



SURGERY GUIDE
for your peace of mind

Ochsner Surgery Frequently Dialed Numbers

Ochsner Medical Center, Jefferson Hwy	504-842-4000 or 1-866-OCHSNER
Admit/Authorization	504-842-3297
Pre-Operative Center	504-842-4526 or 1-866-727-1910
Second Floor Surgery	504-842-3033
Merrill Hines Surgery Center, First Floor	504-842-9300
North Shore Ambulatory Surgery, Covington	985-875-2350
Ochsner On Call (for your after hours concerns and questions)	504-842-3155 or 1-800-231-5257
Emergency Department	504-842-3460

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.

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 booklet 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 call the Pre-Op Center at 504-842-4526 or 1-866-727-1910. You may also contact your surgeon's office at the number listed on his or her business card located in the front of the booklet.

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

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Ochsner Health System is committed to providing you with peace of mind as we meet your healthcare needs. The following Patients 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 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 lodged with the LA Department of Health and Hospitals by calling 1-888-810-1819.
- The patient 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, 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 refuse treatment to the extent permitted by law, and the right to be informed of the alternatives and consequences of refusing 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 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.

PATIENT'S RIGHTS AND RESPONSIBILITIES

- 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.
- 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 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 consent and rescind consent to recording or photographic, video, electronic or audio filming for purposes other than identification, diagnosis or treatment.

Patients 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 the options, processes of care, and pain relief.
- To the limit of capability, the patient is responsible for making a reasonable attempt to understand what is expected of the patient including asking questions as needed.
- 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.
- The patient, to the limit of capability, is responsible for making choices about alternatives of care and pain management, or the continuance of care; and having made choices, is responsible for compliance with the process of care, including asking for pain relief when pain first begins, and telling the health professional if pain is not relieved.
- The patient, within capability, 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 being considerate and respectful of hospital staff and property as well as other patients and their property.



FORMS



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.

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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

WITNESS SIGNATURE / Print Witness Name



FINANCIAL 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, 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 the respective location.

CONTACTING YOUR INSURANCE COMPANY

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.

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You will 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 504-842-3297.

Thank you.



PEDIATRIC SURGERY

Preparing Your Child for Surgery

Your child has been scheduled for surgery on _____.

You will be called by the Pre-Op Center the day prior to your surgery (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 1-866-727-1910. There is someone available to assist you 24-hours a day.

Please notify Ochsner 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 medications daily, ask the Pre-Op nurse to give you instructions on how to administer them on the day of surgery.

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." 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.

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Newborns Through 6 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.

6 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.

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 and underwear
- Underwear/diapers
- Special nipples, cups, bottles and/or pacifiers
- Insurance information



BEFORE, DURING AND
AFTER YOUR SURGERY

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 surgical site, you can be assured of the same world class health-care in the Ochsner tradition of individualized care.

This booklet 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 booklet, 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.

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When it is not necessary for you to see an anesthesiologist, a Pre-Operative Center Registered Nurse will contact you by phone 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 by one to three days prior to your surgery, please call 504-842-4526 or 1-866-727-1910 between the hours of 8:00 a.m. and 4:00 p.m. Monday through Friday.

North Shore Ambulatory Center patients should call 985-875-2350.

If your surgery is on Monday, please contact the Pre-Operative Center by the Thursday before you scheduled date.

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.

Anesthesia for Adults

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 (504) 842-4523 or 1-800-727-1910 between the hours of 8:00 a.m. and 3:30 p.m. Monday through Friday.

On the day of surgery, you will meet with the anesthesia provider who will be taking care of you during your procedure. At that time, you and your family may ask questions regarding anesthesia. Following this discussion, you will be asked to sign the anesthesia consent form.

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 the 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

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 Affects 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

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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.

PREPARING FOR SURGERY

Preparing for Surgery A Checklist for Adults

Your surgery has been scheduled for: _____

You should report to:

- _____ The Merrill Hines Surgery Center, located on the River Road side of the first floor of the Ochsner Medical Center (504-842-9300)
 - _____ The Second Floor Surgery Center, located on the Jefferson Highway side of the second floor of the Ochsner Medical Center (504-842-3033)
 - _____ The North Shore Ambulatory Surgery Center, located on the first floor of the Ochsner North Shore Health Center in Covington (985-875-2350)
 - _____ Breast Imaging, Ochsner Lieselotte Tansey Breast Center, located at 1319 Jefferson Highway across the highway from the Ochsner Medical (504-842-6409).
- Appointment time: _____

PLEASE NOTE

- If you are allergic to any medications, please inform your doctor or the nurse responsible for your care.
- Tell the doctor if you take aspirin, products containing aspirin, herbal medications or blood thinners, such as Coumadin, Ticlid, or Plavix.
- Notify your doctor if you are diabetic and provide information about the medications you take.
- 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 the day of your surgery.

BEFORE SURGERY

- Stop taking all herbal medications 14 days prior to surgery
- Stop taking aspirin, products containing aspirin _____ days before surgery
- Stop taking blood thinners _____ days before surgery
- Refrain from drinking alcoholic beverages for 24 hours before and after surgery
- Stop or limit smoking _____ days before surgery

THE NIGHT BEFORE SURGERY

- Begin clear liquids starting at _____ on _____
- DO NOT EAT OR DRINK ANYTHING AFTER MIDNIGHT, INCLUDING GUM, HARD CANDY, MINTS, OR CHEWING TOBACCO
- Take a complete shower or bath (shower is recommended). Wash your body from the neck down with Hibiclens (chlorhexidine gluconate) soap. Hibiclens soap may be purchased over the counter at the pharmacy. Keep the soap away from your eyes, ears, and mouth. After washing with Hibiclens, rinse thoroughly. You may also use any soap labeled “antibacterial”. Shampoo your hair with your regular shampoo.

The Day of Surgery

- Take another bath or shower with Hibiclens or any antibacterial soap, to reduce the chance of infection.
- Take heart and blood pressure medications as advised by the perioperative team with a small sip of water. Do not take diuretics or fluid pills.
- Diabetic medication instructions: _____
- You may brush your teeth and rinse your mouth, but do not swallow any water.
- Do not apply perfume, powder, body lotions or deodorant on the day of surgery.
- If you choose to wear makeup, it should be minimal. Limit mascara. No false eye lashes. Nail polish should be removed.
- Wear comfortable clothes, such as a button front shirt and loose fitting pants.
- Leave all jewelry, including body piercings, and valuables at home.
- Hairpins and clasps must be removed before you enter the operating room.
- 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. Please bring a case for your hearing aids, glasses, and/or contacts.
- Bring any devices you will need after surgery such as crutches or canes.
- If you have sleep apnea, please bring your CPAP machine.
- If you have an implantable device, such as a pacemaker or AICD, please bring the device information card.

In the event that your physical condition changes including the onset of a cold or respiratory illness, or if you have to delay or cancel your surgery, please notify your surgeon at the number listed on their business card in the front of this booklet. If it is after hours the day before OR the day of your surgery, please notify the center where your surgery is scheduled.

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Day of Surgery Check List

If you have not received your arrival time, please call 842-2580 or 866-727-1910 after 12 noon the day prior to surgery (Friday if your surgery is Monday).

Medications to take the morning of surgery:

Things To Bring With You:

- Insurance card
- Copy of Advance Directives
- List of medications and allergies, if not already provided
- Forms or x-rays your physician has given you
- Name and phone number of person to contact should your condition change significantly
- Case for eye glasses, contact lenses, hearing aids
- Crutches, cane, CPAP machine, and other equipment you may need after surgery
- Pacemaker or AICD information card

Be sure to arrange for a responsible person to drive you home.

Stop using herbal medications 14 days prior to surgery. Inform your physician if you have been taking any herbal preparations or dietary supplements. They may cause problems if taken before surgery.

Supplement	Complication
Borage Seed Oil	Increased risk of bleeding
Bromelain	Increased risk for bleeding, excessive menstrual bleeding
Chondroitin	Irregular heartbeat, increased risk for bleeding
Chromium	Enhanced effectiveness of both insulin and oral sulfonylurea agents, hypoglycemia
Cysteine	Interaction with ACE inhibitors, nitroglycerin, or isosorbide can result in abnormally low blood pressure
Echinacea	Immunosuppression, poor wound healing
Ephedra	Increased heart rate and blood pressure
Fish Oil (Omega-3 Fatty Acids)	Increased risk for bleeding
Gamma Linolenic Acid (GLA)	Increased risk for bleeding
Garlic	Increased risk for bleeding
Ginger	Increased risk for bleeding
Ginkgo	Increased risk for bleeding
Ginseng	Increased risk for bleeding, hypoglycemia
Green Tea	Increased risk for bleeding
Flaxseed	Increased risk for bleeding

Supplement	Complication
Glucosamine	Reduced effectiveness of insulin, hyperglycemia
5-Hydroxytryptophan	Interaction with antidepressants or tramadol (Ultram) can result in life threatening Serotonin Syndrome
Kava	Increased risk for sedation
Phenylalanine	Reduced effectiveness of both baclofen (muscle spasms) and levodopa (Parkinson disease)
S-Adenosylmethionine	Interaction with antidepressants can result in an irregular or accelerated heartbeat
St. John's Wort	Multiple herbal and drug interactions
Valerian	Increased risk for sedation
Vanadium	Increased risk for bleeding
Vitamin A	Increased risk for bleeding, liver damage
Vitamin C	Dehydration, increased blood levels of Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)
Vitamin D	Toxic reaction if taking Digoxin
Vitamin E	Increased risk for bleeding, reduced effectiveness of beta-blockers taken for high blood pressure
Zinc	Reduced effectiveness of Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), possible lupus-like condition when combined with hydralazine for treating high blood pressure

Eating and Drinking

Do not eat or drink anything (including gum, mints or candy, and water or black coffee) after midnight the night before, even if your surgery will be performed under local anesthesia. When you brush your teeth, do not swallow any water.

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.

Alcohol

Drinking alcohol can greatly affect the outcome of your surgery – see additional information in the Preparing for Surgery section of this booklet.

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 surgery. 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 do not take your insulin or diabetic pill but bring it with you to the hospital. 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 insulin doses.

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, Nail tips, Wraps, Gels, 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.

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. Please bring a denture cup with you.

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 hair spray. 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, your surgeon needs to be notified.

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 from 15-90 minutes after the surgeon reports to you.

When a stay in PACU is required, the length of time spent there varies greatly. Some patients spend approximately one hour and others require a longer time. There is no visitation in the PACU. However, pediatric patients may have two family members stay with them and overnight recovery patients may have two visitors during restricted visitation hours. Visiting times are available from the Clinical Services Ambassador in the Family Waiting Area.

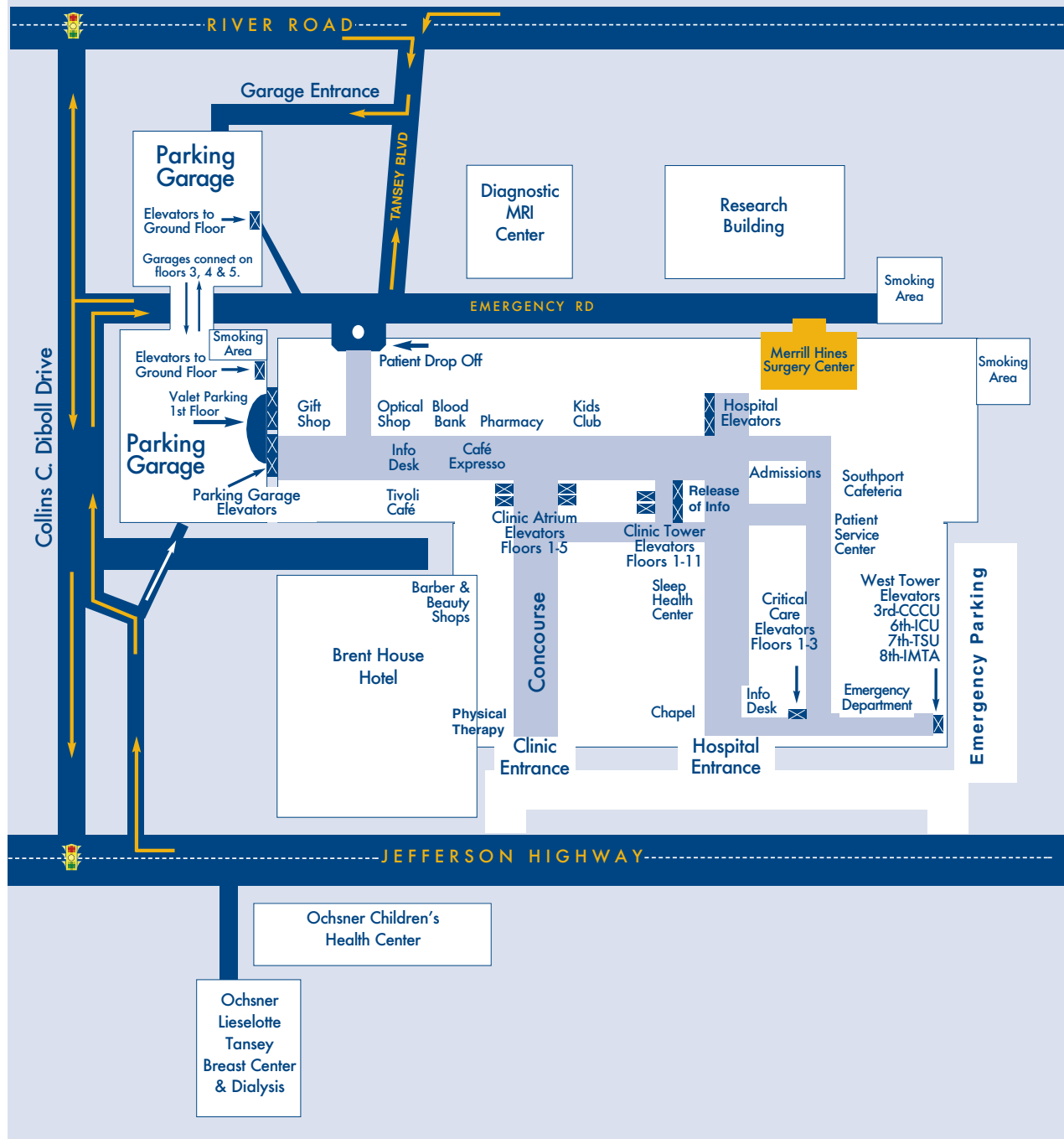
Verbal and written instructions, including medication and diet will be given to you and your family member prior to discharge from the hospital.

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.

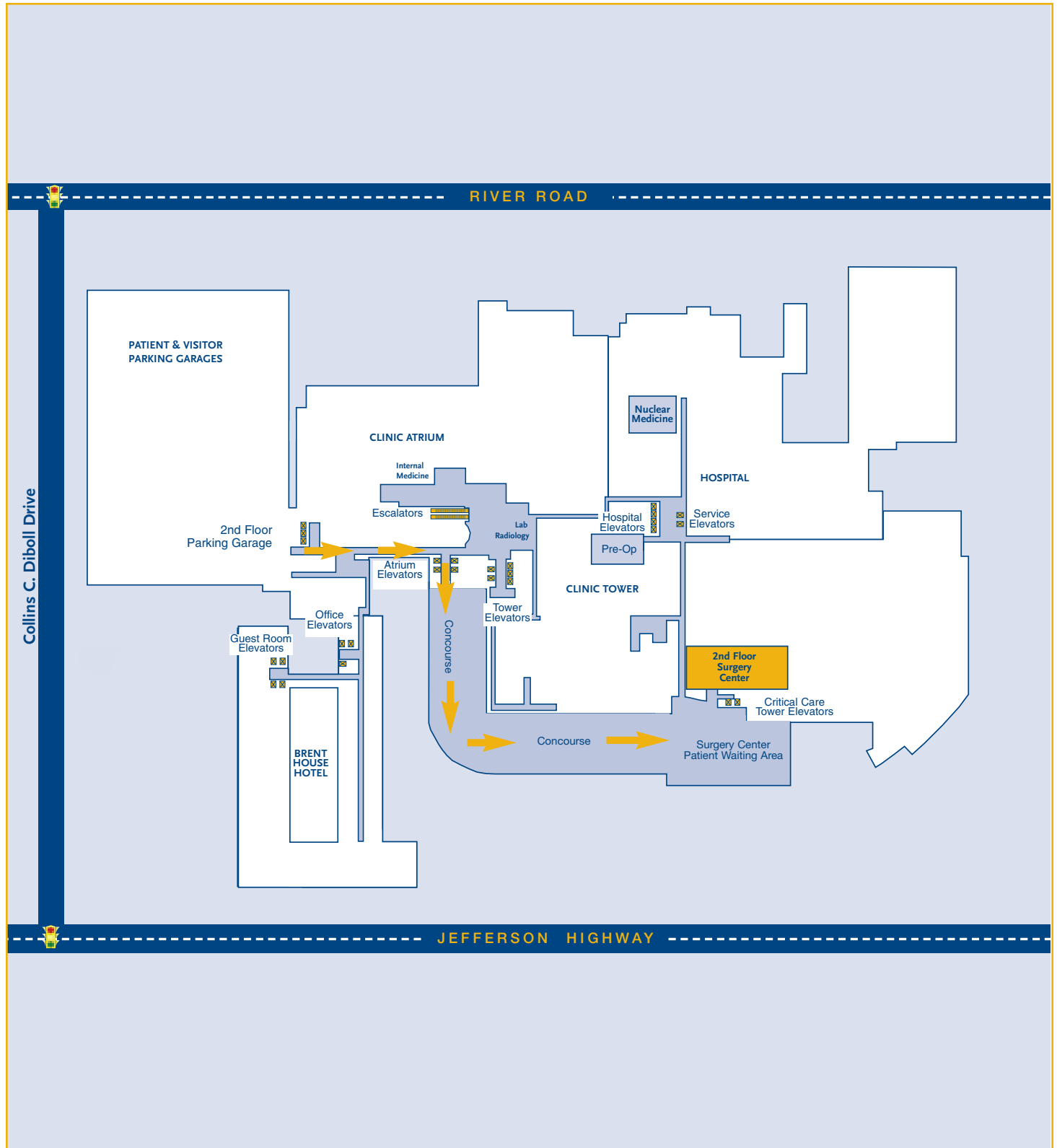


MAPS



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

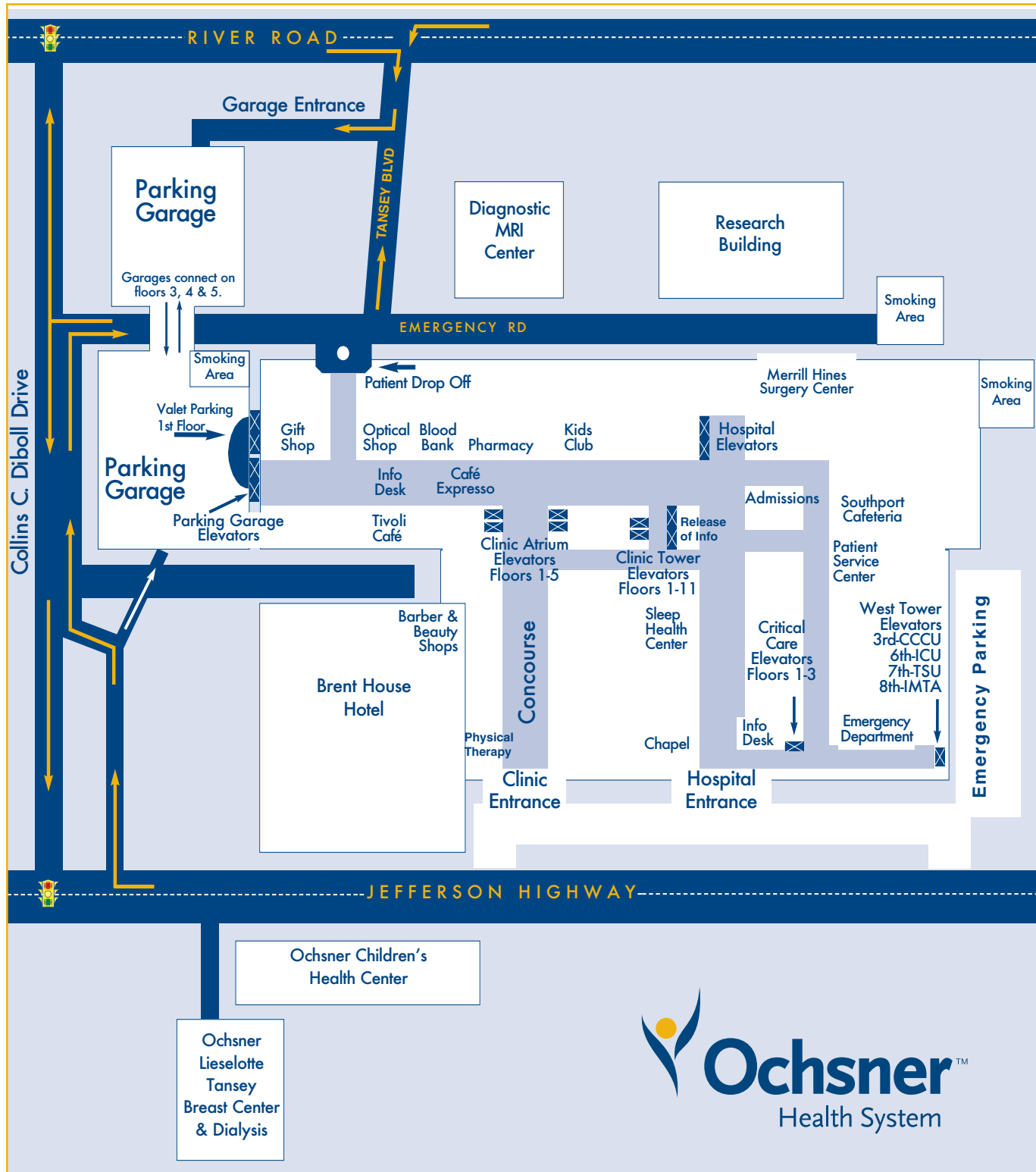
SECOND FLOOR SURGERY CENTER



Second Floor Surgery • 504-842-3033

1514 Jefferson Highway • New Orleans, LA

JEFFERSON HIGHWAY MAIN CAMPUS

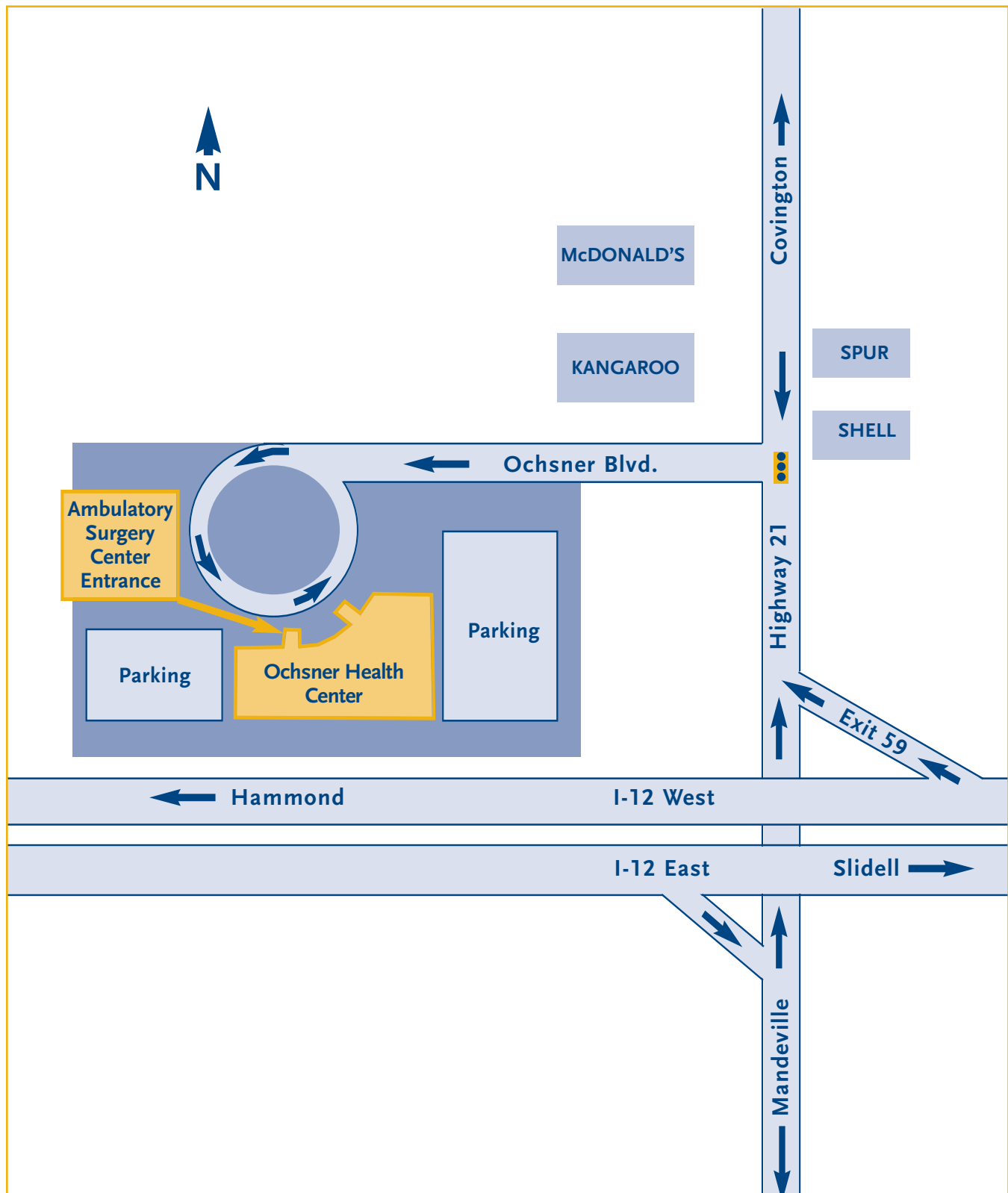


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Ochsner Medical Center Main Campus • 866-OCHSNER
1514 Jefferson Highway • New Orleans, LA

OCHSNER SURGERY GUIDE
1-866-OCHSNER

NORTH SHORE AMBULATORY SURGERY CENTER



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North Shore Ambulatory Surgery Center • 985-875-2350

1000 Ochsner Boulevard • Covington, LA

Parking is free in the parking lot next to the Ochsner Health Center.

OCHSNER SURGERY GUIDE

1-866-OCHSNER



FOR YOUR CONVENIENCE

Family Waiting Areas

Two family members or visitors may wait in the family waiting rooms while you are in surgery. Relatives and friends may call the family waiting room to check on your progress at:

Second Floor Surgery - 504-842-3549

Merrill Hines Surgery Center - 504-842-9300

North Shore Ambulatory Surgery Center - 985-875-2350

If you would like to take a break from the area, you may obtain a pager from the Ambassador. This pager is set to vibrate and light when you are being paged. If you hear a “beeping” sound from the device, you have gone beyond the service range and should walk back to the location within range. If your pager vibrates and lights up, please go to the nearest white courtesy phone and dial 23549. This service is available only at Ochsner Medical Center.

To protect patients requiring certain medical monitoring, we do not allow cellular phone use above the first floor. If you have a phone, it must be turned off.

For your convenience, Ochsner provides a designated smoking area immediately next to the parking garage at the Ochsner Medical Center. Smoking is prohibited in all other areas in Ochsner facilities.

Ochsner Medical Center Cafeterias

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Southport Café

First Floor Hospital Tower

Open all week serving breakfast, lunch and dinner.

Please check with the Hospital information desk for exact serving hours.

Tivoli Gardens

First Floor Atrium Tower

Open Monday through Friday serving breakfast, lunch and dinner.

Please check with the Hospital information desk for exact serving hours.

ExpressO Coffee Company

First Floor Atrium Tower

Open Monday through Friday and half days on Saturday and Sunday.

Please check with the Hospital information desk for exact serving hours.

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.

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

Ochsner Medical Center Additional Services

Gift Shop

First Floor Atrium Tower

504-842-4438

8:30 a.m. to 9:00 p.m. Saturday through Sunday

Outpatient Pharmacy

First Floor Atrium Tower

504-842-3205

9:00 a.m. to 5:30 p.m. - Monday through Friday

Prescriptions that you are given at discharge may be filed at the Ochsner Outpatient Pharmacy or the pharmacy of your choice. If you plan to use the Ochsner Pharmacy, we encourage you to be aware of the closing times and have a family member or friend take your prescriptions 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

Noon – 4 p.m. – Saturdays

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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 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 arrangements. Please do not hesitate to call or stop by the blood bank for additional information.



PAIN MANAGEMENT

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 and 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. If you recognize your pain will worsen when you start walking or doing breathing exercises, take pain medicine first. It is more difficult to ease pain once it has taken hold. This is a key step in proper pain control.
- 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 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 1 - 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.

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- 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, please see below:
 - 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 usually must be 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.

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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.

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www.ochsner.org