

SURGERY GUIDE



OCHSNER SURGERY

Your physician is the main source of information and advice for your medical care before and after your surgical procedure. The information and guidelines contained in this booklet should not be used as a substitute for the medical care and guidance provided by your physician and healthcare team.

Since many departments within Ochsner will be calling you prior to your procedure, it is important for us to have all phone numbers where you may be contacted correctly entered into our computer systems. Please validate this information with your physician's office when you check in for your appointment.

A Checklist for Pediatrics

Your child has been scheduled for surgery on: Day: _____ Date: _____

Arrival Time: _____

(If you have not received your arrival time, please call 504-842-2580 or 866-727-1910 after noon on the day prior to your surgery. Please call on Friday if your surgery is on Monday.)

You should report to:

- The Merrill Hines Surgery Center**, located on the River Road side of the first floor of the Ochsner Medical Center. The phone number is 504-842-9300.
- The Second Floor Surgery Center**, located on the Jefferson Highway side of the second floor of the Ochsner Medical Center. The phone number is 504-842-3033.

You will be called by the Pre-Op Center the day prior to your surgery (on Friday if your surgery is on Monday) with the time you will need to arrive the day of your surgery. If you have not been contacted 24 hours before your surgery date, please call the Surgery Department at 504-842-2580 or 866-727-1910.

Please notify your surgeon's office if your child has developed a cold, cough or fever or if he or she has been exposed to a contagious disease such as chicken pox, measles, or mumps. If your child has any of these symptoms, elective surgery may be less safe and rescheduling is a possibility. If your child takes daily medications, ask the Pre-Op Center nurse to give you instructions on how to administer them on the day of surgery.

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It is very important your child's hair and body are clean for surgery. Make sure to give your child a bath or shower with any soap labeled "antibacterial" on the night before surgery. **For certain surgeries, your surgeon will instruct you to use a special soap.** DO NOT let your child brush their teeth the morning of surgery.

Guidelines for eating and drinking before surgery vary with age. It is important that you follow these directions carefully to prepare your child. If your child eats after the indicated time, **the surgery may be canceled.**

- NOTHING TO EAT OR DRINK AFTER MIDNIGHT**

Newborns Through 12 Months

- Do not give your child any solid food for 8 HOURS before the time of surgery. This includes cereal mixed with formula.
- The last bottle of formula should be finished 6 HOURS before the time of surgery.
- Plan the last breast-feeding so that it is finished 4 HOURS before the time of surgery.
- Your child may have clear liquids up to 2 HOURS before the surgery. This includes infant electrolyte solution, such as Pedialyte, apple juice and water.

DO NOT GIVE ANY RED DRINKS, JUICES OR JUICES WITH PULP.

DO NOT GIVE YOUR CHILD ANYTHING TO DRINK FOR 2 HOURS BEFORE SURGERY.

12 Months Through 12 Years

- Do not give your child any solid food for 8 HOURS before the time of surgery. Also, do not give chewing gum, candy, milk, orange juice or carbonated drinks including soft drinks, soda or tonic.
- Your child may have clear liquids up to 2 HOURS before surgery. Clear liquids include apple juice, water, infant electrolyte solution (such as Pedialyte), Jello, Koolaid or Gatorade.

DO NOT GIVE ANY RED DRINKS, JUICES OR JELLO, OR JUICES WITH PULP.

DO NOT GIVE YOUR CHILD ANYTHING TO DRINK FOR 2 HOURS BEFORE SURGERY.

12 Years And Older

- Do not give your child any solid food AFTER MIDNIGHT on the night before the surgery. For example, if your child's surgery is scheduled for Monday, April 10, he or she must not eat solid food after 12 midnight on the night of Sunday, April 9.
- Do not give your child chewing gum, candy, milk, orange juice or carbonated drinks including soft drinks, soda or tonic.
- Your child may have clear liquids up to 2 HOURS before surgery. Clear liquids include apple juice, water, Jello, Koolaid or Gatorade.

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DO NOT GIVE ANY RED DRINKS, JUICES OR JELLO, OR JUICES WITH PULP.

DO NOT GIVE YOUR CHILD ANYTHING TO DRINK FOR 2 HOURS BEFORE SURGERY.

What To Bring With You

- Robe/slippers
- Favorite toy or blanket
- Extra clothing
- Underwear/diapers
- Special nipples, cups, bottles and/or pacifiers
- Insurance information

PEDIATRIC ICU VISITING HOURS

The PICU is located on the 4th floor of the hospital. The PICU nurse caring for your child will discuss visiting with you at the time of your first visit.

CAFETERIAS

Southport Café

First Floor Hospital Tower

Open all week serving breakfast and lunch.

Please check with the information desk for exact serving hours.

Café Zucchini

First Floor Atrium Tower

Open Monday through Friday serving breakfast and lunch.

Please check with the information desk for exact serving hours.

Free coffee and tea are available near the waiting areas for the Merrill Hines Surgery Center and the Second Floor Surgery Center.

In consideration of patients waiting for surgery and their families in the room, eating is not allowed in the waiting areas. However, soft drinks, water and coffee are permitted.

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GIFT SHOP

The gift shop is located on the first floor of the Atrium Tower and is open from 8 a.m. to 6 p.m. Monday through Friday and 10 a.m. to 3 p.m. on Saturday. The gift shop is closed on Sunday. The phone number is 504-842-4438.

OUTPATIENT PHARMACY

The Ochsner Outpatient Pharmacy is located in the first floor of the Atrium Tower and is open from 9 a.m. to 5:30 p.m., Monday through Friday. The phone number is 504-842-3205.

Prescriptions that are given at discharge may be filled at the Ochsner Outpatient Pharmacy or at the pharmacy of your choice. If you plan to use the Ochsner Outpatient Pharmacy, we encourage you to be aware of the closing time and to have a family member or friend take your prescription to the pharmacy well in advance of your departure for home.

BLOOD BANK

First Floor Atrium Tower

504-842-3375

8:30 a.m. – 5:30 p.m. – Monday through Thursday

8:30 a.m. – 3:30 p.m. – Fridays

10 a.m. – 2 p.m. – Saturdays

The full-service blood bank provides over 38,000 blood products for transfusion each year. If you need blood during your hospital stay, please consider asking your family and friends to replace the blood transfused. Blood replacement removes some of the cost of blood, but more importantly, it provides our patients with a safe and adequate blood supply and assures each of us that the blood will be readily available should the need arise. The blood bank staff will be happy to discuss replacement with you and make any necessary arrangement. Please do not hesitate to call or stop by the blood bank for additional information.

HOTEL INFORMATION

Brent House Hotel

The Brent House Hotel, located in Ochsner Medical Center, is a full-service hotel offering accommodations for patients' families. Amenities such as parking, room service, a restaurant, beauty shop, barber shop and gift shop are all part of making patients' families feel more comfortable while their loved one is in the hospital. To make a reservation, please call 800-535-3986 or 504-842-4140.

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FREQUENTLY DIALED NUMBERS

Ochsner Medical Center on Jefferson Highway

504-842-4000 or
1-866-OCHSNER

Admit/Authorization

504-842-3297

Pre-Operative Center

504-842-4526

Second Floor Surgery Center

504-842-3033

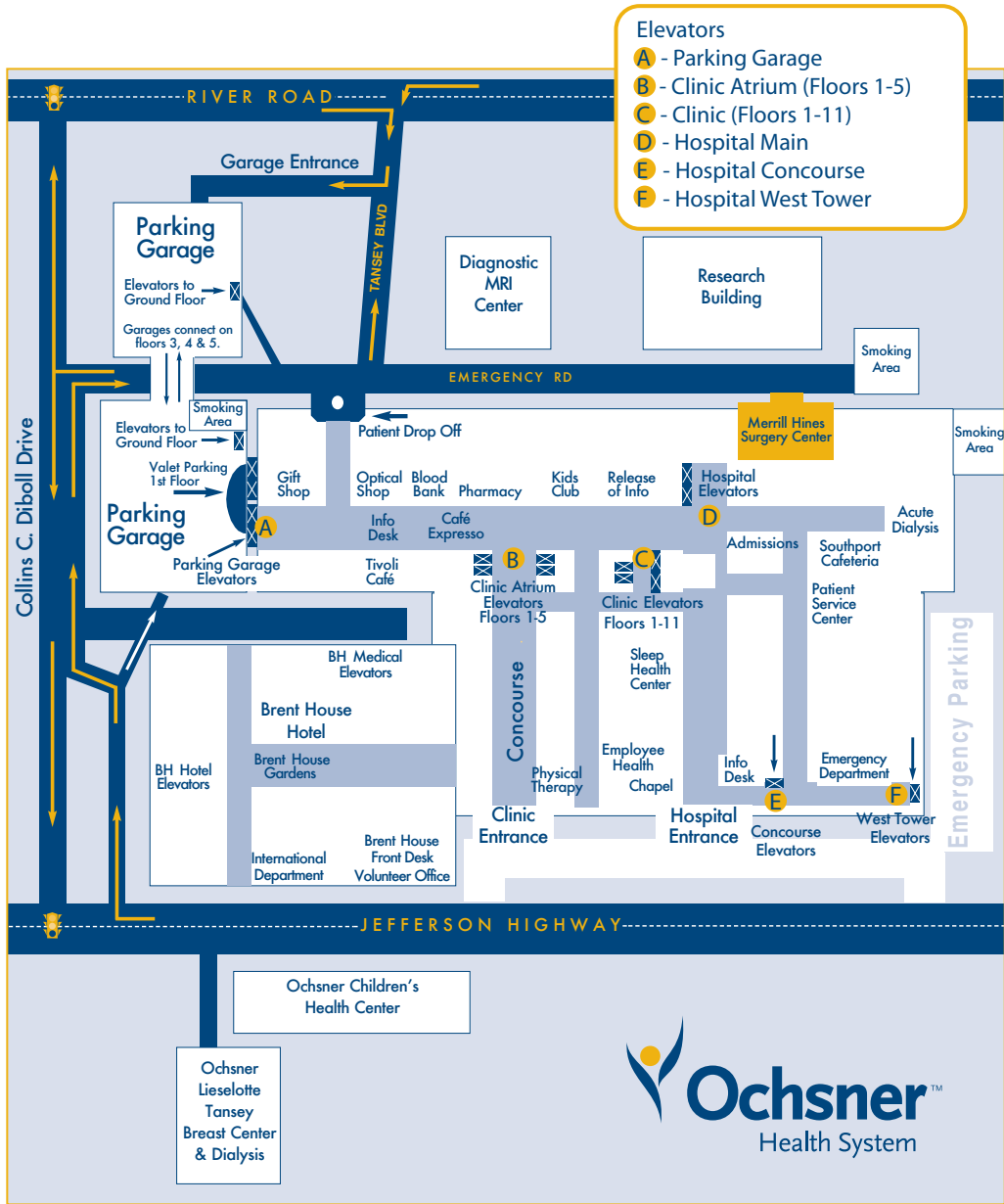
Merrill Hines Surgery Center, First Floor

504-842-9300

Information Desk

504-842-3380

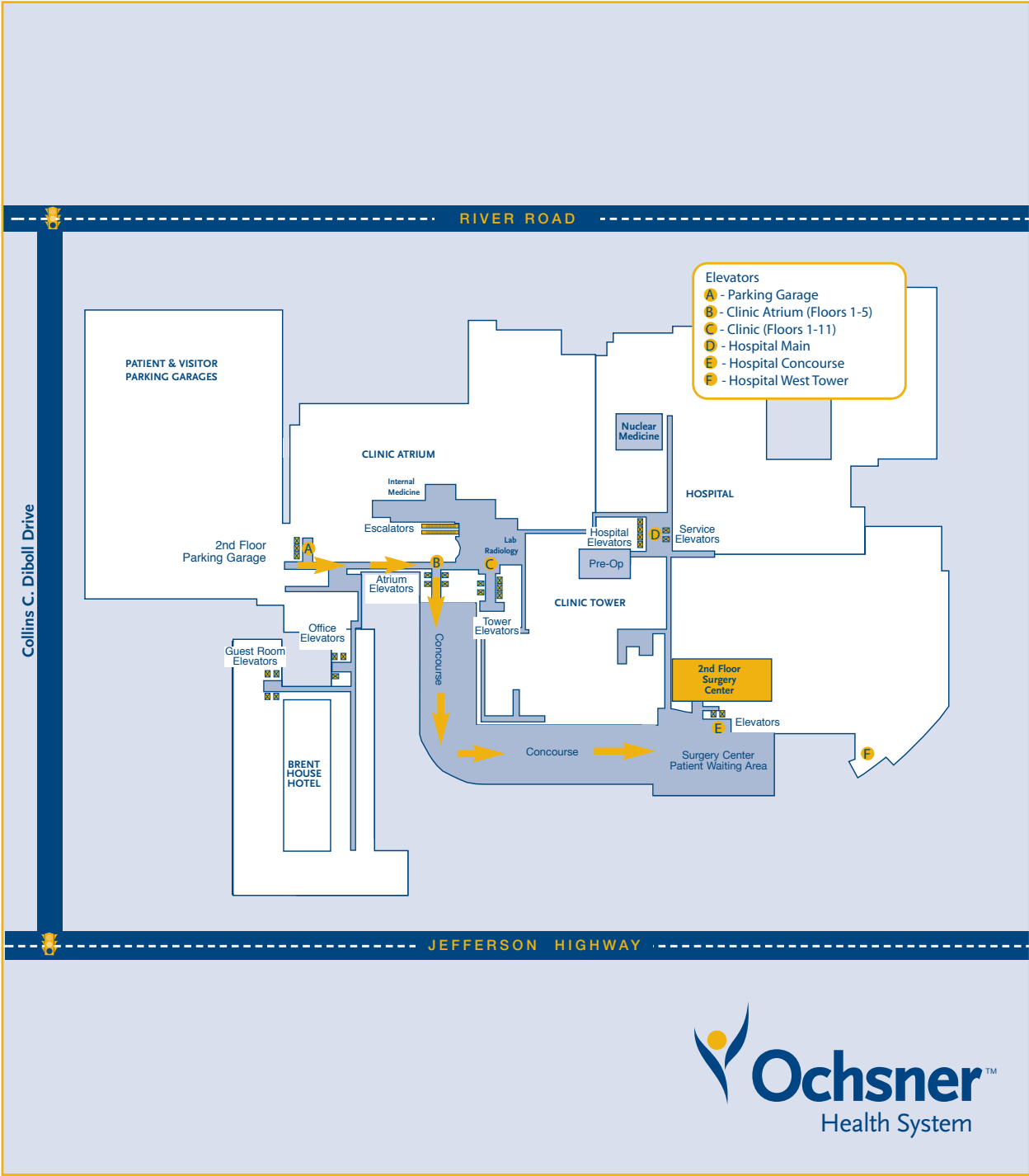
JEFFERSON HIGHWAY MAIN CAMPUS – FIRST FLOOR



Ochsner Medical Center Main Campus • 866-OCHSNER
 1514 Jefferson Highway • New Orleans, LA

Merrill Hines Surgery Center • 504-842-9300
 1514 Jefferson Highway • New Orleans, LA

JEFFERSON HIGHWAY MAIN CAMPUS SECOND FLOOR SURGERY



Dear Patient,

Welcome to Ochsner Health System. Thank you for choosing us for your surgical healthcare needs.

Before, during, and after your surgery, you will be cared for by some of the most 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 surgery and recovery.

This guide was developed to provide you with peace of mind 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 addressed here, please refer to the information in the pocket of this guide for the number to your facility's Pre-Op Center. You may also contact your surgeon's office.

Rest assured, you have a wealth of resources, a tradition of caring and *healthcare with peace of mind* at Ochsner.

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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, coinsurance, non-covered services or other insurance limitations. Please call the 1-800 number on the reverse side of your insurance card if you have additional questions about your coverage.

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

If your surgery is at Ochsner Medical Center in Jefferson, you can pay your out-of-pocket fee prior to surgery to the cashier on the first floor of the Clinic Tower.

If your surgery is scheduled at another Ochsner Health System facility, you can pay your out-of-pocket fee at that location.

You may want to contact your insurance company to:

- Better understand your insurance policy(s) for the expected hospital services.
- Make sure the Ochsner Health System 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 Health System Admit/Authorization staff will get in touch with 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.

You may receive a telephone call from an Ochsner representative prior to your admission to let you know the amount of your out-of-pocket payment.

If you have any questions, please call the Admit/Authorization Department at the number listed on the information sheet located in the pocket of this guide.

Thank you.

When you need surgery, your physician determines whether your procedure can be done on an outpatient or inpatient basis, and which Ochsner Health System facility best meets your individualized needs. Whether you are an inpatient or outpatient, treated on the Main Campus or another Ochsner facility, you can be assured of the same world class healthcare in the Ochsner tradition of individualized care.

This guide is designed to answer the many questions you and your family have as you prepare for surgery. If you have any questions not answered in this guide, please feel free to ask your surgeon or any member of the Ochsner healthcare team.

Before Your Surgery

Your physician and a member of the perioperative medical team will discuss your procedure and any pre-testing that must be completed prior to your surgery. Pre-testing may include such procedures as blood work, urinalysis, x-rays or electrocardiogram (EKG). Depending on your age, health status, and other recent tests, a medical consultation with your primary care physician, an internist or other specialist may be necessary to ensure that all aspects of your health have been evaluated.

If you have a primary care physician not associated with Ochsner, you may be asked to provide a note from your physician detailing your medical conditions and test results including a statement that your health conditions are optimized for your surgery. If this is necessary, please provide any lab tests, x-rays, heart study results or other tests related to your care.

For some patients, depending on the type of surgery, your medical condition and previous anesthetic history, an anesthesia consultation at the Pre-Operative Center may be scheduled for you to meet with an anesthesiologist. At this time, an anesthesia questionnaire and instructions for anesthesia and surgery will be reviewed, with an opportunity for you to ask questions about the anesthetic procedure and risks. You will be asked to sign an anesthesia consent form with the anesthesia physician.

When it is not necessary for you to see an anesthesiologist, a Pre-Operative Center Registered Nurse will contact you by phone or meet with you in person one to three days prior to your surgery to review your medical history and discuss pre-surgery instructions.

The Pre-Operative Center prepares you for your hospital experience and helps you understand what to expect during your stay. You will have time to ask questions and discuss your concerns. You are the most important part of the healthcare team.

If you have not been contacted by the Pre-Operative Center one to three days prior to your surgery, please call the Pre-Operative Center at the number listed on the information sheet located in the pocket of this guide.

It is important for Ochsner Health System to have your correct phone numbers. Please validate this information with your surgeon's office when the surgery is scheduled.

ADULT AND PEDIATRIC ANESTHESIA

Anesthesia for Adults

6 Anesthesia provides relief and protection from pain and anxiety during your surgical procedure and is administered according to individualized need. If you have general anesthesia, you will also be rendered unaware (asleep). For most instances of regional anesthesia (e.g. spinal or epidural) or nerve blocks and local anesthesia, you will receive sedation that allows you to relax and drift off to sleep. At Ochsner, an anesthesia provider is at your side to monitor vital functions, such as heart rate and blood pressure, throughout your procedure.

If you are not scheduled for a Pre-Operative Center appointment and would like to speak with an anesthesiologist before the day of surgery, please call the Pre-Operative Center at the number listed on the information sheet located in the pocket of this guide.

Anesthesia for Children

Most children will receive general anesthesia. This means they will sleep during their procedure. Your child may breathe in anesthetic doses of sleep medicine through a cherry, strawberry, orange or bubble gum flavored mask. A few minutes prior to the beginning of anesthesia, your child may be given a flavored syrup to drink that contains a sedative. This medicine helps the child relax and even forget going into the operating room. It helps decrease the anxiety of separation from parents. You may stay with your child while he or she is prepared and until he or she goes into the operating room.

During Surgery

During the surgery, your child may receive an IV for intravenous fluids directly into his or her veins. The IV will most often be placed and started in the operating room after your child is asleep. These fluids not only provide hydration, but also allow intravenous medication for pain or nausea to be given more easily if your child needs them.

During your child's surgery, you may wait in the surgery waiting room. Your child's surgeon will meet you there to discuss the surgery once it is completed. Once your child begins to wake up, two family members are allowed to stay with your child in the post-operative area.

Leaving the Hospital

Upon discharge, a registered nurse will give you detailed, written instructions outlining symptoms to report to the doctor, activities allowed, care of the incision, diet and pain management. You will also receive a number to call in an emergency and a date for a follow up visit with your child's doctor.

for pediatric patients

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ALCOHOL AND SURGERY

Alcohol and 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, defined as drinking more than three drinks per day, 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.

Alcohol Effects on 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.

Alcohol Withdrawal Treatment Before Surgery

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

Please contact your primary care physician if you would like to discuss this prior to surgery.

Risk for Alcohol Withdrawal After Surgery

During your pre-surgical visit, you will be asked to answer a series of questions to assess your risk of alcohol withdrawal and other alcohol problems after surgery. Please respond to the questions as honestly as possible. Remember, any information provided is held in strict confidence. We are here to help you prepare and recover from your surgery as quickly and safely as possible.

 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

Italics denotes an increase in INR

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

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 OTHER AGENTS THAT MAY ALTER BLEEDING TIMES

- | | |
|------------------------------|---------------------|
| • Chinese Patent Medications | • Miracle Herb |
| • Tung Sheuh | • Chuifong Toukuwan |

Paracetamol, indomethacin, hydrochlorothiazide and prednisolone; non-steroidal, anti-inflammatory drugs and benzodiazepines have been found in many Chinese patent medicines sold outside Asia.

- Vitamin E

* There are conflicting reports on dosages which may lead to bleeding in Vitamin K deficient patients on Warfarin. Dosages as low as 400IU/day to 1200IU/day have been reported to cause bleeding.

- | | |
|----------------------------------|------------------------------|
| • Fish Oil (Omega-3 fatty acids) | • Gamma Linolenic Acid (GLA) |
|----------------------------------|------------------------------|

Caution: Information provided is largely based on case reports. This list is intended as a guide to potential problems and may not be all inclusive. Patients should be asked about their medication history and should be asked specifically about herbal products. Any adverse event should be reported to MedWatch.

References: Natural Products that could act as blood modifiers. *Pharmacist's Letter*, Winter 2000
 Fung BermanA. Herb-drug interactions. *Lancet* 2000;355:134-38.
 Herbal Medicine, *Pharmacist's Letter*, Document #130901.
 HeckA, DewittB, LukesA, Potential interactions between alternative therapies and warfarin. ASHP 2000;57:1221-27.
 Drug Interactions with St. John's Wort, *the Medical Letter*, 2000;42:56

ASPIRIN-CONTAINING PRODUCTS (NON-PRESCRIPTION)

A handy guide to use when your doctor tells you to avoid aspirin, aspirin-containing compounds, salicylates and/or salicylamides.

Important Note: Not a complete list. Other products may contain aspirin, salicylates and/or salicylamides. Occasionally products may be reformulated to add or remove aspirin, salicylates and/or salicylamides. Always ask your doctor or pharmacist before taking any medication.

NON-PRESCRIPTION PRODUCTS CONTAINING ASPIRIN, SILICYATES AND/OR SALICYLAMIDES

Product	Manufacturer	Product	Manufacturer
Alka- Seltzer Effervescent Tablets	Miles Laboratories	Dasin Capsules	Beechum Labs
Alka-Seltzer Plus Cold Medicine Tablets	Miles Laboratories	Doan's Pills	Jeffery Martin
Anacin Tablets and Capsules, Max. Strength	Whitehall	Duoprin Capsules	Dunhall
Anodynos Tablets	Buffington	Duoprin-S Syrup	Dunhall
Arthralgen Tablets	Robins	Duradyne Tablets	O'Neal, Jones & Feldman
Arthritis Pain Formula Tablets	Whitehall	Ecotrin Tablets	Smith Kline
Arthritis Strength Bufferin Tablets	Bristol-Meyers	Emagrin Tablets	Otis Clapp
Arthropan Liquid	Purdue-Frederick	Empirin Tablets	Burroughs Wellcome
A.S.A. Tablets	Lilly	Excedrin Tablets & Capsules	Bristol-Meyers
A.S.A. Enseals	Lilly	4-Way Cold Tablets	Bristol-Meyers
Ascriptin Tablets	Rorer	Maximum Bayer Aspirin	Glenbrook
Ascriptin A/D Tablets	Rorer	Measurin Tablets	Breon
Ascriptin Extra Strength Tablets	Rorer	Midol Caplets	Glenbrook
Asperbuf Tablets	Bowman	Mobigesic Tablets	B.F. Asher
Aspergum (chewing gum)	Plough	Momentum Tablets	Whitehall
Bayer Aspirin Tablets	Glenbrook	Neocylate Tablets	Central Pharmaca
Bayer Childrens' Aspirin Tablets	Glenbrook	Pabalate	Robins
Bayer Childrens' Cold Tablets	Glenbrook	Pepto-Bismol Tablets and Suspension	Norwich
Bayer Timed-Released Aspirin Tablets	Glenbrook	Persistin Tablets	Fisons
BC Tablet and Powder	Block	S-A-C Tablets	Lannett
Buffaprin Tablets	Buffington	St. Joseph Aspirin for Children	Plough
Bufferin Tablets	Bristol-Meyers	St. Joseph Cold Tablets for Children	Plough
Bufferin Arthritis Strength Tablets	Bristol-Meyers	Saletto Tablets	Mallard
Bufferin Extra Strength Tablets	Bristol-Meyers	Salocol Tablets	Mallard
Buffets II Tablets	Bowman	Stanback Powder	Stanback
Buffinol Tablets	Otis Clapp	Supac	Mission
Buffinol Extra Tablets	Otis Clapp	Synalgos Capsules	Ives
Buf-Tabs	Halsey	Trigesic	Squibb
Cama Arthritis Pain Reliever	Dorsey	Uracel	Vortech
Cope Tablets	Glenbrook	Vanquish Caplets	Glenbrook
Cosprin Tablets	Glenbrook	Verin	Verex
CP-2 Tablets	Century		

ASPIRIN-CONTAINING PRODUCTS (PRESCRIPTION)

A handy guide to use when your doctor tells you to avoid aspirin, aspirin-containing compounds, salicylates and/or salicylamides.

Important Note: Not a complete list. Other products may contain aspirin, salicylates and/or salicylamides. Occasionally products may be reformulated to add or remove aspirin, salicylates and/or salicylamides. Always ask your doctor or pharmacist before taking any medication.

PRESCRIPTION PRODUCTS CONTAINING ASPIRIN, SILICYATES AND/OR SALICYLAMIDES

Product	Manufacturer	Product	Manufacturer
Argesic Tablets	Econo Med	Florinal with Codeine	Dorsey Pharmaceuticals
Ascriptin with Codeine Tablets	Rorer	Lanorinal Tablets	Lannett
Axotal Tablets	Adria	Magan Tablets	Adria
Buff-A-Comp Tablets and Capsules	Mayrand	Magsal Tablets	U.S. Chemical Mkt.
Buff-A-Comp No. 3 Tablets (with Codeine)	Mayrand	Marnal Capsules	Vortech
Bufferin with Codine No. 3 Tablets	Bristol	Micrainin Tablets	Wallace
Darvon with a.S.A. Pulvules	Lilly	Mobidin Tablets	Ascher
Darvon Compound Pulvules	Lilly	Norgesic & Norgesic Forte Tablets	Riker
Darvon Compound - 65	Lilly	Percodan & Percodan-Demi Tablets	DuPont
Darvon-N with A.S.A.	Lilly	Robaxisal Tablets	Robins
Disalcid Capsules	Riker	SK-65 Compound Capsules	Smith, Kline & French
Easprin	Parke Davis	Synalgos-DC Capsules	Ives
Empirin with Codeine Tablets	Burroughs Wellcome	Talwin Compound Tablets and Liquid	Purdue Frederick
Equagesic Tablets	Wyeth	Trilisate Tablets and Liquid	Purdue Frederick
Florinal Tablets	Dorsey Pharmaceuticals	Zorprin Tablets	Boots

Smoking

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

Medications

If you have not already done so, please bring a list of all prescribed and over-the-counter medications you take, including dosage and strength, on the day of your Pre-Operative visit. If you do not have an appointment with the Pre-Operative center, please make sure to bring a list with you the day of your procedure. Check with your surgeon or anesthesiologist about which medications to take on your day of surgery. If you are advised to take your medication swallow only the smallest amount of water and be sure to inform the anesthesiologist or nurse on the day of surgery.

Patients with Diabetes

On the morning of surgery, follow the instructions given to you by your surgeon. **If your arrival time is after 9 a.m., or you are not feeling well, immediately notify the check-in staff that you are an insulin dependent diabetic. If you take insulin and need to take bowel prep the day before surgery, check with your medical doctor about the insulin dose, as your insulin dosage may need to be reduced during this time.**

Patients with Asthma

You should bring your inhalers with you to the hospital. If needed, you may use your inhaler as directed by your physician.

Nail polish, etc.

All nail polish should be removed before your arrival for surgery. We understand that tips, wraps, gels, etc., 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.

Clothing

You will be most comfortable with a button front shirt and loose fitting clothes which are easily folded. For your safety, low-heeled shoes are recommended.

Valuables

Jewelry, including body piercings, money, and credit cards should be left at home. Ochsner is not responsible for valuables that are not secured in our service center.

Hearing Aids

If you rely on a hearing aid, you should wear it to the hospital on the day of surgery so that you can hear and understand everything we need to communicate with you.

Dentures

You may be asked to remove all non-permanent dental work before your surgery. We will provide you with a denture cup.

Glasses/Contact Lenses

Wear glasses when possible. If contact lenses must be worn, bring your lens case and solution. If glasses are worn, bring a case for them.

Hair

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.

Wigs and Hairpieces

Before going to surgery, you will be asked to remove any wigs or hairpieces and you will be given a head cover. We will do everything we can to respect your privacy with regards to your personal appearance.

Makeup and Perfume

Makeup and perfume should not be worn the day of surgery.

Creams, Lotions, Deodorants

Creams, lotions and deodorants should not be worn on the day of surgery.

In Case of Illness

If you develop a cold, persistent cough, sore throat, fever or any other illness within two days of surgery, or have ongoing symptoms from any new episode of these ailments since your preoperative visit, call your surgeon's office.

After Surgery

Once your surgical procedure is complete, your physician will 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 Surgery Center 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.

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For patients expecting to stay in the hospital

Ochsner Health System knows that visiting family and friends provide valuable support for our patients. Each nursing area and hospital has its own policies regarding numbers and types of visitors, including children. Please check with the patient's nurse for visiting guidelines. At any time, visitors may be limited to ensure continuity and quality of care.

Ideally, getting ready for your discharge from the hospital should begin before you even arrive. You should decide if you will need someone with you for a few days and take the steps needed to arrange for that assistance. On the day of your discharge, it is our goal to have you ready to go home prior to 11 a.m. Please make sure you have someone available to bring you home at this time.

Private room availability

We will make every accommodation to place you in a private room if you request. However, there are a limited number of private rooms available, and they are on a first-come, first-serve basis. If one is not available at the time of your request, we will continue to try and place you in a private room throughout the duration of your stay.

Pain Management

Peace of mind and comfort are a priority at Ochsner. Pain control after surgery helps you enjoy greater comfort while you heal. With less pain, you can start walking 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. In this section of the surgery guide, we will explain the goals of pain control and the types of treatment you may receive.

Pain Control

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.

Pain Control Options

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.

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Pain Control Methods

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 Surgery**
Medical treatment - Pain medicine as directed.
Non-medical treatment - Understand what surgical procedure your doctor is performing, why it is necessary, and how it will be done. Learn deep breathing and relaxation exercises.
- **During Surgery**
Anesthetic treatments include general anesthesia; spinal anesthesia, or nerve blocks; or pain medicine delivered either by a small tube in your back -an epidural catheter - or by an IV line in your arm.
- **After Surgery**
Pain control measures may include oral medications (pain pills), intramuscular injections, suppositories, or medication delivered through a small plastic tube in your vein (an IV) or through an epidural catheter in your back.

Non-medical treatment: Massage, hot or cold packs, relaxation, music, or other distracting pastimes, positive thinking or nerve stimulation (TENS).

The following steps may help you keep pain under control.

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 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.
- Review the hospital pain medication schedule with your doctor or nurse. In some circumstances, you may receive pain medication only when you request it. If there is a delay, the pain may worsen. If you are on a pain request schedule, be sure to ask for medicine before your pain becomes severe. Depending on your specific needs and condition, you may receive medication at set, pre-determined intervals.
- 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.

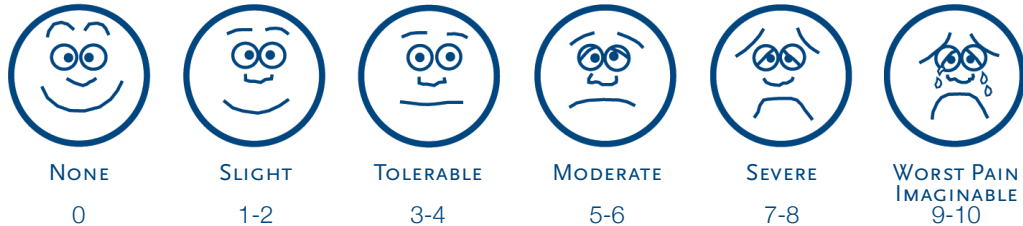
Your doctor and nurse will monitor your pain tolerance and change the medicine, its dose, or its timing if you are still having pain.

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.

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

0-10 Numeric Pain Intensity Scale



Pain Treatment Benefits and Risks

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.

Pain Relief Medications

Non-Narcotic Analgesics or Antipyretics (fever reducer)

Acetaminophen (for example, Tylenol, Feverall) is given to relieve mild to moderate pain and reduce fever.

- Benefits – There is no risk of addiction to these medicines. Additionally, acetaminophen can be taken up to and including the morning of surgery. Also, it can be taken in addition to Non-Steroidal Anti-Inflammatory Drugs.
- Risks – Acetaminophen can cause liver or kidney problems. Therefore, the maximum safe dose of acetaminophen should not be exceeded. The maximum safe dose is 4000 mg per day for adults. For the pediatric patient, the maximum safe dose is as follows:
 - 6-12 yrs maximum safe dose 2600 mg per day
 - 3-6 yrs maximum safe dose 720 mg per day
 - 1-3 yrs maximum safe dose 480 mg per day
 - 3-11 months maximum safe dose 320 mg per day

Care should be taken when over the counter and/or prescription medications are being taken with acetaminophen, as many of these may also contain acetaminophen. All sources of acetaminophen should be added up to make sure the maximum safe dose is not exceeded. Taking more than the recommended dose (overdose) may cause liver damage. In case of overdose, get medical help or contact a Poison Control Center right away (1-800-222-1222).

Alcohol warning: If you consume 3 or more alcoholic drinks every day, ask your doctor whether you should take acetaminophen or other pain relievers/fever reducers. Acetaminophen may cause liver damage.

Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)

Aspirin/ibuprofen (for example, Motrin), and other NSAIDs reduce swelling and soreness and relieve mild to moderate pain.

- Benefits - There is no risk of addiction to these medicines. Depending on how much pain you have, NSAIDs can lessen or eliminate the need for stronger medicines such as morphine or another opioid.
- Risks - Most NSAIDs interfere with blood clotting. They may cause nausea, stomach bleeding or kidney problems. Make sure your doctor knows if you have a history of ulcer disease or kidney disease, because NSAIDs should not be used in your care. For severe pain, an opioid is usually added to your medical treatment.

Opioids

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

- Benefits - These medicines are effective for severe pain and do not cause bleeding in the stomach or elsewhere. Addiction is rare when opioids are used for post-operative pain.
- Risks - Opioids may cause drowsiness, nausea, constipation, itching, or interfere with breathing or urination.

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.

- Benefits - Local anesthetics are effective for severe pain. Injections at the incision site block pain from that site. There is little or no risk of drowsiness, constipation, or breathing problems. Local anesthetics reduce the need for opioid use.
- Risks - Repeated injections are needed to maintain pain relief. An overdose of local anesthetic can have serious consequences. Average doses may cause some patients to have weakness in their legs or dizziness.

Methods Used To Give Pain Relief Medicines

Tablet or Liquid

Medicines given by mouth such as aspirin, ibuprofen, or opioid medications including codeine.

- Benefits - Tablets and liquids cause less discomfort than injections into muscle or skin, but they can work just as well. They are inexpensive, simple to give, and easy to use at home.
- Risks - These medicines cannot be used if you are nauseated or vomiting or cannot take anything by mouth; sometimes these medicines can be given rectally in a suppository form. There may be a delay in pain relief.

Injections into the Skin or Muscle

- Benefits - Medicine given by injection into the skin or muscle is effective even if you are nauseated or vomiting.
- Risks - The injection site is usually painful for a short time. Medicines given by injection are more expensive than tablets or liquids and take time to wear off. Pain relief may be delayed while you wait for the medication to be drawn up and injected.

Injections into the Vein

- Benefits - Medicines given by injection into a vein are fully absorbed and act quickly. This method is well suited for relief of brief episodes of pain. When a patient controlled analgesia (PCA) pump is used, you can control your own doses of pain medicine.
- Risks - a small tube must be inserted into a vein. If a PCA pump is used, there are extra costs for pumps and supplies. You must want to use the pump and learn how and when to give yourself doses of medicine.

Injections into the Spinal Area

Medicine is given through a small tube in your back called an epidural catheter which rests in the epidural space.

- Benefits - This method works well for patients having major abdominal, chest or orthopedic surgery.

At Ochsner, your well-being and comfort is an ongoing concern.

Please feel free to ask the healthcare team about any of your concerns throughout your stay.

Ochsner Health System is committed to providing you with peace of mind as we meet your healthcare needs. The following Patient's Rights assures you of this commitment.

Patient's Rights

- The patient has the right to a reasonable, timely response to his/her request or need for care, as well as the right to considerate and respectful care including an environment that preserves dignity and contributes to a positive self-image. The patient is responsible for being considerate and respectful of hospital staff and property as well as other patients and their property.
- The patient has a right to information regarding patient rights, advocacy services and complaint mechanisms, and the right to prompt resolution of any complaint. The patient or a designee has the right to participate in the resolution of ethical issues surrounding the patient's care. The patient or designee has a right to file a complaint if he / she feels that his/her rights have been infringed without fear or penalty from Ochsner or the federal government. Grievances may be filed with Patient Relations by calling (504) 842-3971. At any time, you may lodge a grievance with the LA Department of Health and Hospitals by calling 1-866-280-7737, or the Joint Commission of Accreditation of Healthcare Organizations at 1-800-994-6610.
- The patient, or someone acting on his or her behalf, has the right to understandable information on his/her health status, treatment and progress in order to make decisions. The patient has the right to know the nature, risks and alternatives to treatment. The patient has the right to be informed, when appropriate, regarding the outcome of the care that has been provided. The patient has the right to refuse treatment to the extent permitted by law, and the right to be informed of the alternatives and consequences of refusing treatment.
- The patient, in collaboration with his/her physician, has the right to make decisions regarding care and the right to participate in the development and implementation of the plan of care and managing pain effectively. The patient has the right to know the name and professional status of those responsible for the delivery of his / her care and treatment.
- The patient has a right within legal guidelines to have a guardian, next-of-kin or legal designee exercise patient rights when unable to do so. The patient has the right for his / her wishes regarding end-of -life decisions to be addressed by the hospital through advance directives. The patient has the right to personal privacy and confidentiality and to expect confidentiality of all records and communications pertaining to his/her care. The patient has the right to request a paper copy of our complete Notice of Privacy Practices, which we are required to provide to you and to follow.
- The patient has the right to receive communications about his / her health information confidentially. The patient has the right to request restrictions on the uses and disclosures of his / her health information. The patient has the right to inspect, copy, request amendments and receive an accounting of to whom Ochsner has disclosed his / her health information.
- The patient has the right to know if his/her physician wishes to include clinical investigation as part of his/her care or treatment. The patient has the right to refuse to participate in such research.
- The patient has the right to information about charges and available payment methods before services are rendered; immediate and long-term financial implications of treatment choices, insofar as they are known; explanation of bill for charges; and to be given timely notice of non-coverage of services by his/her payor.

- The patient has the right to be provided with interpretation services if he/she does not speak English; to alternative communication techniques if he/she is hearing or vision impaired; and to have any other resources employed on his/her behalf to ensure effective communication. These services are provided free of charge.
- The patient has a right to personal safety (free from mental, physical, sexual and verbal abuse, neglect and exploitation). The patient has the right to access protective and advocacy services. The patient has the right to protection of personal possessions entrusted to Ochsner Health System for safekeeping. If a patient has a safety concern, we encourage you to report it to a department manager or to Patient Relations.
- The patient has the right to consent and rescind consent to recording or photographic, video, electronic or audio filming for purposes other than identification, diagnosis or treatment.

Patient's Responsibilities

- To the limit of capability, the patient is responsible for providing accurate and complete information relevant to the provision of services, including but not limited to present complaints, past illnesses, hospitalization, medications, pain relief and advance directives.
- To the limit of capability, the patient is responsible for making a reasonable attempt to understand what is expected of him / her, including asking questions as needed. To the limit of capability, the patient is responsible for accepting the consequences for the outcomes if he / she does not follow the care, treatment and service plan.
- The patient is responsible for entrusting valuables for safekeeping, when other options are impractical. The patient is responsible for complying with safety regulations, operational policies and financial policies, and for helping the caregiver provide a safe patient care environment.



ADVANCED DIRECTIVES

**Answers to Questions when Making Decisions
about Your End of Life Care in Advance of Need**

What are Advance Directives?

Advance Directives allow you to make decisions about your medical care in “advance.” They consist of 2 parts:

- Power of Attorney for Healthcare Decisions
- Living Will

Who should receive a copy?

- Your doctor
- Your family and/or friends
- You, to bring when hospitalized

What is the Power of Attorney for Healthcare Decisions?

This form allows you to name the person you want to make healthcare decisions for you when you are not able to make them yourself.

What if I change my mind after completing Advance Directives?

- Notify your doctor
- Notify your family
- Destroy other copies

What is a Living Will?

This form allows you to state what you wish and do not wish to be done in the event you are unable to speak for yourself and have a terminal and irreversible condition, which is defined as “a continual profound comatose state with no reasonable chance of recovery or a condition caused by injury, disease or illness which, within reasonable medical judgement, would produce death and for which the application of life-sustaining procedures would serve only to postpone the moment of death”.

For more information, call 504-842-9474 (842-WISH).

**OCHSNER CLINIC FOUNDATION
ADVANCED DIRECTIVES
LIVING WILL**

WITHHOLDING OR WITHDRAWAL OF
LIFE-SUSTAINING MEDICAL PROCEDURES
(LA.REV.STAT.40:1299.58.3)

The Kind Of Medical Treatment I Want Or Do Not Want

I, _____, believe that my life is precious and I deserve to be treated with dignity. If the time comes that I am very sick and am not able to speak for myself, I would like for my wishes to be respected and followed. The instructions that I am including in this section are to let my family, my doctors and other health care providers, my friends and all others know the kind of medical treatment that I want or do not want.

If at any time I should have an incurable injury, disease, or illness, or be in a continual, profound comatose state with no reasonable chance of recovery, certified to be in a terminal and irreversible condition by two physicians who have determined that my death will occur whether or not life-sustaining procedures are utilized and where the application of life-sustaining procedures would serve only to prolong artificially the dying process, I would like the following instructions to be followed:

Close To Death: If my doctor and another physician both decide that I am likely to die within a short period of time, and life-support treatment would only delay the moment of my death OR

In A Coma and Not Expected To Wake Up or Recover: If my doctor and another physician both decide that I am in a coma from which I am not expected to wake up or recover, and I have brain damage, and life-support treatment would only delay the moment of my death OR

Permanent And Severe Brain Damage And Not Expected To Recover: If my doctor and another physician both decide that I have permanent and severe brain damage, (for example, I can open my eyes, but I can not speak or understand) and I am not expected to get better, and life-support would only delay the moment of my death (Choose one of the following):

I want to have life-support treatment. (Life-support means any medical procedure, device or medication to keep me alive. Life-support treatment includes: medical devices put in me to help me breathe; food and water supplied artificially by medical device (tube feeding); cardiopulmonary resuscitation (CPR); major surgery; blood transfusions; dialysis; and antibiotics. (Cross out anything in the definition that you do not agree with)

I do not want life-support treatment. If it has been started, I want it stopped.

I want to have life-support treatment if my doctor believes it could help, but I want my doctor to stop giving me life-support treatment if it is not helping conditions or symptoms.

I understand the full impact of this declaration, and I am emotionally and mentally competent to make this decision.

This declaration is made and signed by me on this _____ day of _____, in the year _____, in the presence of the undersigned witnesses who are not entitled to any portion of my estate,

Signed: _____

Address: _____

Date of Birth: _____ Social Security Number: _____

WITNESS ACKNOWLEDGEMENT: The Declarant is and has personally been known to me, and I believe the Declarant to be of sound mind. I am not related to the Declarant by blood or marriage and would not be entitled to any portion of Declarant's estate upon his/her death. I was physically present and personally witnessed the Declarant execute the foregoing Declaration.

WITNESS SIGNATURE / Print Witness Name

WITNESS SIGNATURE / Print Witness Name

OCHSNER CLINIC FOUNDATION
ADVANCED DIRECTIVES

POWER OF ATTORNEY FOR
HEALTH CARE DECISIONS

The Person I Want To Make Health Care Decisions For Me
When I Cannot Make Them For Myself

If I, _____, being of sound mind, am no longer able to make my own health care decisions, the person I choose as my Health Care Power of Attorney is:

(First Choice Name) _____

(Address) _____ (Phone Number) _____

If this person is not able or willing to make these choices for me, OR is divorced or legally separated from me, OR this person has died, then these people are my next choices:

(Second Choice Name) _____ (Third Choice Name) _____

(Address) _____ (Address) _____

(City/State/Zip) _____ (City/State/Zip) _____

(Phone) _____ (Phone) _____

I understand that my Health Care Power of Attorney can make health care decisions for me. I want my Health Care Power of Attorney to be able to do the following: **Please check all items that you want your agent/attorney in fact to do.**

- make health care and treatment decisions for me
- make decisions concerning surgery
- make decisions concerning medical expenses
- make decisions concerning hospitalization
- make decisions concerning nursing home residency
- take any legal action needed to carry out my wishes
- make decisions concerning the withholding or withdrawal of life sustaining procedures

- make decisions concerning medications
- see and approve the release of my medical record
- make decisions concerning selection of physicians
- apply for Medicare/Medicaid or other programs for insurance
- hiring and firing of a health care worker if needed to take care of me

Such Health Care Power of Attorney has full authority to make such decisions as fully, completely and effectually, and to all intents and purposes with the same validity as if such decisions had been personally made by me.

This declaration is made and signed by me on this _____ day of _____, in the year _____, in the presence of the undersigned witnesses who are not entitled to any portion of my estate,

Signed: _____

Address: _____

Date of Birth: _____ Social Security Number: _____

WITNESS ACKNOWLEDGEMENT: The Declarant is and has personally been known to me, and I believe the Declarant to be of sound mind. I am not related to the Declarant by blood or marriage and would not be entitled to any portion of Declarant's estate upon his/her death. I was physically present and personally witnessed the Declarant execute the foregoing Declaration.

WITNESS SIGNATURE / Print Witness Name

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