



Preparing for Your Surgery

Patient Information Packet

Andrew L. Merritt, MD

Orthopedic Surgeon

Sports Knee Surgery | Anterior Hip, Total & Partial Knee Replacement

Medical Director, Proliance Surgery Center at Valley

This packet belongs to:

Patient: _____

Procedure: _____

Surgery date: _____ Check-in time: _____

Questions? We are here to help.

Dr. Merritt's clinic team (Medical Assistant: Jessica T): 425-656-5060

Proliance Surgery Center at Valley: 425-226-2041

Patient education, recovery guides & videos: merrittsurgery.com

SURGERY PROCESS

Surgeon: _____ **Medical Assistant:** _____

CONTACT INFORMATION

Surgery Center Phone:	425-226-2041	Billing:	425-291-1414
Surgery Center Fax:	425-226-2405	Proliance Orthopedic Associates (clinic):	
Surgery Scheduler:	425-528-7155	Phone:	425-656-5060
Preadmission:	425-818-1701	Fax:	425-656-5047
Preop Nurse:	425-291-1465		

***** NOTE: Authorizations & Prepay amounts are only valid for 30 days *****

***** Surgeons do not sign Leave Paperwork, FMLA etc. on the day of surgery. Leave Paperwork, is processed at our individual clinics. Be aware that most Leave Paperwork is time sensitive. The Surgeon's Medical Assistant needs 5-10 business days to complete the forms. *****

ELECTIVE/NON-URGENT SURGERY

Step 1: Physician and patient will decide surgery is needed.

Step 2: Medical Assistant will review allergies, medications, and obtain vitals. You will receive a surgery packet and meet with a RN or an Anesthesiologist if necessary.

Step 3: POA authorization department will contact your insurance company to obtain authorization and determine surgery benefits. Note: DLI or Self-Insured payors may take up to 2-3 weeks.

Step 4: POA Bookkeeping will determine if a surgery pre-payment is required. If so, you will be contacted by the bookkeeping office.

Step 5: You will meet with or be contacted by phone by the Pre-Op Nurse to review your health history and determine if a medical or cardiac clearance is required. The Pre-Op Nurse will explain what tests may be necessary prior to scheduling the surgery.

Step 6: Once all clearances are received, your surgery date will be scheduled.

Step 7: The Pre-Op Nurse will call with your surgery check-in time 2 business days prior to surgery date.

URGENT SURGERY

Step 1: Physician and patient will decide surgery is needed.

Step 2: Medical Assistant will review allergies, medications, and obtain vitals. You will receive a surgery packet and meet with a RN or an Anesthesiologist if necessary.

Step 3: Surgery date will be scheduled. The POA authorization department will contact your insurance company to obtain authorization and determine surgery benefits.

Step 4: You will meet with or be contacted by phone by the Pre-Op Nurse to review your health history and determine if a medical or cardiac clearance is required. The Pre-Op Nurse will explain what tests may be necessary prior to surgery.

Step 5: The Pre-Op Nurse will call with your surgery check-in time 2 business days prior to surgery date.

SIS PATIENT PORTAL INFORMATION

LOOK FOR AN EMAIL OR TEXT INVITING YOU TO OUR PATIENT PORTAL!

This portal allows you to complete your **preoperative health questionnaire** online and save time on the phone with our preadmission nurse. This system is separate from our clinic health record system, and unfortunately, they do not communicate with each other at this time. Therefore, it is important you thoroughly fill out the requested information to ensure a smooth and safe surgical experience.

Once complete, your responses are reviewed by a **preadmission nurse** who will contact you by phone with additional instructions for any labs or clearances necessary prior to surgery.

This link also includes your **preoperative instructions** which you will need to read and acknowledge. You can access them as needed up until your surgery date by revisiting the link sent to you.

GETTING READY TO LOG IN

Do I need to download an app for this?

Nope! By clicking the link in the message, you will be taken to the login screen in your web browser. We strongly recommend using Chrome and avoiding Internet Explorer.

Do I need to create an account and password?

Nope! Your secure link will allow you to log in using your name and date of birth.

How long will it take to fill out?

- Please give yourself **30 minutes** to complete the questionnaire.
- **PLEASE NOTE: It must be completed in one sitting and will time out after 15 minutes of no keyboard/mouse activity without saving your work.**

What information do I need to fill out the questionnaire?

Please collect all health information before starting, including the names and numbers of your primary care provider and any specialists, dates of prior surgeries or EKGs, etc.

- **VITAMINS, SUPPLEMENTS, AND OVER-THE-COUNTER MEDICATIONS**
 - For anesthesia purposes, these are very important for us to know and **should be entered in the questionnaire**. If you have difficulty, move on, complete the rest of the questionnaire, and have a list ready for your call with the nurse.
- **PRESCRIPTION MEDICATIONS**
 - These are **not** entered in the questionnaire. **Please have a list of current prescriptions, dosages, medication allergies, and reactions ready for your call with the nurse.**

LOGGING IN

- You will need to enter your **first and last name as it appears in our computer system**. If you have trouble logging in, please call us at 425-226-2041 to verify your name in our system.
- Date of birth needs to be entered in **mm/dd/yyyy** format.

THANK YOU FOR CHOOSING PROLIANCE SURGERY CENTER AT VALLEY!

EATING AND DRINKING INSTRUCTIONS

Please carefully follow the instructions below. They are intended to reduce your chance of vomiting, which — if it occurs — may cause severe lung complications. **If these instructions are not followed, your surgery will be delayed or cancelled.**

Do not eat or drink solid foods or full liquids (this includes soup, broths, gum, mints & cough drops) 8 hours before check-in.
Drink water or Gatorade (Gatorade Zero for diabetic patients) up to 2 hours prior to check-in to lead to better outcomes after surgery.
2 hours prior to your check-in do not consume anything, including water.

MEDICATION GUIDELINES

Prior to surgery, you will be given instructions as to which of your usual medications you should take the morning of your operation.

Heart, Blood Pressure, Antireflux, Anti-Seizure, COPD or Asthma Medications:	It is especially important to take some of these medications on the day of your operation, a nurse will call you 2 days prior to specify which medications to take.
Blood Thinners:	If you are taking blood thinners: contact your prescribing physician for instructions.
Aspirin:	If you've been instructed to take aspirin by your physician for a medical condition, then you may continue taking it (unless otherwise directed). If not, please stop 7 days prior to surgery.
Anti-inflammatory Drugs (NSAIDs):	You may continue NSAIDs unless you are scheduled for spine surgery or a partial or total joint replacement surgery. If you are having spine surgery or a partial or total joint replacement surgery, please stop 7 days prior to surgery.
Acetaminophen (Tylenol):	Tylenol may be continued up to the night before surgery.
Vitamins and Supplements:	Please discontinue all vitamins, supplements, and weight loss aids 2 weeks before surgery, with the exception of Vitamin D, Vitamin B12, Calcium, and Iron which may be continued.

INSTRUCTIONS FOR PATIENTS WITH DIABETES

If you take pills for diabetes:	DO NOT take your oral diabetic medication the morning of your surgery.
If you take insulin:	• Long acting - 1/2 dose the evening before surgery • Short acting - none on the day of surgery • Mixed - none on the day of surgery
If you are on an insulin pump:	You may manage your dosing as directed by your physician or as you feel is appropriate.
If you take a GLP-1 agonist (ex. semaglutide/Ozempic/Wegovy):	If taken daily, do not take it on the morning of surgery. If taken weekly, do not take it the week prior to surgery.

WHAT TO BRING TO THE SURGERY CENTER THE DAY OF YOUR OPERATION

- Identification, insurance or health plan membership card, or L&I claim card.
- Prescription card and your co-pay, if any.
- Inhaler(s) if you have asthma.
- Comfortable clothes to wear after your operation.
- Books and magazines to read in case of delays.
- Prostheses, crutches, braces or other items you may need after the operation.
- Reading glasses and hearing aids if you normally need them.

	Thinking Ahead	Day Before Your Operation	Day of Your Operation
The Surgery Experience	You will be going home the same day as surgery and must make arrangements for a ride. A responsible adult must accompany you (friend or family member) and will be expected to review discharge instructions. If you are receiving anesthesia, it is highly recommended that you have a caregiver for the first 24 hours after surgery. Your surgery will be cancelled if you do not have a ride. If the patient is a minor we require at least 1 parent or legal guardian to be present in the surgery suite during the procedure.	You will receive a call from the pre-op nurse 1-2 days prior to your surgery to review preoperative instructions, and give you your check-in and surgery times. If you have an Advance Directive please make a copy and bring it with you the day of surgery.	Do not wear any jewelry (including rings) on the day of your operation. We are not responsible for credit cards, money, wallets, or purses. Your family member or friend can wait in our Surgery Waiting Room once you are taken to the Surgery Prep Area. If they decide to leave they should stay within 15-20 minutes of the surgery center. After surgery, the surgeon will meet your family member or friend. Adjustments for family member presence will be made in accordance to local, state & federal guidelines. Your safety is a priority. You can help by ensuring your identification bracelet is correct and by reviewing your consent again with your admitting nurse. Expect verification of your information and marking of the site for surgery. PLEASE FEEL FREE TO ASK QUESTIONS. Date of Operation: _____ Check in time: _____ Parking is available in parking garage C located on the north side of the East Pavilion building. Cross the skybridge and go down to the 2nd floor, suite 200. Post op appointment: _____
Miscellaneous Reminders	Think carefully about what you will need to help you at home and make arrangements before your operation, e.g. prepare meals ahead, bathroom location, stairs. You will need to obtain your own crutches/walker, etc., if appropriate. If you need assistance please call medical assistant _____.		

Important Phone Numbers

Proliance Surgery Center at Valley

East Pavilion, 2nd floor

4009 Talbot Road South, Suite 200

Renton, WA 98055

Phone (425) 226-2041

For anesthesia questions please contact:

Valley Anesthesia Associates

(425) 251-5180

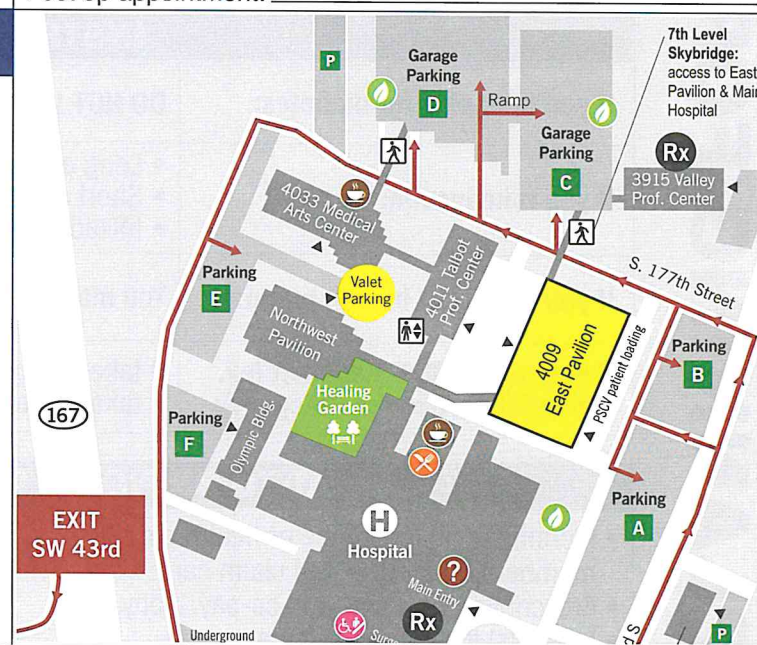
For anesthesia billing please call:

(425) 407-1500 or 888-900-3788



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D. Oh, M.D.
N. Shrivastava, M.D.
J. Thompson, M.D.



WHAT YOU CAN DO TO HELP ENSURE A SAFE SURGERY OUTCOME

1) What can I do to help my surgery and recovery go smoothly?

- Talking with your surgeon, anesthesiologist, and care team is the key to a smooth and successful surgical experience.
- Learn what you will need to do to prepare for surgery (before *and* after your operation), follow all directions carefully, and ask questions if you don't understand something. You are your best advocate!

2) What should I do BEFORE surgery?

- Talk to your surgeon, physician assistant, or nurse practitioner about the operation, including why it is recommended for you. Make sure you understand the risks, expectations, possible complications, alternatives, and recovery time.
- Provide a detailed **medical history** including chronic medical conditions such as high blood pressure, and any and all **allergies** including medications, foods, preservatives, metals, or latex.
- Provide a **list of your medications**, including all vitamins, herbal supplements, and over-the-counter medications, or bring all of your medication bottles to your office visit prior to surgery.
- Ask if there are medications you need to stop prior to surgery, and which ones should or should not be taken on the day of surgery.
- Tell your surgeon and anesthesiologist if you or close relatives have had **problems with anesthesia** such as a high temperature. Also, tell them if you snore, as this can be a sign of sleep apnea or a small airway.
- Tell your surgeon and anesthesiologist if you drink alcohol daily, smoke/vape, or use recreational drugs.
- **Arrange for help at home ahead of time, including someone that can stay with you for at least 24 hours after surgery (this is required).** Arrange help for rides to/from appointments, install grab bars if necessary, buy ice packs, pick up loose rugs, secure electrical cords, and have some easy-to-prepare meals on hand.
- Ask your care team if you will need **medical equipment** such as a walker, crutches, cane, a cold therapy machine, shoulder sling, or a brace. It is best to get these items *prior to surgery*, and we can help.
- Make sure you know when to begin using your **Chlorhexidine antiseptic soap** (bigger surgeries require five daily showers with this soap including the morning of surgery, and smaller surgeries require one shower with this soap on the morning of surgery).
- Ask your care team when you will need to **stop eating and drinking before surgery** and mark it on your calendar or set an alarm on your phone as a reminder.

3) What should I do ON THE DAY OF SURGERY?

- Make sure you read and understand the **surgical consent form** before signing it. If you don't understand it, ask the surgeon to explain.
- Check to make sure your name and date of birth are correct on your ID bracelet.
- Remind your care team about allergies or chronic health conditions.
- Ask your surgeon to **mark the surgical site** with a special pen to prevent any confusion (do not write anything yourself).
- Ask your surgeon if they will take a **"time out"** before your surgery. This is a routine safety measure to ensure the correct surgery is done on the correct body part on the correct person.
- Ask your doctor if you will need a prescription for **physical therapy and/or medications** after surgery. We can usually e-prescribe medications to the pharmacy so they are ready for pick-up on your way home.

4) What should I do AFTER surgery?

AT THE SURGERY CENTER:

- Tell your nurse if you are having pain so they can help make you more comfortable.
- Ask questions about medications given to you (What it is? What is it for? Are there any side effects?). Remind staff about any medication allergies.
- Before you go home, make sure you understand your **discharge instructions**. Have a family member or friend you trust with you when discharge instructions are given. They will also be provided in writing, and it is important that you read through them later after some rest.
- Ask your family member or a friend to help you get settled at home and care for you for at least 24 hours after surgery.

AT HOME:

- **Rest and recover!**
- **Remember: hand washing is the most important thing you can do to prevent infection!** Wash your hands well and wash them often, especially after using the restroom, touching pets, or prior to touching your surgical site. Avoid touching the incision area unless you are changing a dressing. Remind family and friends to wash their hands frequently too.
- Keep the dressing over your incision clean and dry and follow all incision care instructions carefully.
- Avoid people who have colds or infections.
- Follow your surgeon's orders about what you can and can't do.
- Understand that taking pain medicine as prescribed may help speed up your recovery by allowing you to move and sleep better than if you were in pain. However, only take what you need, and never exceed the dose prescribed to you.
- Call your surgeon's office if you have any concerns or feel like something isn't right.
- Attend your follow-up appointments so we can ensure you are recovering as expected.

MANAGING POSTOPERATIVE PAIN

After any surgical procedure, some level of pain and discomfort is normal and expected. You can expect tolerable pain levels, but not the total absence of pain. The following recommendations support a proactive and multimodal approach to pain management, allowing for a smoother recovery.

Remember: pain medications are not the only strategy for controlling pain! Be sure to follow your surgeon's recommendations for other methods to minimize pain and/or swelling, such as icing, elevating, or specific exercises. We also recommend relaxation techniques like deep breathing exercises, meditation, and guided imagery. Try adding in some distractions as you feel up to it; call friends to catch up, play cards or a board game, read books, listen to music, watch movies, or get outside for some fresh air.

OVER-THE-COUNTER (OTC) PAIN MEDICATION GUIDELINES

Unless your surgeon or your primary care doctor has said otherwise, it is recommended to take OTC Tylenol (acetaminophen) and an anti-inflammatory medication (NSAID) as supplements to your opioid pain medication. This helps minimize the need for opioids and their side effects, which can often hinder your recovery.

TYLENOL (ACETAMINOPHEN)

- **Tylenol (acetaminophen)** comes in many strengths. After surgery, we recommend 500 mg tablets, 1-2 tablets (500-1,000 mg) every 6-8 hours, not to exceed 6 tabs in 24 hours unless directed by your provider.
- The recommended maximum daily dose is **3,000 mg in 24 hours**.
- Do not take Tylenol (acetaminophen) if you have known liver problems.
- Warning: many medications already contain acetaminophen (sometimes abbreviated "APAP" on the bottle), such as cold medications and prescription pain medications **Percocet***, **Norco***, and **Tylenol #3***. You should only take one medication that contains acetaminophen at a time.

NSAIDS (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS)

- **Ibuprofen (Advil, Motrin)**: take 1-2 tablets every 4-6 hours, and take with food (each OTC tablet contains 200 mg, do not exceed 6 tabs/1,200 mg in 24 hours unless directed by your provider)
- **Naproxen sodium (Aleve)**: take 1-2 tablets every 12 hours as needed, and take with food (each OTC tablet contains 220 mg, do not exceed 3 tabs/660 mg in 24 hours unless directed by your provider)
- You may be given a prescription NSAID after surgery, which should be taken as directed.
 - o Commonly prescribed NSAIDs include **Mobic (meloxicam)**, **Celebrex (celecoxib)**, and **prescription-strength ibuprofen or naproxen**.
- If you were already taking a NSAID, you may resume your usual dose (spine patients – see below).
 - o Spine fusion surgery: NSAIDs may be used for post-operative pain in the first 2-3 weeks after surgery, then use them sparingly until your surgeon confirms your fusion is healing well. NSAIDs should not be taken if you are also on a blood thinner.
 - o Non-fusion spine surgery: you may resume NSAIDs 24 hours after surgery
- Do not take NSAIDs if you have kidney or liver problems, heart disease, or have had a GI bleed or ulcer.
- Warning: NSAIDs, except Aspirin, increase the risk of a heart attack, heart failure, and stroke. You should only take one NSAID at a time.

OPIOID PAIN MEDICATION GUIDELINES

OPIOID PAIN MEDICATION IS ADDICTIVE. TAKE IT AS PRESCRIBED, AND TAKE IT AS NEEDED.

- Do not take more pills, or take pills more frequently, than exactly how they were prescribed.
- Do not take them if you do not need them, and use the minimum amount necessary. However, you may find you need them around-the-clock for the first 24-48 hours after surgery to maintain a tolerable pain level.

COMMON OPIOID PAIN MEDICATIONS INCLUDE:

- Roxicodone (oxycodone)
- Percocet* (oxycodone combined with acetaminophen)
- Norco* (hydrocodone combined with acetaminophen)
- Tylenol #3* (codeine combined with acetaminophen)
- Dilaudid (hydromorphone)
- Ultram (tramadol)

COMMON MEDICATION SIDE EFFECTS

Opioids are powerful pain medications, but unfortunately, they have many unpleasant side effects. Below are some expected side effects and what you can do to minimize them. The best solution is minimizing use of opioids.

NAUSEA/VOMITING: Take medications with food. A small snack such as crackers or toast is fine, and meal replacement or protein shakes are a good alternative if solid food doesn't appeal.

DROWSINESS/DIZZINESS: Change positions slowly. Have someone with you when you stand up and walk around. Be prepared to sit or lie down to prevent a fall. Drink plenty of fluids.

CONSTIPATION: Daily use of an OTC stool softener (Colace) or laxative (Senokot, Miralax) is recommended while taking opioid pain medication. It is also important to drink plenty of water and increase your fiber intake (consider taking Metamucil daily). If you are unable to have a bowel movement for 3 days, we recommend trying Milk of Magnesia or a Dulcolax suppository (both available OTC). If this is ineffective, please call your primary care doctor.

PLEASE CALL OUR OFFICE IF:

- You are not tolerating new medications due to severe side effects
- You are in severe pain despite the maximum dose of pain medications and cannot tolerate normal daily activities, perform any necessary exercises, or participate in physical or occupational therapy
- You develop itching that is not relieved with an antihistamine like Benadryl (diphenhydramine) or Vistaril (hydroxyzine).
- You develop a mild reaction such as a rash on your body

SEEK IMMEDIATE EMERGENCY MEDICAL CARE IF:

- You experience hives, facial swelling, chest tightness, and/or difficulty breathing

MEDICATION REFILL POLICY**OPIOIDS**

- The goal is to use as few tablets of your initial prescription as needed, taper off slowly, and not to require a refill.
- If you find you are still needing it regularly, will run out within 24 hours or over the weekend, and would like to request a refill, please call our office to speak to your surgeon's team during normal business hours Monday through Friday. They will determine if a refill is appropriate. Please ensure you are following all other recommendations for pain management (i.e. taking Tylenol or NSAIDs, icing, elevating, doing exercises per your surgeon's recommendations, etc.).
- 24 hours advanced notice is required. Be aware that the prescription may need to be picked up in person.

ALL OTHER MEDICATIONS

- Please call our office to speak to your surgeon's team during normal business hours.

PREOPERATIVE SHOWER WITH HIBICLENS (CHG) SOAP

ACTIVE INGREDIENT: Chlorhexadine gluconate (CHG) 4%

USE: To reduce bacteria on the skin that can potentially cause disease or infection

DIRECTIONS:

At your office visit, you will be given a folder of information that includes a packet of Hibiclens antiseptic skin cleanser inside. Preferably on the morning of your surgery (even if it is quite early) and otherwise the night prior, cleanse your body with Hibiclens as instructed below. Please read and follow instructions carefully.

- **IF YOU HAVE A SPLINT OR CAST:** use a plastic bag and tape to ensure the splint or cast stays clean and dry, and wash the rest of your body as instructed below.
- **DO NOT USE** on deep, open wounds.
- **DO NOT USE** if you are allergic to Chlorhexadine Gluconate or any other ingredient in this preparation.
- **REMINDERS:** for at least 72 hours prior to surgery, **DO NOT** shave or wax the surgical area. Facial shaving is okay. Removal of nail polish from fingers and toes preferred.

WHILE IN THE SHOWER:

1. **Take a normal shower:** wash your entire body as you normally would with your usual soap and shampoo. Rinse well, and turn off the water or step away from the shower stream.
2. **Apply the Hibiclens soap:** apply it directly onto your skin or using a clean, wet washcloth. Gently wash from the neck down (avoiding the face and genitals). Be sure to wash the surgical site area, armpits, stomach, and front groin folds especially well. If you have abdominal folds, make sure to wash well under the folds.
3. **Wait 60 seconds:** allow the solution to sit on the skin for 60 seconds and then rinse thoroughly with water.
4. **Towel dry:** pat yourself dry with a clean towel and dress in clean, dry clothing. Ensure bed sheets are washed and clean as well.
5. **DO NOT apply any lotions, make-up, hair products, perfumes, or deodorant.**

CAUTION:

- If Hibiclens comes in contact with the genitals, eyes, ears, or mouth, rinse the area well with water. If an allergic reaction occurs, stop use and seek medical help right away.
- **Keep out of reach of children.** If swallowed, get medical help or contact a Poison Control Center right away. **Poison Control Center: 1-800-222-1222.**

LAUNDRY TIP:

- **Hibiclens will cause stains if laundered with chlorinated products. Rinse towels and garments well and use only non-chlorine detergents. Consider washing these items separately.**

Questions about Hibiclens? Call 1-800-843-8497

FALL PREVENTION

After surgery, you are at HIGH RISK of having a fall! The good news is that falls can be prevented by simple safety modifications. Below are some helpful tips.

BEFORE SURGERY

Prepare Your Home

- Install handrails on both sides of stairways and nonslip treads for steps
- Install grab bars in the shower and/or bathroom
- Consider obtaining a shower chair, a hand-held shower nozzle, and nonslip mats in the tub/shower
- Consider obtaining a raised toilet seat or a 3-in-1 commode if you anticipate a struggle getting on and off the toilet
- Relocate your bed to the first floor with access to a nearby bathroom
- Consider arranging to board your pets for a few days to avoid tripping over them
- Make sure necessities and frequently used items will be within easy reach

Remove Hazards

- Remove objects and electrical cords from walkways
- Secure rugs to the floor or remove loose rugs during your recovery

Light up Your Living Space

- Keep your home brightly lit to avoid tripping on hard-to-see objects
- Place night lights in your bedroom, bathroom, and hallways
- Turn on the lights before going up or down stairs
- Store flashlights in easy-to-find places in case of power outages

AFTER SURGERY

Move Carefully and Slowly

- Change positions slowly to prevent dizziness: spend a full minute sitting up with your feet on the floor before standing, and a full minute standing before walking

Use Assistive Devices

- Your doctor may recommend crutches, cane, or a walker for balance
- Until cleared by your surgeon, use your assistive device at all times, especially in the middle of the night

Choose Appropriate Footwear

- Footwear is a very important part of your fall-prevention plan
- We recommend shoes that are non-skid with a rubber sole, such as sneakers with secure and adjustable fastenings such as shoe laces or Velcro
- Avoid backless slip-on shoes or slippers, flip-flops, high heels or wedges, or shoes with slick soles

Speak Up™ To Prevent Infection



1. Clean your hands ...

- Use an alcohol-based hand sanitizer.
- Use soap and water if your hands are visibly dirty.
- Clean your hands before eating or touching food.



2. Remind caregivers to clean their hands ...

- As soon as they enter the room.
- This helps prevent the spread of germs.
- Your caregivers may wear gloves for their own protection.



3. Stay away from others when you are sick ...

- If possible, stay home.
- Don't share drinks or eating utensils.
- Don't touch others or shake hands.
- Don't visit newborns.



4. If you are coughing or sneezing ...

- Cover your mouth and nose.
- Use a tissue or the crook of your elbow.
- Clean your hands as soon as possible after you cough or sneeze.
- Ask for a mask as soon as you get to the doctor's office or hospital.
- Keep a distance of about 6 feet between you and others.



5. If you visit a hospital patient ...

- Clean your hands when entering or exiting the hospital.
- Clean your hands before going in or out of the patient's room.
- Read and follow the directions on signs posted outside the patient's room.
- You may be asked to put on a mask, gloves, a paper gown, and shoe covers.
- If sanitizer wipes are in the room, read the instructions. Some wipes are only for cleaning equipment and surfaces, and are not safe for skin.
- If you are unsure about what to do, ask the nurse.



6. Get shots to avoid disease ...

- Make sure your vaccinations are current — even for adults.
- Help prevent diseases like the flu, whooping cough and pneumonia.

The goal of Speak Up™ is to help patients and their advocates become active in their care.

Speak Up™ materials are intended for the public and have been put into a simplified (i.e., easy-to-read) format to reach a wider audience. They are not meant to be comprehensive statements of standards interpretation or other accreditation requirements, nor are they intended to represent evidence-based clinical practices or clinical practice guidelines. Thus, care should be exercised in using the content of Speak Up™ materials. Speak Up™ materials are available to all health care organizations; their use does not indicate that an organization is accredited by The Joint Commission.

ANESTHESIA FOR AMBULATORY SURGERY

Anesthesia for outpatient surgery is tailored so that you can go home soon after your operation. Short-acting drugs and specialized anesthetic techniques as well as care focused specifically to the needs of the ambulatory patient are used to make your experience safe and pleasant. There are three main categories of anesthesia:

With **general anesthesia** you are unconscious and have no awareness of the surgical procedure or other sensations.

If you have **regional anesthesia**, your anesthesiologist injects medication near a cluster of nerves to numb the area of your body that requires surgery (spinal blocks, epidural blocks, and arm and leg blocks). You may remain awake, or you may be given a sedative.

For some procedures, a **local anesthetic** may be injected to numb only a small area. You may be given sedation together with a local anesthetic, and a member of the anesthesia care team will be with you during the procedure.

Your anesthesiologist, in consultation with your surgeon, will determine the best type of anesthesia for you, taking your desires into consideration wherever possible.

Most commonly, you will meet the anesthesiologist, who will care for you on the day of your surgery, before you go into the operating room. If you have special medical conditions that might affect your anesthetic plan, or special concerns, a consultation may be planned with the anesthesiologist several days prior to your surgery. At this time, your medical and anesthesia history will be reviewed with you, and you will have the opportunity to discuss various options and their risks, and pertinent questions of concern with the anesthesiologist. It is very important to your anesthesiologist to know as much about you as possible.

COMMON QUESTIONS ABOUT ANESTHESIA

What are the risks of anesthesia?

All operations and all anesthetics have some small risks, and they are dependent upon many factors, including the type of surgery and the medical condition of the patient. Fortunately, adverse events are rare. Your anesthesiologist will take precautions to prevent these from happening. You should ask your anesthesiologist about specific risks that may be associated with your anesthesia. Specific standards and sophisticated monitoring and equipment have been developed to make anesthesia safer than ever before. For any other questions please call Valley Anesthesia Associates at: 425-251-5180.

What about eating or drinking before surgery?

As a rule, you should not eat or drink anything after midnight before your surgery. Under some circumstances, you may be given permission to drink clear liquids up to a few hours before your scheduled procedure. Normally, your lungs are protected from objects, such as undigested food, entering them. Under anesthesia, the body's protective reflexes may be temporarily absent. For this reason, your safety depends on having an empty stomach prior to surgery.

Will I need someone to take me home?

Yes, you must make arrangements for a responsible adult to take you home after your anesthetic or sedation. You will not be allowed to leave alone or drive yourself home. It is strongly suggested that you have someone stay with you during the first 24 hours.

***These instructions are very important for your safety. If you do not follow them, your surgery may have to be cancelled.**

Should I take my usual medications?

Some medications should be taken and others should not. Generally, diuretics and blood thinners should not be taken prior to surgery. Other medications may be continued unless your surgeon or anesthesiologist recommends otherwise.

What should I wear?

Wear loose-fitting clothes that are easy to put on and will fit over bulky bandages or surgical dressings. Leave your valuables at home.

What happens before surgery?

After you are checked in to the surgery center, nurses will record your vital signs, and your anesthesiologist and surgeon will meet with you. Intravenous fluids will be started, and pre-operative medications given if needed. In the operating room, monitoring devices will be attached such as a blood pressure cuff, EKG, and other devices for your safety.

What happens during surgery?

Your anesthesia care team will monitor and manage your vital body functions and any medical problems that might arise related to surgery, as well as any chronic medical conditions you may have, such as asthma, diabetes, high blood pressure, or heart problems. A member of the anesthesia care team will be with you throughout surgery.

What will happen after the operation until I go home?

After surgery, you will go to the post-anesthesia care unit, or recovery room. There, specially trained nurses will closely monitor you, usually for about thirty minutes following your operation. When you are awake and comfortable, you will be moved to another area where family or friends may be with you until you are ready for discharge.

Will I have side effects?

The amount of discomfort you have following surgery will depend on several factors, especially the type of surgery. Your pain can be relieved after surgery with medications given by mouth or injection, or by numbing the area around the incision. Your discomfort should be tolerable, but you may not be totally free of pain.

Nausea and vomiting may be related to anesthesia, the type of surgical procedure you have, or to post-operative pain medication. Although improved anesthetic agents and techniques have diminished this problem, these side effects continue to occur in some patients. Medications to minimize nausea and vomiting are often given by the anesthesiologist during your surgery or in the recovery room.

What can I expect for pain management?

Proper management of your pain after surgery is very important. Some pain and discomfort is normal and expected after any surgical procedure. You should expect tolerable pain but not total absence of pain with your medications. You will receive individualized medication plan by the nurse in the recovery room.

When can I expect to go home?

Most patients are ready to leave the surgery center between 1 and 4 hours after their procedure is finished. Discharge time will depend on the type of anesthetic you have received, and any side effects you may experience. Occasionally, it may be necessary to make arrangements for you to stay overnight following surgery. Arrangements will be made with a hospital if this is the case.

What instructions will I get when I leave?

You and your caregiver will get written and verbal instructions at the time of discharge. Some of these instructions will apply specifically to the type of surgery you have had. In general, for 24 hours after your anesthetic, do not drink alcohol or use nonprescription medications, do not drive a car or operate dangerous machinery, and do not make any important decisions.

Will I receive a separate bill from the anesthesiologist?

Your anesthesiologist is a specialist, like your surgeon or internist, and you will receive a bill for professional service from him or her as you would from other physicians. If you have any financial concerns, an office staff member will answer your questions. **You may contact anesthesia billing at 425-407-1500 or 888-900-3788.**

Many people have concerns about both surgery and anesthesia. If you are well informed and know what to expect, you will be more relaxed and better prepared. Please ask questions of your anesthesiologist! Discuss any concerns you might have. Your anesthesiologist is not only your advocate, but also the physician uniquely qualified to make your surgery and recovery as safe and comfortable as possible.