

- Avoid wearing makeup. No mascara and no false eyelashes.
- Nail polish should be removed. We understand that tips, wraps, and gels are expensive; however, we ask these products be removed from at least one finger on each hand, preferably the index or middle finger. Your fingertips are used to accurately monitor your oxygen level during surgery by a device called an oximeter.
- Wear comfortable clothes, such as a button front shirt and loose-fitting pants which are easily folded. For your safety, low-heeled shoes are recommended.
- Leave all jewelry, including body piercings and valuables at home. Ochsner is not responsible for valuables that are not secured in our service center.
- Wear your hair loose, avoiding buns or ponytails or hairpieces at the back of the head and avoiding the use of clips, or pins and bands that bind hair. Do not use hairspray. A head covering will be provided for you during surgery.
- You may wear glasses, dentures, and hearing aids before and after surgery. They may need to be removed before going into the operating room. Contact lenses worn before surgery must be removed before entering the operating room. Bring a case for your hearing aids, glasses, and/or contacts.
- If you have an implantable device, such as a pacemaker or AICD, bring the device information card (if you have it) with you to your surgery.

Other items to bring with you:

- Insurance card
- Identification card such as driver's license, passport, or other picture ID
- Copy of your advance directives
- List of medications and allergies, if not already provided
- Name and phone number of person to contact if your condition changes significantly

Be sure to arrange for a responsible person to drive you home, if you are going home on the same day as surgery.

If your physical condition changes such as a cold or respiratory illness, or if you have to delay or cancel your surgery for some other reason, you must notify your surgeon right away. **If your need to cancel your surgery and it is after hours or the day of your surgery, call 504-897-4452 as soon as possible.**

AFTER YOUR SURGERY

Once your surgical procedure is complete, your physician will make a report to your family. Some physicians choose to meet with the family in a conference room; this is by physician preference and does not indicate there is a problem.

The anesthesia provider will remain with you until you are transferred back to the 4th floor or to the Post Anesthesia Care Unit (PACU/Recovery). This may take anywhere from 15-90 minutes after the surgeon reports to you.

For patients going home the same day of surgery, verbal and written instructions, including medication and diet will be given to you and your family member prior to discharge from the hospital. To ensure your safety, you will not be allowed to leave the hospital alone or to drive yourself home following sedation or anesthesia. Please make sure you have someone available to bring you home when you are ready for discharge.

All patients are discharged from the hospital in a wheelchair.

For patients expecting to stay in the hospital, you should decide in advance if you will need someone with you for a few days and take the steps needed to arrange for that assistance.

Ochsner understands that visiting family and friends provide valuable support. Please check with your nurse for visitation guidelines. Each nursing area has its own policies regarding numbers and types of visitors, including children. At any time, visitors may be limited to ensure continuity and quality of care.

There are several waiting areas available for family and friends on the 1st, 2nd, and 4th floors. Two family members or visitors may wait in the family waiting rooms while you are in surgery. We have open visiting hours for family and visitors. Please ask your nurse for more detailed information.

- Vending machines are available on the 2nd floor in the Magnolia Building in the ICU waiting room.
- Café de Lis is on the 1st floor Clara Building and is open 7:00 AM to 3:00 PM, Monday-Friday and 11:00 AM to 2:00 PM on Saturday and Sunday.
- PJ's Coffee Shop is located on the 2nd floor McFarland Building and is open 7:00 AM to 4:30 PM Monday-Friday.

ALCOHOL EFFECTS ON SURGERY

If you are scheduled for surgery, it is important to be honest with your healthcare providers about your alcohol use. Your recovery from anesthesia and surgery may not proceed as planned if your healthcare providers are not aware of your history of alcohol use. Be sure to tell your healthcare provider how many drinks you have per day or per week.

Excessive alcohol use is defined as drinking more than three drinks per day and it can affect the outcome of your surgery. Binge drinking (consuming large amounts of alcohol infrequently, such as on weekends) can also affect the outcome of your surgery.

If you drink more than three drinks a day, you could have a complication, called alcohol withdrawal, after surgery. Alcohol withdrawal is a set of symptoms that people have when they suddenly stop drinking, after using alcohol for a long period of time. During withdrawal, a person's central nervous system overreacts and causes symptoms such as mild shakiness, sweating, hallucinating and other more serious side effects.

Untreated alcohol withdrawal can cause potentially life-threatening complications after surgery, including tremors, seizures, hallucinations, delirium tremors, and even death. Untreated alcohol withdrawal often leads to a longer stay in the intensive care unit and a longer hospital stay. Chronic heavy drinking also can interfere with several organ systems and biochemical controls in the body, causing serious, even life-threatening complications.

Healthcare providers can offer alcohol withdrawal treatment to provide these outcomes:

- Decreased incidence of post-operative seizures and delirium tremors
- Decreased use of restraining devices
- Decreased incidence of patient falls
- Reduced use of potent sedative medications
- Decreased length of stay in the hospital
- Less time on the mechanical ventilator
- Lower incidence of organ failure and biochemical complications

ASPIRIN-CONTAINING PRODUCT EFFECTS ON SURGERY

Use the lists below when your doctor tells you to avoid aspirin, aspirin-containing compounds, salicylates and/or salicylamides. Please note this is not a complete list.

You may need to stop taking these products 7-10 days before your surgery. Ask your doctor for instructions

Prescription products containing aspirin, silicyates and/or salicylamides

- Argesic Tablets
- Ascriptin with Codeine Tablets
- Axotal Tablets
- Buff-A-Comp Tablets and Capsules
- Buff-A-Comp No. 3 Tablets (with Codeine)
- Bufferin with Codine No. 3 Tablets
- Darvon with a.S.A. Pulvules
- Darvon Compound Pulvules
- Darvon Compound – 65
- Darvon-N with A.S.A.
- Disalcid Capsules
- Easprin
- Empiric with Codeine Tablets
- Equagesic Tablets
- Florinal Tablets
- Florinal with Codeine
- Lanonnal Tablets
- Magan Tablets
- Magsal Tablets
- Marnal Capsules
- Micrainin Tablets
- Mobidin Tablets
- Norgesic and Norgesic Forte Tablets
- Percodan and Percodan-Demi Tablets
- Robaxisal Tablets
- SK-65 Compound Capsules
- Synelgos-DC Capsules
- Talwin Compound Tablets and Liquid
- Trillsate Tablets and Liquid
- Zorprin Tablets

Non-prescription products containing aspirin, silicyates and/or salicylamides

- Alka- Seltzer Effervescent Tablets
- Alka-Seltzer Plus Cold Medicine Tablets
- Anacin Tablets and Capsules Maximum Strength
- Anodynos Tablets
- Arthralgen Tablets
- Arthritis Pain Formula Tablets
- Arthritis Strength Bufferin Tablets
- Arthropan Liquid
- A.S.A. Tablets
- A.S.A. Enseals
- Ascriptin Tablets
- Ascriptin A/D Tablets
- Ascriptin Extra Strength Tablets
- Asperbuf Tablets
- Aspergum (chewing gum)
- Bayer Aspirin Tablets
- Bayer Children's Aspirin Tablets
- Bayer Children's Cold Tablets
- Bayer Timed-Released Aspirin Tablets
- BC Tablet and Powder
- Buffaprin Tablets
- Bufferin Tablets
- Bufferin Arthritis Strength Tablets
- Bufferin Extra Strength Tablets
- Buffets II Tablets
- Buffinol Tablets
- Buffinol Extra Tablets
- Buf-Tabs
- Cama Arthritis Pain Reliever
- Cope Tablets
- Cosprin Tablets
- CP-2 Tablets
- Dasin Capsules
- Doan's Pills
- Duoprin Capsules
- Duoprin-S Syrup
- Duradyne Tablets
- Ecotrin Tablets
- Emagrin Tablets
- Empirin Tablets
- Excedrin Tablets & Capsules
- 4-Way Gold Tablets
- Maximum Bayer Aspirin
- Measurin Tablets
- Midol Caplets
- Moblgesic Tablets
- Momentum Tablets
- Neocylate Tablets
- Pabalate
- Pepto-Bismol Tablets and Suspension
- Persistin Tablets
- S-A-C Tablets
- St. Joseph Aspirin for Children
- St. Joseph Cold Tablets for Children
- Saleto Tablets
- Salocol Tablets
- Stanback Powder
- Supac
- Synalgos Capsules
- Trigesic
- Uracel
- Vanquish Caplets
- Venn

HERBAL PRODUCT EFFECTS ON SURGERY

Herbal products are available as tablets, liquids, granules, or powders, and are commonly contained in herbal teas. They are not regulated by the FDA. There are few instructions on proper use, dosage requirements, possible side effects, toxicity, and possible drug interactions. This makes it difficult to predict a patient's reaction to the herbal product.

Tell your doctor about any vitamins, supplements, or herbal products that you are taking. If you take these products prior to surgery, there is significant risk of real problems during and after your surgery. You may need to stop taking these products 7-10 days before your surgery. Ask your doctor for instructions.

Herbal products that may alter bleeding

- Borage Seed Oil
- Bogbean
- Capsicum
- Feverfew
- Garlic
- Ginger
- Ginko
- Guarana (Zoom)
- Horse Chestnut
- Pau D'Arco (Taheebo, Trumpet Bush, Lapacho)
- Sweet Clover

Herbal products that interact with coumadin or antiplatelet agents

- | | |
|-----------------|----------------------|
| • Angelica Root | • Ginseng |
| • Anise | • Green Tea |
| • Arnica Flower | • Horse Chestnut |
| • Asafoetida | • Licorice Root |
| • Celery | • Lovage Bark |
| • Chamomile | • Papaya |
| • Cinchona Bark | • Parsley |
| • Coenzyme Q | • Passionflower Herb |
| • Danshen | • Quassia |
| • Devil's Claw | • Red Clover |
| • Don Quai | • Rue |
| • Fenugreek | • St. John's Wort |
| • Garlic | • Tamarind |
| • Ginko | |

Other agents that may alter bleeding times

- Chinese Patent Medications
- Chuifong Toukuwan
- Fish Oil (Omega-3 fatty acids)
- Gamma Linolenic Acid (GLA)
- Miracle Herb
- Tung Sheuh
- Vitamin E

PAIN MANAGEMENT

Pain control after surgery helps you enjoy greater comfort while you heal. With less pain, you can start moving sooner, improve the depth of your breathing, and get your strength back quickly. You may even leave the hospital sooner. Your doctors and nurses will ask you about your pain because they want to know that everything is progressing as expected.

Pain is an uncomfortable feeling that tells you something may be wrong in your body. When there is an injury in your body, such as a surgical incision, receptor nerve cells in and beneath your skin send messages to your brain. Pain medicine blocks these messages or reduces their effect on your brain, making you less aware of pain. When pain doesn't go away, even after you take pain medicine, it may be a signal that there is a problem. Be sure to tell your doctors and nurses when you have pain. It is important that you play an active role in choosing the options available for treating your pain.

Both medical and non-medical treatments can be successful in preventing and controlling pain. Your Ochsner healthcare team will work with you in determining individualized and effective pain control, with the possibility of combining methods for greater relief. There should be no concern about becoming addicted to pain medications when you are using pain medication for pain control under the guidance of your healthcare team.

Because pain tolerance is different for each person, you play a key role in determining the best method of pain control. You are encouraged to discuss pain management with your healthcare team, which may include one or more of the following methods before, during, and after surgery.

Before surgery

Ask your doctor or nurse what to expect. Will there be much pain after surgery? Where will it occur? How long is it likely to last? Being prepared about your surgery helps put you in control. You may want to write down your questions before you meet with your doctor or nurse.

- Discuss pain control options with your doctor or nurse. Be sure to talk with your doctor or nurse about pain control methods that have worked or have not worked for you in the past.

- Discuss any concerns you may have about pain medicine. Tell your doctor or nurse about any allergies to medicines or foods that you may have, including over-the-counter medicines and herbs. Ask about side effects that may occur with treatment.
- Discuss the medicines you take for other health problems and pain medications you are presently taking, to ensure effectiveness of your pain management.

Patient controlled analgesia (PCA) is also available at Ochsner. With PCA, you control when you get doses of intravenous pain medicine. When you begin to feel pain, you press a button to inject the medicine through the intravenous (IV) tube into your vein. You may require more than one dose. The usual waiting period between doses is 6 to 10 minutes. PCA is designed for patient use only. Therefore, a family member or friend should not push the PCA button.

Your doctor and nurse will monitor your pain tolerance and change the medicine, its dose, or its timing if you are still having pain.

After surgery

Take or ask for pain relief medications when pain first begins and take action as soon as the pain begins. You may find that your pain increases when you start walking or doing breathing exercises. If this is the case, take your prescribed pain medication prior to these activities. Prevention is a key step in proper pain control. It is more difficult to ease pain once it has taken hold.

Assist the doctors and nurse in measuring your pain. You may be asked to rate your pain on a scale of 0 to 10 or choose a word from a list that best describes the pain you experience. You may also set a comfort goal, a rating allowing you to continue important activities, such as getting out of bed or walking. Reporting your pain as a number on a scale of 0 to 10 helps your doctor and nurses know how well your treatment is working and how best to make any necessary changes.

PAIN RELIEF MEDICATIONS



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The following information will assist you in discussing pain management options with your doctor and nurse. Sometimes it is best to combine two or more treatments or change treatments slightly to meet your individual needs.

Non-Narcotic Analgesics or Antipyretics (fever reducers). Acetaminophen (for example, Tylenol, Feverall) is given to relieve mild to moderate pain and reduce fever.

Non-Steroidal Anti-Inflammatory Drugs (NSAIDs). Aspirin/ibuprofen (for example, Motrin), and other NSAIDs reduce swelling and soreness and relieve mild to moderate pain.

Opioids. Morphine, codeine, and other opioids are most often used for acute pain, including short-term pain after surgery.

Local Anesthetics. These drugs are given either near the incision or through a small tube in your back to block the nerves that transmit pain signals.

There are several methods that can be used to give pain relief including:

- tablet or liquid medicines given by mouth
- injections into the skin or muscle
- injections into the vein
- injections into the spinal area

At Ochsner, your well-being and comfort is an ongoing concern. Tell the doctor or nurse about pain that does not go away; they need to know how you are feeling. While your peace of mind and comfort is an important concern, your pain may be a signaling that you may be having a problem after surgery.

FALL PREVENTION

All patients admitted to the hospital are at a higher risk for falls. A fall increases your risk for injury. This could lead to an increased length of stay in the hospital or make your recovery period longer.

In the event that it is in the patient's best interest not to be left alone, we will ask for a family member or friend to stay with them. Having a familiar person present can help to prevent falls. If that is not possible, agencies that provide sitters can be hired by the family to provide this kind of support. The cost for sitters is the responsibility of the patient/family and cannot be added to the hospital bill. A list of agencies offering sitter service is available upon request.

We ask that you please notify the nurse prior to leaving the patient's bedside so the nurse can best determine how to prevent falls. Bed exit or chair alarms may be turned on to alert the nurse that the patient is attempting to get up without help. Do not turn off these alarms; they are for the patient's safety. Wait for staff to assist the patient in getting up. Do not bring your family member to the bathroom or leave them in the bathroom.

If you have any questions regarding fall prevention, please ask one of our team members. At Ochsner, we believe that fall prevention is everyone's

GUIDELINES FOR PATIENTS AT RISK FOR FALLS

If your nurse determines that you may be at an increased risk to fall, a plan of care will go into effect designed to help ensure your safety and may include the following items.

- Writing parts of the care plan on the white board in your room.
- Placing a special band on your wrist to identify your needs to all staff members.
- Posting a small alert near your door to encourage staff members to check your room frequently.

- Using your call light to ask for help in getting out of bed. It is important to remain lying or sitting while you are waiting. Someone will assist you as soon as possible.
- Using the call light to obtain help getting up for at least 24 hours after anesthesia and as long as you are taking pain medication (unless you are told differently).
- Sitting on the edge of the bed for a while before standing. Then rise carefully and walk slowly.
- Wearing footwear that is non-slip, has closed heels, and fits securely.
- Not removing or readjusting side rails or other protective devices. They are for your safety and protection.
- Maintaining a clear pathway in your room and keeping your personal items within reach. Ask family member to help with this request.

Identifying those factors that place a person at fall risk is the first step in preventing a fall while you are hospitalized or at home. A nurse will evaluate your specific risk factors upon admission and daily. The patient and their family members can give us valuable information. The more information that we know about you, the better we are able to anticipate times and circumstances when you may be more likely to fall.

ADDITIONAL INFORMATION

We hope the information in this guide has prepared you for your upcoming surgery. We want to be certain that you understand all of your at-home instructions, have follow-up care scheduled, and that you don't have any concerns about your care.

If you have questions, call 504-897-5900 and ask for the Pre-Admit Department or contact your doctor's office and speak to anyone on your healthcare team.

Thank you for entrusting your care to Ochsner. We look forward to providing you with the quality care and service you expect and deserve.

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