

Surgery Handbook

▶▶ a GUIDE to
PREPARING for
your OPERATION



Orange City Area
Health System

 Sanford

Hospital 712.737.4984

Patient Information 712.737.5238

Toll free: 800.808.6264

Fax: 712.737.5252

Welcome to Orange City Area Health System

We are pleased you have chosen us for your surgery. This handbook includes simple instructions to help prepare you for your operation and recovery. Feel free to ask questions about anything at any time.

Surgery information

Name: _____

Surgery Date: _____ Type of Surgery: _____

Important notes:

- Surgery nurse will notify you of admission and surgery times
Admission Time _____ **Surgery Time** _____
- **Bring this surgery handbook with you on** _____
- **Report to main entrance reception desk**
- **You will need someone to drive you home**

▶▶ Table of contents

Health history (complete at home)	pg3-4
Instructions before surgery	pg5
Day of surgery	pg6
Frequently Asked Questions	pg7
Hospital floor plan	pg8

Health history

Name _____

Date _____

Please place sticker here

Explain your present need for surgery:

Allergies (medications or foods):

Substance	Reaction
_____	_____
_____	_____
_____	_____

Current Medications (including herbal supplements):

Name	Dose	Last taken	Reason for Medication

Surgery/Anesthesia History

Previous Surgeries	Kind of Anesthetic (circle one)	Satisfactory Outcome
_____	General Spinal Epidural Local Dental	YES NO Explain: _____
_____	General Spinal Epidural Local Dental	YES NO Explain: _____
_____	General Spinal Epidural Local Dental	YES NO Explain: _____
_____	General Spinal Epidural Local Dental	YES NO Explain: _____

*Has anyone in your family ever had any serious problems with anesthesia or anesthetics?

If so, explain: _____

Health history, continued

HAVE YOU HAD OR DO YOU HAVE:

	Yes	No	Explain		Yes	No	Explain
A cold in past 2 weeks				Heart Attack(s)			
Bronchitis or chronic cough				Chest Pain, angina			
Asthma or hay fever				Palpitations, irregular, fast or slow heart beat			
Pneumonia				Heart Murmur			
Tuberculosis				Mitral Heart Valve Disease			
Emphysema or shortness of breath				Rheumatic Fever			
Any other lung trouble				High Blood Pressure			
Have you or your family had any bleeding problems?				Low Blood Pressure			
Anemia				Thyroid Trouble			
Sickle Cell Disease				Kidney Trouble			
Jaundice, hepatitis, liver trouble				Headaches, Migraines			
Hiatal Hernia or Ulcer				Polio, paralysis, meningitis			
Back Pain or Injury				Disease of th Nervous System			
Slipped disc, sciatica				Chance of Pregnancy: _____ Yes _____ No Last Menstrual Period: _____			
Convulsions, epilepsy				Do you use street drugs? (circle) daily occasionally none			
Stroke				Do you drink alcoholic beverages? (circle) daily occasionally none			
Diabetes				Do you smoke or have you smoked? ___ Yes ___ No How many years? _____ Packs per day? _____ How long ago did you quit? _____			
Low Blood Sugar				Other illness not mentioned above _____			
Frequent leg cramps				_____			

Patient Signature

Date

Reviewed by

Date

Instructions before surgery

AFTER YOUR SURGERY IS SCHEDULED YOU SHOULD:

1. Notify your insurance company of your upcoming surgical procedure.
2. Arrange for a responsible adult to accompany you to and from the hospital the day your surgery is scheduled. Unfortunately, *your surgery will be cancelled* if you do not have someone to drive you home.

INFORM THE SURGEON PERFORMING YOUR PROCEDURE IF YOU:

- take aspirin or aspirin containing products (i.e. Bayer, Enteric Coated Aspirin, Rhinocaps, BC Cold-Sinus Allergy Powder, Alka-Seltzer Plus Products, Night-Time Effervescent Cold Tablets, Ursinus Inlay (Tablets))
- take a blood thinning medication (i.e. Coumadin/Warfarin, Ticlid/Ticlopidine, Plavix/Clopidogrel)
- take steroids (i.e. Prednisone)
- take diabetic pills or insulin
- could be pregnant
- have an implant of any type (such as a heart valve or orthopedic implant)
- if you have a change in your health before surgery (such as flu, cold, or chest congestion)

Pre-operation food/fluid guidelines

ABSOLUTELY no solids 8 hours prior to surgery.

ABSOLUTELY no liquids 4 hours prior to surgery.

Limit intake of clear liquids (4-8 oz. maximum) *up until 4 hours* prior to surgery

- Water, clear broth, popsicles, juice & Jell-O are acceptable
- No carbonated beverages, pulpy beverages, milk, or milk products.
- Take ALL blood pressure, heart and diuretic medications in the morning with a sip of water
- Inhalers should be taken as scheduled

Day of surgery

Follow these instructions carefully:

- Take only pre-approved medications, with only a SIP of water.
- Do not wear make-up, hair pins, jewelry or fingernail polish.
- Take a bath or shower. Cleanliness is part of your surgery.
- You may brush your teeth. Do not swallow water or toothpaste as it may upset your stomach during or after surgery.
- Do not smoke, chew tobacco, suck on mints or chew gum before surgery.
- Leave all jewelry, credit cards, cash and other valuables at home.
- If you wear contact lenses, glasses, dentures, or hearing aides please bring a container to protect them during surgery.
- Wear loose comfortable clothes.
- We suggest 1-2 adult family members or friends accompany you while you are at the hospital.
- Bring this completed Pre-Op handbook with you to the hospital.
- Please check in at front desk at the main hospital entrance when you arrive. If the receptionist is not there, please go to the nurses' station. Have your insurance card available for review.

If you are delayed, please call the Nurses Station at 737-5253, or the Surgery Department's answering machine at 737-5238. We will be pleased to assist you in any way we can.

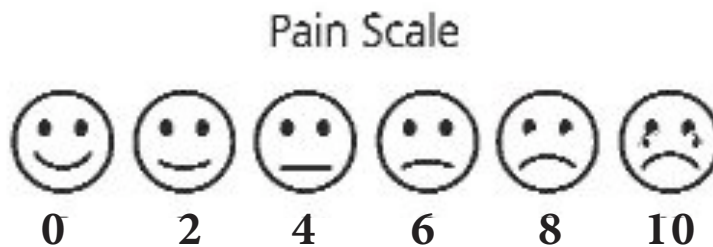
Frequently asked questions

What are “consents?”

Informed consent is an understanding of the risks, benefits and alternatives related to your procedure and your agreement to undergo the scheduled operation. This is an opportunity to ask questions, to review answers and to make an informed decision. We will ask you to sign a consent verifying your understanding on the day of surgery.

Assessing pain?

We will ask you to assess your discomfort level according to this scale so we can help you manage your discomfort.



What will be my post-op diet?

Your diet following surgery depends on the type of surgery. It is necessary to start slowly with sips of water and progress according to doctor’s orders.



WELCOME TO
ORANGE CITY AREA HEALTH SYSTEM

PLACED: 1982
ORANGE CITY AREA HEALTH SYSTEM
MAIN LEVEL OF



1000 Lincoln Circle SE • Orange City, IA 51041 • ohealthsystem.org