



Norwalk Health (NH)

Name: _____

Surgery: _____

Surgeon / Phone #: _____

Having your Surgery at Norwalk Hospital * What to Expect

Thank you for choosing Norwalk Hospital for your surgery. We are committed to providing you with the best possible surgical care using the latest technology.

This handbook should be used as a guide to help you through your surgery, hospitalization and recovery, and answer questions that you may have. Please give us feedback that you think would make your experience even better.

Kathleen.Gravelle@norwalkhealth.org, V2



Norwalk Hospital
34 Maple Street
Norwalk, CT 06856
www.norwalkhospital.org

Contact	Phone number
Main Hospital	203-852-2000
Admitting	203-852-2090
Patient Registration	203-852-2077
Patient Information	203-852-2772
Medical Records	203-852-2320
Billing Information	203-852-2016
SWC Pharmacy	203-852-2690

To Sign up for the patient portal and access your medical information online:
www.norwalkhospital.org/myhealthnotes

FAMILY AND FRIENDS MAY CALL PATIENT INFORMATION AT (203) 852-2772 TO OBTAIN A PATIENT'S ROOM PHONE NUMBER.

VISITING HOURS ARE:

MONDAY-FRIDAY 8:00AM – 8:00PM

SATURDAY & SUNDAY 10:30AM – 7:00PM

VISITORS AT OTHER HOURS MUST ENTER THROUGH THE EMERGENCY DEPARTMENT

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ENHANCED RECOVERY AFTER SURGERY

ENHANCED RECOVERY AFTER SURGERY (ERAS)

Enhanced Recovery after Surgery or ERAS, is a program that helps you prepare for your surgical procedure and can help your recovery after your operation. It aims to keep things as 'normal' as possible before your operation and to get you back to full health as quickly as possible after your surgery. The ERAS program focuses on making sure that you are an active participant in your surgery and recovery, along with the multidisciplinary team made up of Surgeons, Residents, Physician Assistants (PAs), nursing staff, anesthesiologists, PCTs, social services, physical and occupational therapists, and case management. There are several important ways that we do this that may differ from any previous operations you may have had.

The goal is to reduce the surgical stress and postoperative complications through optimization of perioperative care and recovery that will:

- Minimize pain
- Improve outcomes
- Reduce complications
- Allow for earlier resumption of food and activity
- Reduce your hospital stay
- Expedite return to baseline health and functional status

There are (3) major parts to the ERAS process:

- **PRE-OPERATIVE (before surgery)**
- **INTRA-OPERATIVE (during surgery)**
- **POST-OPERATIVE (after surgery)**

PRE-OPERATIVE (before surgery)

Pre-Habilitation (Prehab) – Planning and Preparation for your operation

Giving you information about your procedure and recovery before surgery will help you improve your body's overall function. Start with prehab to enhance rehab.

Prehab is a proven, common sense method to prevent injuries before they happen. Preventing injuries can improve the quality of life for patients and decrease total healthcare costs. The ultimate goal of prehab is to improve the body's overall function to speed recovery and return to normal daily activities sooner.

Prehab includes:

Consults: (may be requested by your Surgeon)	
Cardiovascular	Renal
Respiratory	Pulmonary
Counseling: Stopping or decreasing	
Smoking	Alcohol
Chewing Tobacco	Illicit drug use

Pre-Operative Nutrition & Exercise

Exercise (try to do at least 20 minutes of walking every other day to start and gradually increase as tolerated).

Eat more fruits and vegetables.

Pre-Operative Clear Fluids (any fluid you can see through) is to prevent dehydration, low blood sugar, caffeine withdrawal and the physical stress of surgery. Drink as you normally would or if you are thirsty (1-2 glasses) up to 3 hours before your scheduled surgery or as instructed by your Surgeon.

Avoid carbonated beverages.

Diabetic patients should consider sugar-free products based upon the advice of your doctor:

Water	Popsicle
Non-alcoholic beverages without milk	Coffee or tea with NO milk or cream
Juices (apple juice) without pulp (NO orange juice)	Gatorade (avoid red or purple)
Jello (avoid red or purple)	Clear broth/bouillon

NOTE: Milk and Orange Juice are NOT CLEAR Fluids

NO SOLID FOOD after midnight and nothing but clear liquids before your procedure or as **instructed by your Surgeon.**

Patient Responsibility: Take Charge of your Care

Your responsibility is to learn and do all you can to take care of yourself before, during and after surgery. Follow the advice of your doctor.

Surgery can be a stressful time for you and your family. Just thinking about surgery may cause some anxiety. The more relaxed and confident you are going into surgery, the better your chances for a successful and comfortable experience.

Talk to all your doctors so that you are making an informed decision about surgery. Surgery involves some degree of risk. Information about the risks and complications associated with surgery will be discussed with you by your surgeon before your procedure.

Patient Education

- Patients are given this Handbook at their initial visit. It is a convenient tool for you to record your medications, medical and surgical history, any allergies you have, keep track of your progress and record any questions you or your family have
- Patients are informed about their procedure by their surgeon and are encouraged to view the EMMI videos about their procedure, anesthesia and hospital stay. Once your procedure has been scheduled, you will receive information either by email or phone regarding EMMI videos to view for your education, as approved by your Surgeon
- Patients will know what to expect during the surgery process (before, during and after)
- **Drinking Gatorade will help get your body ready for surgery by making sure your body has the energy it needs**
- **You are allowed clear fluids (see list on page 6) up to 3 hours before your scheduled procedure unless otherwise advised by your Surgeon, avoid orange juice and milk products**

Early feeding / Early Mobility

- You can eat as soon as you are ready, after surgery as advised by your surgeon
- You are encouraged to get up and out of bed, after surgery. This helps to reduce the risk of pneumonia and blood clots
- You will be given a pedometer while in the hospital to record the number of steps you take daily. Your nurse will ask you and record your steps along with your vital signs (including blood pressure, pulse, temperature and oxygen levels). You are encouraged to keep the momentum going while you are home with your pedometer and record your steps in the calendar at the back of this booklet (page 31) to show your doctor on your follow up visit
- The sooner you're eating and your bowel movements are back to normal, the sooner you can go home

Early removal of catheters

- The urinary catheter will be removed as early as possible to aid with moving and decrease the risk of a urinary tract infection (UTI)
- Once you are drinking and eating appropriately, the Intravenous (IV) fluid can be discontinued allowing you to move more freely, however the IV Heplock will remain in until you are discharged.

Pain and Nausea management

- We create a pain management plan for patients before surgery and can limit the amount of opioids (narcotics) by using other pain medications
- We recognize that narcotics can cause constipation and slow down recovery so we use them sparingly (don't worry, your pain will still be well controlled)
- Your doctor may also prescribe preoperative analgesics like gabapentin, Tylenol and/or Celebrex. Only take them as prescribed by your doctor

Early (earlier) Discharge

- The goal is to accelerate your recovery and have you return to normal activity as soon as possible

KEEP IN MIND THAT NORWALK HOSPITAL IS A TRAUMA CENTER. THIS MEANS THAT YOUR SURGERY MAY BE DELAYED OR RESCHEDULED DUE TO AN EMERGENCY. EVERY EFFORT IS MADE TO KEEP YOU ON SCHEDULE!

BEFORE YOUR SURGERY:

- Instructions on preparing for your surgery by your Surgeon
- History and Physical Exam, EKG, Chest X-Ray, or other tests ordered by your surgeon
- Blood tests and possible urine specimen
- Special instructions on what to do before surgery if you are on blood thinners (common blood thinners include coumadin, xarelto, eliquis, pradaxa, Plavix or aspirin)
- Obtain special written instructions if you are on Insulin or oral diabetes medication
- Special antibacterial soap to shower with for 2 days prior to and on the day of surgery
- View the EMMI program about your procedure, anesthesia and hospitalization

PREPARING FOR SURGERY:

- Eat healthy food before your surgery
- Get enough exercise so you are in good shape for surgery (walking at least 20 minutes per day)
- Stop or cut back your smoking, illicit drug use and alcohol intake
- Follow your doctor's orders regarding blood thinners and diabetes medication
- Stop taking any vitamins, supplements, and herbal products 10 days before your surgery
- Stop taking ibuprofen (Motrin or Advil), aspirin containing products and naproxen (Aleve) 10 days before surgery or as instructed by your Surgeon

PRE-SURGERY CHECKLIST:

What should you bring to the hospital?

- A list of current medications, including herbal products and over the counter medications (see checklist on page 26 of this handbook). Make sure you include the dose and last time you took your medications
- A list of allergies (medications, latex, environmental, food) pg 25
- Any paperwork given to you by the doctor
- Confirm with your Surgeon where the incision will be (**DO NOT** shave the area)
- A copy of your living will, advanced directive or healthcare power of attorney if you have one
- Legal ID, health insurance card, and prescription cards
- A book or something to do while you wait
- A change of comfortable clothes for discharge
- Any toiletries that you may need
- Eyeglasses (with appropriate case)
- Hearing aid(s) and batteries (with appropriate cases)
- Dentures: we will provide a container for you to use
- Your CPAP or BiPAP machine
- Please leave all jewelry, credit cards and objects of value at home. The hospital is not responsible for these items
- Confirm your arrival time with Pre-Admissions Testing (PAT). You should receive a phone call within 1-3 days before your procedure with your arrival time (203) 852-2758

For your safety, you should plan to:

- Identify a Care Partner for your stay in the hospital
- Have a responsible adult with you on discharge

To Cancel your Surgery:

- Call your surgeon
- Call Norwalk Hospital Admitting at 203 852-2090

NIGHT BEFORE SURGERY:

- No solid food (or milk products) after midnight, or as instructed by your Surgeon
- You may drink water or Gatorade (or other clear liquids, refer to page 6) up to 3 hours before your scheduled procedure time unless otherwise instructed by your Surgeon
- Take a shower with the antibacterial soap provided
- Follow any other instructions from your Surgeon

DAY OF SURGERY (Day 0):

Before you leave home

- Take a shower with the antibacterial soap provided
- Take your medications as indicated by your doctor with water. Do not eat anything
- Remove nail polish, makeup, jewelry all piercings, and contact lenses
- Continue drinking water, Gatorade or clear liquids on the morning of your surgery as you normally would (1-2 glasses), up to 3 hours before your procedure. Do NOT drink any other liquids or eat after midnight, unless instructed by your Surgeon.

If you eat or drink non-clear liquids, we may have to cancel your surgery.

Hospital arrival

- Arrive at the hospital at the time given to you
- Make sure that you keep a record of the last time you ate any solid food and the last time you drank clear liquid
- Report to the Registration desk on the 1st floor, McGraw Center
When you come to the hospital, please follow the signs to the *Visitor Parking Garage* on Maple Street. After you park, look for the *North Elevator* and follow the signs for the McGraw Center. If you need assistance, you can use the valet services located at the main entrance to the hospital. We have a new security procedure in place so be sure to bring your driver's license or photo ID. All patients and visitors need to show an ID when entering the hospital.
- Check in on the 5th floor, Ambulatory Surgery
- Your family will be given instructions on how to check on your status while you are in the procedure
- You will be taken into AMBI where you will get ready for your procedure and you will meet the anesthesiologists
- Compression stockings will be applied to help prevent you from developing blood clots
- Women of childbearing potential will be required to have a urine pregnancy test

INTRA-OPERATIVE (during surgery)

- **Anesthesia** - The introduction of rapid short-acting anesthetics, high epidurals, opioids, muscle relaxants, and monitored sedation drugs provide excellent relief without the side effects of older medications once used.
- **Fluids** - Fluid management must be balanced between avoiding too little or too much fluid administration that can result in you having trouble breathing. We use a goal-directed approach to maintain just the right amount of volume without dehydrating you.
- **Pain relief** - Using a combination of pain medication will enable you to get up and about after your operation and will allow you to recover more quickly.



- **Body Temperature** - To prevent your body from getting too cold before, during, and after the procedure, warmers (Bair Hugger® Therapy) are used for all patients.
- **DVT Prevention** – To help prevent you from getting blood clots, you will have compression stockings applied on arrival. If appropriate, you may also receive medications.

- **Antibiotic Prophylaxis** – If appropriate, you may receive an antibiotic before your procedure and for 24 hours immediately after your surgery to help prevent surgical site infections.
- **Oxygen** - During your procedure, you may have a tube or mask that will help your breathing. After the procedure, you may still have a mask or oxygen tube in your nose (nasal cannula) to assist your breathing.

POST-OPERATIVE (after surgery)

PACU Post Anesthesia Care Unit (Recovery)

- **Early feeding and activity** - Allowing food and drink earlier after surgery can allow you to recover more quickly and give the nutrition that is needed to heal. Supplement drinks (like protein shakes) can also be helpful and may be provided to you while you are in the hospital.

You should get out of bed to a chair and walk, on and off for at least 8 hours a day. This helps to prevent complications like pneumonia, blood clots and muscle weakness. Record the steps on the pedometer provided to you. On average (based on stride), it takes about 2,640 steps to walk one mile (about 20 minutes).

- **Early removal of the urinary catheter and intravenous fluid-**
The urine tube should be removed on Postoperative Day 1 or 2 to aid with early mobilization. Once the tube is removed, you should be able to get up and walk to the bathroom to urinate. Please ask for assistance when getting out of bed until you are steady on your feet.

Once you are eating and drinking, the intravenous (IV) fluid will be disconnected. The plastic catheter (called a heplock) will still remain in your vein until you are discharged.

- **Prevention of nausea and vomiting** – Postoperative nausea and vomiting (PONV) can occur after your procedure. Eating small meals and drinking plenty of fluid can help prevent nausea and vomiting. If you are feeling nauseated, tell your nurse as soon as you feel it so that you can get medication to help relieve the feeling.

- **Pain relief** - Using a combination of pain medications tailored to you will enable you to get up and about after your operation and will allow the bowel to recover more quickly.

You will be asked to rate your pain on a scale of 0-10. Zero (0) is no pain and 10 is the worst pain you've ever felt (severe).

- **Hand hygiene** – Washing hands is the first line of defense to prevent infections, either using soap and water or an alcohol based product. Healthcare workers, patients, and families, should wash their hands before and after patient/ environment contact, after going to the bathroom, when soiled, and after body fluid exposure. Healthcare workers should wash their hands before and after they enter your room.
- **Leg exercises** – Will help blood circulation in your legs.

Repeat exercises 4 to 5 times every 30 minutes while awake:

- Rotate your feet to the left and then to the right
- Wiggle your toes and bend your feet up and down
- Stretch your legs out straight



- **Deep breathing and coughing exercises** – The inspirometer is a simple device that encourages you to breathe deeply, helping to prevent pneumonia. Repeat this exercise 8-10 times per hour while you are awake. Then take a deep breath and cough using a small blanket or pillow against your surgical site incision.

- **Abdominal Pain** – After abdominal surgery, it is not unusual to suffer abdominal pains during the first week following your procedure. If it continues longer or gets worse, please call your surgeon.
- **Wound** – It is not unusual for your wounds to be slightly red and uncomfortable during the first one-two weeks after surgery. If it remains red, swollen or has drainage, please call your surgeon.
- **White Boards** – While you are in the hospital, there will be a smart whiteboard in your room. Please feel free to use this as a communication tool for yourself and your family with your healthcare team where you can track your progress, set goals, and write your questions.

POST OP CHECKLISTS:

- Drink plenty of fluids and eat healthy food
- DIET: (as ordered) _____
- ACTIVITY: As tolerated, move several times a day
- Get out of bed often and exercise, record steps
- Assess pain level
- Wash hands often
- Do your Incentive spirometer exercises frequently
- Keep your bandage clean and dry

DISCHARGE CRITERIA:

Before you are sent home we would ideally like you to:

- Be eating and drinking
- Be walking
- Have passed gas (flatus)
- Have your pain adequately controlled

AT DISCHARGE:

- Copy of Discharge Instructions
- Copy of Medication list. Make sure that you understand any special instructions or new medications given you to on discharge

AFTER DISCHARGE

Plan at least 4-6 weeks for full recovery. Your Surgeon may give you more specific instructions, please follow them.

- IMPORTANT: Make your follow up appointment
- Make any follow up blood work appointments if instructed
- DIET: (as ordered) _____
- ACTIVITY: As tolerated, move several times a day, record your steps on the calendar at the end of the booklet
- No lifting greater than 5-15 pounds for 4-6 weeks
- Do not drive while taking narcotic pain medications
- Make sure you understand any medication changes
- You may shower and gently wash (don't scrub) the incision area. Do not take a bath, go swimming or sit in a hot tub for 4 weeks (avoid soaking)
- Continue to take deep breaths often

POTENTIAL COMPLICATIONS:

- Wound Infections
- Bleeding
- Postoperative nausea/vomiting
- Postoperative Ileus (little or no movement in your intestines)
- Pneumonia
- Blood clots

WHEN TO CALL YOUR SURGEON:

- Your wound opens up, is draining pus, or is very red
- Unable to pass gas for 24 hours
- Constipation that lasts for more than 3 days
- Severe pain that is not relieved by medications
- Vomiting that doesn't stop
- Worsened abdominal pain or swelling
- Fever greater than 101.5°F (38.6°C)
- Unable to drink or eat for more than 24 hours
- Shortness of breath
- Chest pain
- You have dizzy episodes or faint while standing
- Lower leg swelling

By being out of bed in a more upright position and by walking regularly, your breathing is improved and there is less chance of you developing a chest infection or clots in your legs, and your bowel function usually also recovers faster. Do cough when you need to, try holding your incision site to reduce the pain. Start your breathing exercises and using the incentive spirometer often. Chewing gum (**do not use sugarless gum**) for at least 5 minutes / 3 times a day may also help.

For any emergency, please call 911 or go to the Emergency Room.

Passing urine

Sometimes after surgery you may experience a feeling that your bladder is not emptying fully. This usually improves with time. It is also worth keeping an eye on the color of your urine. If you are well hydrated you should be passing straw color urine. If you find that your urine is darker it may be a sign that you are dry and usually you should drink more. If you feel you are not emptying your bladder fully or if you have excessive stinging when passing urine, please call your doctor as you may have an infection.

Diet

A balanced, varied diet is recommended. Try eating smaller meals three (3) or more times a day. You may find that some foods upset you and cause loose bowel movements. If that is the case you should avoid those foods for the first few weeks following your surgery. If you are finding it difficult to eat, it is still important to obtain an adequate amount of protein and calories to help your body heal. You may benefit from having three to four nourishing, high protein, high calorie drinks to supplement your food. If you are suffering from diarrhea then it is important to replace the fluid loss and to drink extra fluid and call your doctor for advice. If you are losing weight without trying to or are struggling to eat enough, you may benefit from a consultation with the dietitian; ask your doctor to refer you.

Exercise

Walking is encouraged from the day of your operation. You should plan to undertake regular exercise several times a day and gradually increase this during the four weeks following your operation until you are back to your normal level of activity. The main restriction we would place on exercise is that you do not undertake heavy lifting and contact sports until six weeks following your surgery and with the approval of your Surgeon.

In addition, if you are planning to restart a routine exercise such as jogging or swimming you should consult your doctor and wait until at least two weeks after your operation and start gradually. Common sense will guide your exercise and rehabilitation. In general, if the wound is still uncomfortable, modify your exercise. Once the wounds are pain free you can normally undertake most activities, including sexual intercourse.

Work

You should be able to return to work within two to four weeks after your operation. If your job is a heavy manual job then it is advised that heavy work should not be undertaken until six weeks after your operation. However you should check with your employer in case there are rules relevant to your return to work and with your Surgeon for their approval.

Driving

You should not drive until you are confident that you can drive safely and you are not taking any pain medications. A good measure for this is

when you have returned to most of your normal activities. Usually this will be within two to four weeks of surgery. It is important that any pain has resolved sufficiently to enable you to perform an emergency stop and turn the wheel quickly.

Hobbies/Activities

You should consider taking up your hobbies and activities as soon as possible again after surgery. It enables you to maintain your activity and will benefit your recovery. You should not need to restrict these unless they cause significant pain or involve heavy lifting, in which case avoid them for the first six weeks after your operation.

Tiredness

You might find that you have low energy levels in the first few weeks that you are at home. It is important to mix activities with some rest as needed, but do get out of bed each day and get dressed if possible. Extreme tiredness is not normal, please call your doctor if this occurs.

Summary

To enhance your recovery you will be expected to return to normal activities as quickly as possible. This means that you need to actively participate in your recovery by walking, eating, drinking and following the advice of your Surgeon.

You may receive a patient satisfaction survey regarding your surgical experience. Please do not hesitate to offer suggestions, comments or opinions as this will help us to improve our services to our patients.

DAILY POSTOPERATIVE ACTIVITIES:

- Drink plenty of fluids and eat healthy food
- DIET: (as ordered) _____
- ACTIVITY: Get out of bed often and exercise, record steps in your pedometer calendar (at the end of this booklet)
- Do your Incentive spirometer exercises frequently
- Assess pain level
- Wash hands often
- Keep your bandage clean and dry

FOLLOW UP VISIT

What to bring to your Follow up visit:

- List of current medications (use the checklist on page 30 of this booklet). Make sure you record any medication changes
- Any questions you have regarding your procedure or recovery (you can record them on page 24)
- Wear comfortable clothing
- Bring a family member or friend (preferably the Care Partner you identified during your hospital stay) who can assist in your care and communication with your surgeon

MEDICAL HISTORY

DIAGNOSIS	ONSET DATE
PREFERRED HEALTH CARE AGENCY:	

Daily Pedometer Steps

SUN	MON	TUE	WED	THUR	FRI	SAT

Place patient sticker here

IMPORTANT: PLEASE READ

Information provided in this booklet is for educational purposes. It is not intended to replace the advice or instruction of a professional healthcare practitioner, or to substitute medical care. Contact your surgeon if you have any questions concerning your care.

This booklet is part of the Best Practice in General Surgery's Enhanced Recovery After Surgery (ERAS) Program. The goal of this pathway is to increase your satisfaction, decrease postoperative complications and restore you back to full health

This booklet is provided to you by Norwalk Hospital. For additional copies or to view online, you may go to www.norwalkhospital.org, under PATIENTS , Surgery Booklet in addition to a Map of the Facility.