

Having Surgery at Littleton Regional Healthcare



600 St. Johnsbury Road, Littleton, NH 03561 (603) 444-9000

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Introduction to LRH Surgical Services

Thank you for choosing Littleton Regional Healthcare for your surgical needs. We are fully committed to delivering high quality healthcare to ensure a superior patient experience and clinical outcome.

Please read the following information so that you will have an idea of what to expect on the day of your surgery or procedure.

You are encouraged to ask questions and/or express any concerns you may have – we want you to be an active partner in your healthcare.

Your surgery or procedure date along with the date and time of your pre-op interview (telephone or in person) will be given to you by your surgeon's office.

Please have a list of your medications and dosages handy and be able to talk about your health history with the nurse at the time of your pre-op assessment visit or phone call.

My Pre-Op ☐ Visit ☐ Phone Call is:

Date: _____ at Time: _____

Our Operating Room Scheduler will call you between 10:00AM and 1:00PM the day before your procedure to provide you with your arrival time. If you have special needs regarding the day of your surgery, please inform your nurse during your pre-op interview.

My Surgery Appointment is:

Date: _____ at Time: _____

Please make every effort to arrive at your assigned time.

Important Telephone Numbers:

LRH Main Line: 603-444-9000

Same Day Surgery (SDS): 603-444-9264

OR Scheduling 603-444-9277

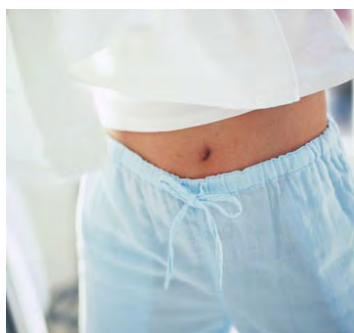
Director of Surgical Services 603-444-9319



The Day of Surgery

Eating and Drinking

Please be sure to follow the instructions you received from your doctor about eating and drinking before surgery. Remember, no tobacco, chew, gum, hard candy or breath mints. You may brush your teeth the morning of surgery - rinse and spit - do not swallow.



Clothing

Please wear loose, comfortable clothes to the hospital – it may be difficult getting dressed after surgery or difficult to get clothes on over a bulky dressing.

Personal Belongings

Leave all valuables and jewelry at home – there is a chance that jewelry could be lost or broken while we are positioning and/or moving you. The hospital is not responsible for lost/broken jewelry, money, credit cards, etc. Please remove contact lenses to lessen the chance of a corneal abrasion.



Personal Hygiene



Do not wear nail polish, make-up, cologne/perfume or body creams, etc. Please shower with the special soap and instructions you were given by your surgeon's office. If your surgery is scheduled at the last minute, please wash your hair with shampoo and shower with an antibacterial soap, such as Dial®, the evening before and morning of your surgery. Do not shave your surgical site. Any necessary hair removal will be done immediately before surgery with a special clipper designed to leave no "nicks" on your skin. Metal body piercings can conduct electricity when electrocautery is used—they usually need to be removed prior to surgery.

Medications

Please follow your physician's orders for taking medications – surgery may need to be cancelled if certain drugs, such as blood thinners, are not stopped prior to surgery. If you are instructed to take medications the morning of surgery, please swallow with only a sip of water.

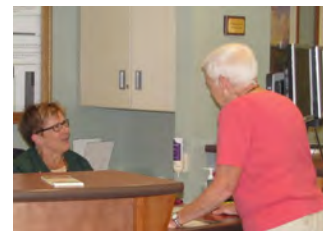


Important Facts

For your safety, and prior to your arrival for same day surgery, you should have arranged for a responsible adult (**contact person***) to:

1. Accompany you to the hospital on the day of surgery.
2. Remain on-site and/or immediately available throughout your surgery and/or procedure.
3. Assume responsibility for discharge instructions
4. Provide transportation home following your surgery and/or procedure.
5. Be available to assist you for at least 12 to 24 hours after your surgery or procedure.
6. Use of a taxi or the Care-A-Van is permitted as long as you have a responsible adult accompanying you. The driver cannot be responsible for your care. If you have not arranged for a responsible adult to assume these duties, the surgeon or anesthesia provider may recommend you stay in the hospital under observation for 24 hours. Please understand that this cost probably is not covered by Medicare or insurance and would become your responsibility.

*(*A **contact person** is the person you name to receive information about your progress and condition during and after surgery. This is done to protect your privacy and gives you the ability to choose who has access to your medical information. The Health Insurance Portability and Accountability Act (HIPAA) prohibits us from giving information to anyone other than your contact person. In the pre-op area, your contact person will be given a card with a code on it (example: 01234). No information will be given to anyone that does not have this code. Family or friends seeking information about your condition will be directed to speak to the contact person you designated.)*



While you are undergoing your procedure, we encourage your contact person to wait where he/she will be most comfortable. Visitors can be reached by telephone. If they choose to stay at the hospital, a coaster pager can be provided so that the surgeon may contact them. Suggested waiting areas are the seating area outside the gift shop, the surgery waiting room or the cafeteria. Wireless access is available throughout public areas of the facility and in all patient rooms. Our Gale Medical Library has computers for public use when the library is staffed.



Visitors

No visitors are allowed to go to the operating room except for one parent of underage children, a translator or the caregiver of a patient with an intellectual disability. One person may also accompany a patient having a C-Section.

Your Surgical Team

Each patient has a team of experts caring for them:

Same Day Surgery (SDS)/Pre-op RN - these nurses will confirm your health history, provide education and pre-operative care such as starting your IV, lab draws, hair removal, etc. Our pre-op nurses have extensive, varied backgrounds in all specialties of nursing. After surgery and a short stay in the recovery room, you will return to SDS for discharge care and follow up to ensure you are ready to go home. If you are going to be admitted, you will go to your room directly from the Phase I recovery room.



Surgeon - your surgeon is a physician who trained in a surgical specialty.

Surgical Assistant - Surgical assistants have advanced training – they may be OR nurses or surgical techs who have taken classes and fulfilled clinical hours in surgical assisting. The assistant may also be your surgeon's physician assistant (PA) or advanced practice RN

(APRN). Not all procedures require surgical assistants.

Certified Registered Nurse Anesthetist (CRNA) -

Advance practice registered nurses who work with the surgeon and administer all anesthetics and pain blocks. They continuously monitor you throughout your surgery.



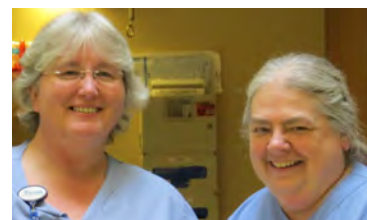
OR Nurse (circulating nurse) - Each OR nurse has had specialized training in perioperative nursing. They are the patient's advocate during surgery. OR Nurses are responsible for maintaining a sterile environment in the OR, coordinating your care and fulfilling the needs of the sterile team.

Scrub Nurse/Surgical Tech - Registered nurses or allied health professionals whose role is to create and

maintain the sterile field and assemble and hand the instruments to the surgeon.



PACU/Recovery Room Nurses - RNs who specialize in providing care to the patient during the immediate post-operative period. Our PACU nurses have many years of critical care nursing experience.



Pre-Op

The scheduled time of your surgery is approximate. Everything possible is done to ensure that surgeries start on time, but delays are sometimes unavoidable. We will keep you and your family apprised of any changes to the expected schedule.

What to Expect the Day of Surgery . . .

Your first stop will be in admitting, on your left as you walk in the main entrance. Here your identification bracelet will be put on - please look at it to ensure all information is correct.

You will then be directed to the Same Day Surgery (SDS) waiting room, where you will give your name to the volunteer behind the desk.



If there is no volunteer present, please follow the instructions on the counter for letting the nurse know you have arrived.

Your pre-op nurse will greet you and escort you back to SDS. You will be asked if the information on your ID bracelet is correct and to state your name, birth date, surgeon, surgical procedure to be done and any allergies to food and medicine that you may have. If you have allergies, a red allergy bracelet will be put on to alert your healthcare team. Your nurse will verify that eating/drinking instructions were followed and that all medications that were to be held were not taken.

Please know that for your safety you will be asked these questions numerous times during the day!

You will be asked to undress completely and put on a hospital gown, often one that can be hooked up to a warming unit so that you will be comfortable before, during and after your procedure. Your IV will be started and any lab work that has not been done will be drawn at this time.

It is here that you will meet your anesthesia provider, operating room nurse and other members of your surgical team. You will see your surgeon and he will mark your surgical site.



Pre-Op

Anesthesia

When you speak with your anesthesia provider, you will have a chance to ask any questions you may have regarding anesthesia.

There are a wide range of options to keep you comfortable. Your anesthesia provider will listen to your preferences and will recommend a type of anesthesia based on your comfort and your surgeon's needs. *If you or a family member have ever experienced an adverse reaction to anesthesia, please let your surgeon and anesthesia provider know.*



If you are having a nerve block for post-op pain, it will most likely be inserted in the Same Day Surgery area.

After you sign consent forms, your eyeglasses, dentures and hearing aids will be removed and safely stored. You are now ready to go to the operating room. You may be given a medication, through your IV, to sedate you.

Intra-Operative

When you arrive in the operating room, you will meet the remaining members of your surgical team and you may hear the team reviewing a surgical safety checklist.



You will then be moved to the operating room table and a safety strap will be placed across your thighs for your safety.

The warming unit will be turned on and the sequential stockings that may have been placed on your lower legs will be turned on to promote circulation and help decrease the risk of blood clots.

At this time, you will either be given general anesthesia (fully asleep with breathing tube), a spinal, or you may be made comfortable with medications through your IV.



At all times you will be monitored either by an anesthesia provider or a second experienced perioperative RN who will be with you at all times.

Surgical Safety Checklist

Patient safety is our number one priority. The Surgical Safety Checklist was developed as part of the World Health Organization's "Safe Surgery Saves Lives" initiative started in 2007.

The Checklist is a patient safety tool that is used by the surgical team to discuss important details about your surgery along with measures for improving teamwork and communication in an effort to reduce the risk of surgical errors and adverse events. In many ways, the checklist is similar to an airline crew performing their pre-flight checklist just before take off. It consists of three "pauses" for exchange of information, as follows:



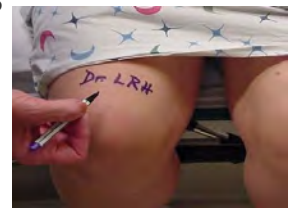
The Briefing Phase: immediately after you are wheeled into the OR, the entire team will proceed to verify your name, surgeon, procedure to be done, allergy check, confirmation of sterility of instruments and check to be sure all implants, devices and special equipment are available. Anesthesia announces what antibiotic is being given and informs the team of any concerns they have. If you are able, please feel free to participate.



Time-Out: just before the surgeon makes his incision or starts the procedure, all activity stops while the RN circulator reads aloud your name and procedure from the surgical consent and another member of the team reads the same info on your hospital ID band. We then verify your position for the procedure, review any allergies and the team verifies that the surgical site mark your surgeon applied pre-operatively is visible through the draping. The surgeon will review any critical steps and/or share other information as needed.



The Debriefing: takes place just prior to your leaving the OR. The surgeon confirms the procedure performed, how specimens are to be labeled and mentions any key concerns for your recovery. The nursing team verifies that all counts were correct.



LRH has utilized this checklist on every surgery/procedure performed since 2009. While you may not remember this happening due to pre-op sedation medications given to you, please be assured that all three phases were conducted.

Post-Op

What to expect...

At the end of the procedure, you will be moved back onto your stretcher and brought to either the PACU (post anesthesia care unit/recovery room) or back to the Same Day Surgery area. You will once again be hooked up to



monitors and closely monitored until the major effects of anesthesia wear off. Your warming unit and compression hose machines will be on. Depending on your surgery, you may also have a urinary catheter, a temporary drain at the surgical site, oxygen and/or a bandage on the incision. You will be encouraged to take deep breaths to help you wake up from the anesthesia and help prevent pneumonia. Nausea, shivering, and headache can be side effects of the anesthesia. Medication to relieve these side effects, as well as medication for pain, will be provided as needed.

You will stay in PACU until you are stable and comfortable enough to be transferred to either your hospital bed or back to the Same Day Surgery area. Patients require privacy and attention in the PACU. For this reason, only one visitor at a time is permitted in the unit except for parents of children. If you are an outpatient, you will be given written and verbal discharge instructions and prescriptions when you return to the Same Day Surgery unit.



Our Post Anesthesia Care Unit (PACU) may be one of the best kept secrets in our hospital. The PACU provides intensive observation and care of patients who have undergone procedures that require anesthesia. Advocating for patients at their most vulnerable requires our nurses to be expert clinicians with excellent critical-thinking and communication skills. Post-anesthesia nurses are capable of making intelligent, independent decisions and initiating appropriate action as necessary. Our nurses are committed to providing high-quality, individualized patient care, while maintaining flexibility to coordinate care by various health-team members.

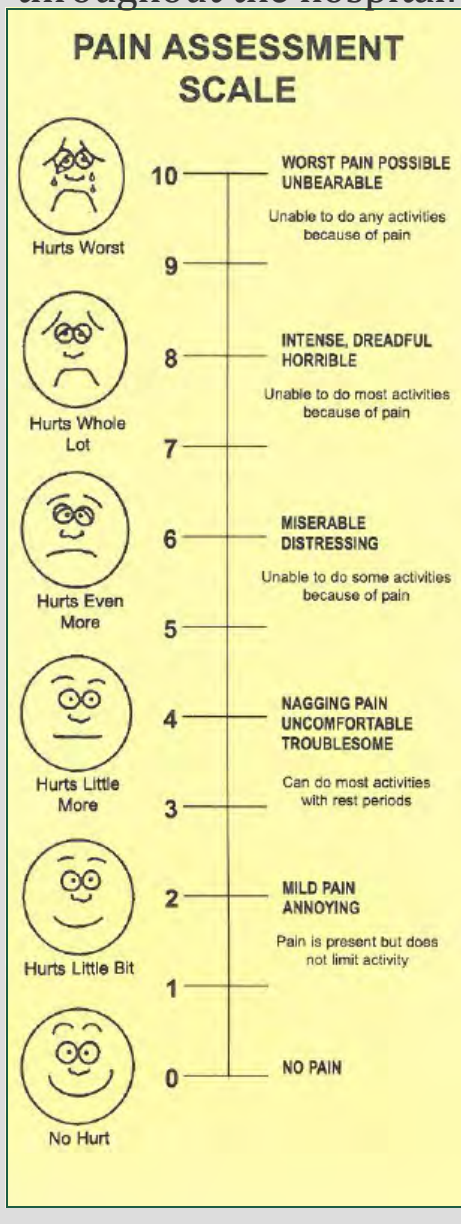
Pain Scale

Pain is subjective...

This means that no one but you knows how you feel. This can make it difficult to determine whether medications or other treatments are helpful in reducing your pain.

Throughout your hospitalization, staff will ask you to use a pain scale to rate your pain. Pain scales help you rate your level of pain to communicate it to the healthcare team. The use of a pain scale also allows the staff to be most helpful to you in treating your pain.

This is the scale used throughout the hospital:



Expect staff to ask you about your pain when taking your vital signs. You will also be asked before and after you are given pain medication to see how effective the medication is for you.

- Managing your pain and discomfort requires cooperation between you and our staff. Keeping your pain under control is very important for your well being. It will help you to sleep, move, rest, attend to your daily activities and visit with friends and family better.
- In addition to medication, other ways we can help you avoid or limit pain or discomfort are to help reposition you, provide massage, hot or cold packs and to offer music as a distraction.

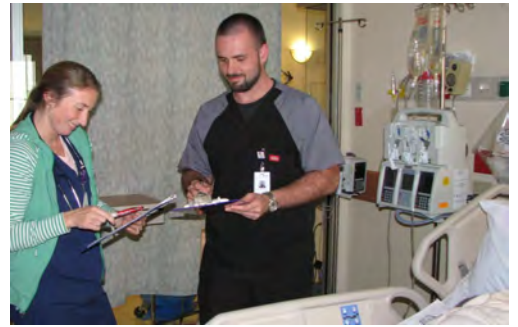
Although you may not have total relief from your pain, we want to be certain you are as comfortable as possible.



Discharge

Information on how to care for yourself at home, along with instructions on any new medications, will be explained to you before you leave. Your nurse or surgeon will answer any questions you may have.

If you have been prescribed a pain medication, it is important that you do not drink alcohol or drive while taking the medication. Arrange for someone to accompany you to the hospital and stay with you the first 24 hours after your discharge from the hospital. **Do not drive for 24 hours after undergoing anesthesia.** Your surgeon will determine whether you require home care or rehab services after discharge. These services will be arranged for you.



Infection Prevention

We would like to share with you some of our initiatives for preventing surgical site infections and let you know how you can help prevent infection:

- We are diligent about hand washing before and after caring for each patient. Do not be afraid to ask your healthcare provider if they have washed their hands or should be wearing gloves.
- Make sure you understand how to care for your wound before you leave the hospital.
- Be sure to wash your hands thoroughly before caring for your wound. Wash all surfaces with an antibacterial soap (such as Dial®), paying special attention to your finger nails and the spaces between your fingers. Recite the alphabet twice while washing to ensure you wash for a good 20 seconds.
- Family and friends who visit you should wash their hands. Unless your caregiver is helping you with a dressing change, no one has a reason to look at or touch your surgical wound or dressings.
- Be alert for signs of infection.
 - ♦ Redness, pain, hardness at the surgical site (minimal swelling and bruising is normal).
 - ♦ Fever greater than 101° after the first 24 hours. (It is normal to run a low-grade fever the first 24 hours after surgery.)
 - ♦ Foul drainage or pus coming from the incision.

If you develop any of these signs/symptoms, please call your doctor (or our Emergency Department if after hours, at 603-444-7500)

Smoking delays wound healing – please let your healthcare provider know if you are interested in a smoking cessation program.

Patient Safety

Patient Safety is our number one priority and everyone has a role to ensure that medical care is safe and effective. Patients who are involved in their care have the best outcomes. Things you can do to become an active member of your healthcare team include:

- Understand what is happening to you - know your treatment plan - ask questions. Follow all instructions for your care. If something does not seem right or you need clarification, ask that the information be repeated. Be honest when conversing with the medical staff.
- Involve a friend or family member in your care.
- Make sure healthcare professionals check your wristband or ask you your name and date of birth before giving you any meds or treatments. Ask what you are being given for medications. If you are unfamiliar with a medication, ask for more information.
- If you do not know your medical history and/or what meds you take, keep an updated list with you.

LRH Patient Satisfaction Goals

LRH recognizes our patients as partners in their care. Patients and their families are an indispensable part of our healthcare team. Family members serve as allies for quality and safety. Having a family advocate involved in care supports communication and understanding for both patients and caregivers. We are dedicated to providing an environment that fosters open communication and questions.

Littleton Regional Healthcare is committed to ensuring that you and your family to have the best possible experience while in our care. Because quality, safety and best outcomes are our top priorities, at any given time, we are working on hundreds of projects to improve patient outcomes.

We closely follow our progress on these projects and share those results with our entire staff so that we can use the information to continually improve.

Littleton Regional Healthcare is always working to provide the highest quality patient care, in the safest possible environment, in order to achieve the best possible outcome for every patient.

Our quality and safety efforts are organized to enhance the outcomes for the patients and families we serve. Our goal is, and always will be, to exceed your expectations.

SpeakUpTM: Anesthesia and Sedation

Nearly **40 million** anesthetics are administered annually in the U.S.

- American Society of Anesthesiologists

What is anesthesia?

Anesthesia is the use of drugs to prevent pain during surgery or other medical procedures.

What is sedation?

Sedation is the use of drugs to relax you and may be used with anesthesia.



Types of anesthesia

The anesthesia you are given is based on your health, history, the procedure, and your choices.

Regional

produces a loss of feeling to a specific region of the body. A shot is given to numb the area that requires surgery.

Local

produces a loss of feeling to a small, specific area of the body. A shot is given to numb the area.

General

affects the entire body. You have no awareness or feeling. You may breathe gases or vapors through a mask or tube. Drugs may also be given through an intravenous (IV) tube in your vein.

Effects of sedation

Relaxed and awake.

You can answer questions and follow directions.

Relaxed and drowsy.

You may sleep through much of the procedure. You may hear sounds and voices around you. You can be easily awakened when spoken to or touched.

Drowsy to lightly sleeping.

You may have little or no memory of the procedure. Your breathing slows and you may be given oxygen. You may sleep until the drugs wear off.



Resources

American Association of Nurse Anesthetists: www.aana.com
American Society of Anesthesiologists: www.asahq.org

The goal of Speak UpTM is to help patients become active in their care.



www.jointcommission.org

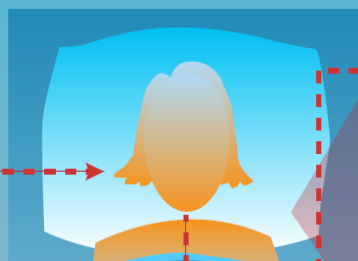


Tell your doctor or anesthesia professional about

- General health issues and any recent changes
- Allergies to medicines, foods, latex, rubber or any other things
- Medical problems, such as high blood pressure, heart disease, diabetes, kidney or liver disease, asthma, acid reflux and sleep apnea
- Recent hospital admissions, surgeries or procedures
- Experience with anesthesia, especially any problems
- Any family history of anesthesia problems
- Any hearing or language concerns
- If you are or could be pregnant
- All drugs you are taking, including prescriptions, supplements, herbs and over-the-counter drugs
- Questions or concerns

Before surgery or a procedure

- Ask a friend or relative to be your advocate. They can help remember questions, write down answers, and remind you about directions.
- Arrange to take off work and other activities.
- Have someone care for your small children.
- An anesthesia professional will talk to you. This could be a physician anesthesiologist, a nurse anesthetist or an anesthesiologist assistant.
- Ask the anesthesia professional about the benefits and risks of anesthesia.
- Follow instructions for eating, drinking and taking medicines, especially instructions for when not to eat or drink.



After surgery or a procedure

You may feel sleepy. The drugs can stay in your body for up to 24 hours. Remember, it is important to follow the instructions provided after the procedure.

Don't:

- Drive a car, operate equipment or drink alcohol for at least 24 hours
- Make any important decisions or sign any legal documents until you recover
- Go back to your regular activities, such as work and exercise, until your doctor says it's OK

Do:

- Speak up if you have any questions
- Ask for written instructions. Know what signs should cause you to call the doctor.
- Ask how to contact someone in an emergency
- Ask what medicines you should or should not take
- Have a friend or family member take you home
- Take liquids first and slowly progress to a light meal
- Take it easy until you feel back to normal

SpeakUpTM: Anesthesia and Sedation



American Association of Nurse Anesthetists: www.aana.com
American Society of Anesthesiologists: www.asahq.org

The goal of Speak UpTM is to help patients become active in their care.



www.jointcommission.org

Patient Satisfaction Survey

We value your thoughts and feelings regarding the care you received at LRH. After your surgery you may receive a survey asking questions about different aspects of your recent stay at LRH. We welcome your responses to help us ensure our services are exceptional.

Capturing the voice of every patient is an important part of healthcare performance improvement. Your feedback allows LRH to better understand what our patients want and where they may have experienced disappointment. It gives us valuable insight into how to improve quality, care, and satisfaction with the services we provide.

Some of the areas this survey will focus on are:

Communication

- ◆ Did our doctors and nurses listen carefully to your health concerns?
- ◆ Were you treated with dignity and respect?
- ◆ Were your doctor and nurse easy to talk to?
- ◆ Did you receive clear, correct information about your diagnosis, medication and care?

Access to Care

- ◆ How long did you wait to see your provider?
- ◆ Was your doctor or nurse willing to spend enough time with you?
- ◆ Could you access same-day or next-day appointments?

Care Coordination

- ◆ Was care quick and easy or confusing and delayed?
- ◆ Did your doctors, nurses and other care providers work well together?

We hope you have a caring & pleasant experience at LRH and ask you to take the time to complete your survey.

Thank you again for choosing LRH for your healthcare needs.

