

A Guide to Your Surgery

Information for Patients and Families

Introduction

Fraser Health is committed to providing “the best in health care” in all of its many services, including surgery.

When “life or limb” is at stake, the decision to have surgery is pretty straight forward and surgery is performed very quickly.

In most circumstances though, surgery isn’t urgent, and there is more time for thoughtful consideration and preparation.

We want you to be an active and informed member of the surgical care team. This Guide provides information, planning checklists, tools, and other resources to help you make decisions, prepare for surgery, and recover as quickly as possible.

We’d also like to draw your attention to a new online tool available to both you and your family doctor that identifies surgeons likely able to do your surgery sooner than others. You can find this tool by going to the Fraser Health website at www.fraserhealth.ca. Click on Your Care > Hospital > Surgery > Choosing a Surgeon.

This Guide contains the following sections:

- The Surgery Decision
- Choosing a Surgeon
- Preparing for Surgery
- Surgery Day
- Going Home
- Frequently Ask Questions
- For Family & Friends

Appendices:

- Some of the Questions You May Want to Ask Your Family Doctor
- Some of the Questions You May Want to Ask Your Surgeon
- Staying in Hospital Checklist
- Preparing for Surgery Checklist
- Exercises After Surgery
- Taking Care at Home After Surgery
- Support Person Checklist

The Surgery Decision

The More You Know

Whether or not to have surgery is a very personal decision. The more you know, the better able you will be to make the decision that's right for you.

The possibility of a surgical remedy to your condition will likely come up in discussion with your family doctor. There may be other alternatives to consider too, so don't be afraid to ask questions.

Being Referred to a Surgeon

If surgery is being considered, your family doctor will refer you to a surgeon for a consultation. This is another opportunity for you to learn more about your condition, options, and the potential risks and benefits of having surgery.

Getting a Second Opinion

Some patients feel as though they are betraying the surgeon they've already seen by seeking another point of view, but you do have the right to ask for a second opinion.

Getting a second opinion may be particularly important to you if you are considering major surgery, if you feel that your questions about the procedure are not being answered, or if you feel your goals and the goals of your surgeon are not the same. For example, if you are trying to avoid surgery and are seeking alternatives to the procedure, and your surgeon insists that surgery is the only option, you should seek a second opinion.

If you want a second opinion, ask your family doctor to make a referral to a different surgeon for a consultation appointment.

Decision Tools & Resources

There are checklists included in the Appendix that you can review and take with you when you see your family doctor or a surgeon. You can also print these from our website where you will also see a link to a Decision Tool about having surgery that you may find useful. Go to www.fraserhealth.ca and enter surgery decision in the search box.

Choosing a Surgeon

Unless your surgery is an emergency, you have some options when it comes to choosing a surgeon.

Some surgeons have more patients waiting for surgery than others. If you want to have your surgery as soon as possible, you and your family doctor can access information which provides the names of the surgeons most likely able to perform your surgery sooner than others.

The "Soonest Surgery Tool" is based on statistics gathered for the Ministry of Health Wait Times website. The results change regularly based on the number of patients referred to

each surgeon and the amount of time available in operating rooms. Here are two examples of how you can use this tool:

Example 1: When your family doctor suggests making a referral to a surgeon, ask your doctor to go to the Fraser Health Physicians Website (www.physicians.fraserhealth.ca > Resources) and refer you to one of the surgeons most likely able to perform your surgery sooner.

Example 2: If your family doctor has already referred you to a surgeon, and you would like a second opinion or be referred to a surgeon who can perform the surgery sooner, you can go back to your family doctor and ask that you be referred to a second surgeon or one that is on the list.

Please note that information about Cardiac Surgery is not included and the information is for adult surgeries only.

Preparation for Surgery

Most surgeries require some advance planning. Here is some general information to help you prepare and to know what to expect.

Different Types of Surgery

There are many different illnesses and conditions that are diagnosed and treated with surgery. The way that you are instructed to prepare for surgery will depend on the type of surgery and the type of anesthetic planned.

Most surgeries performed are Day Surgeries. This means that you check-in, have your surgery, and return home the same day. Some surgeries however, do require that you stay in the hospital where you can be monitored during your recovery. If your surgeon tells you that you will be staying in the hospital, look in the Appendix for what to pack and information on how to request a semi-private or private room.

The law requires that you be given enough information about your surgery to give your “informed consent” for the procedure to be performed. Some people prefer to know very little about the surgery, while others are very interested in the details. There is a link to videos which show different surgeries performed on our website.

Tests and Special Instructions

Your surgeon’s office will advise you of any lab tests or appointments you need before your surgery.

You will also be advised of any specific instructions about taking or not taking medications, showering with special soap, not eating or drinking, etc. For a list of general instructions, and a place to note any appointments or special instructions you receive, see the Preparing for Surgery Checklist in the Appendix.

Get as Healthy as You Can Before Surgery

Talk to your family doctor or surgeon about things that you can do to improve your health before surgery. As a general rule, the healthier you are before surgery, the faster you'll be to recover and get back to normal.

If you smoke, use street drugs or drink heavily, tell your family doctor or surgeon. These habits raise your risk of serious problems during and after surgery, and will make it harder for you to recover. It is certainly best for you to stop and help is available to you. Even if you don't want to stop, tell your health care professionals the truth about your habits.

Practice the lung and leg exercises in the Appendix a few days before your surgery. Doing these exercises after surgery will help in your recovery.

Pre-Admission Clinics

Your preparation for surgery may include an interview conducted by telephone or by appointment at a Pre-Admission Clinic. If you are called and given an appointment, it is very important for you to attend. You can use the Preparing for Surgery Checklist in the Appendix to note the date, time, and location. The checklist includes the things you need to have ready for the call or bring with you to the clinic.

Ask a Family Member or Close Friend to Be Your Support Person

It is very helpful to have a support person with you when you go to talk to your surgeon, if you go to a Pre-Admission Clinic, and when you get instructions for taking care of yourself at home after surgery. Your support person can also keep other family members and friends up to date on your condition.

Thinking about surgery and recovering from surgery can be stressful which makes it harder to remember things. Having a trusted family member or friend with you is a big help.

When you leave after surgery, you will need a responsible adult to help you get home. It is not safe for you to drive, or even to take a taxi or bus by yourself. In some cases, your surgery will not be done if you have not made arrangements for someone to take you home.

You may need a responsible adult to stay with you at home for 24 hours.

For a checklist of things you may want to ask your support person to do, see the Preparing for Surgery Checklist in the Appendix.

Plan Ahead

Regardless of the type of surgery you have, you will need some time to rest and recuperate. It is best to plan ahead to avoid work, family, or other commitments. See the Going Home section for more information.

Surgery Day

Your surgeon's office will call and tell you the day, check-in time and location of your surgery. If there are any changes to the date or time, your surgeon's office will contact you. It is very important that you arrive to check-in on time. This may be hours before your scheduled surgery in order for the surgical team to ensure you are prepared.

Getting You Ready for Surgery

After you check-in, your support person will be asked for a phone number where they can be reached when you are ready to go home or moved to a hospital room. If they wish to wait, they will be directed to a waiting area.

An ID band will be put on your wrist, and you may be asked to change into a hospital gown, or to tuck your hair under a cap. You'll be provided with a bed or chair to wait in.

You may be asked to sign consent forms. You may be given some medicine and have an intravenous tube connected to you. The surgeon, anesthetist or nurse may come to talk to you. You may be asked to go to the bathroom, remove your glasses, hearing aid, dentures, etc.

When the team and room are ready for you, you'll be moved into the procedure or operating room.

Ensuring your Safety

The surgical team uses a "safety checklist" to keep you safe. Below are some of the activities you can expect.

1. We confirm and re-confirm that we have the correct patient.

You will be asked your name and other identifying information, possibly many times. Someone will make sure that you have a wrist band on that has your name, any allergies you may have, and other important information about you. This information will be checked before you go for your surgery.

2. We confirm and re-confirm that we have the correct surgical location.

Before your surgery, your surgeon will verify with you the location on your body where the operation will occur and will use a marker to initial the spot. If you are having a regional block before your surgery, the site where the block will be done will be marked by the anaesthetist before the procedure.

3. We use a "time out" and a "briefing session" inside the Operating Room just before surgery begins.

The surgical team will again confirm that you are the right patient. The side of your body and site of your surgery will be talked about out loud and everyone will agree that this is correct. All important information about you will be reviewed by the team out loud. This is to make sure that the Operating Room team understands and agrees with what is going to happen. The team talk about the important steps in your surgery, your medications, allergies or any special needs you may have during your surgery.

4. We “debrief” when your surgery is over.

Before you leave the Operating Room, the team will talk about what happened during your surgery, and will confirm where you are to go to recover.

Monitoring Your Recovery

After surgery, you will be taken to a recovery area. If you have had a general anesthetic, you will be moved to PACU – post anesthetic care unit. You may still have tubes and monitors connected to you. You will be awake but you may feel very sleepy or like you are in a dream. You may have a sore throat, headache, or muscle pain from the anesthetic.

A nurse in the recovery area will let you know when you are able to go home or are ready to be moved to a unit in the hospital.

Managing Your Pain

Decreasing the amount of pain you feel after surgery helps to reduce stress on your body, promote healing, decrease complications, and prevent the development of long-term pain.

We use a simple rating scale to find out how much pain you have. 0 means no pain and 10 means the worst possible pain you can imagine.

It is also helpful to the team if you can describe the type of pain you are having. For example, words like sharp, achy and throbbing may help the staff understand and treat your pain better.

If pain medication is needed, your surgeon will order medication for you to be given in the hospital or a prescription for you to get filled at a pharmacy for home. It is important to be honest about how much pain you have – not to minimize it or exaggerate it.

Incision/Wound Care

Many procedures do not require an incision (cut in your skin). If you do have an incision or a wound that was closed, refer to the Incision Care section of the Taking Care at Home After Surgery information in the Appendix.

Resting

It is normal for you to feel tired after surgery, even if it was a minor procedure and you didn't have a general anesthetic. Even if you feel well, it is important to your recovery to get more rest than usual.

It is common to have disturbed sleep after surgery. Your sleep will improve as you recover. If you find it hard to sleep at night or you have strange dreams, please tell your nurse, surgeon, or family doctor. Your medications might need to be changed.

Staying in bed all day though, isn't good for you. Get back into your normal routine as soon as you can. Just take numerous rest periods during the day for the first few days, and then reduce them as you feel better.

Going Home

Whether you go home a few hours or several days after your surgery, you will be given instructions on how to take care of yourself when you go home (discharge instructions).

Your health care team will explain everything you need to know or do when you leave the hospital. The Taking Care at Home After Surgery information in the Appendix will help you and your support person know what you need to do over the next few weeks.

It is particularly important for you to ask the surgeon or nurse what signs or symptoms you might expect, what is normal, what is cause for concern, and what you should do if you are concerned.

This is a good time to ask any questions that you may have and to tell your healthcare team about your worries and needs before you leave. If you need additional services such as rehabilitation or home nursing care, this will be arranged before you go home. You may be given a prescription that your support person will need to get for you from a pharmacy.

Your family doctor will receive reports from the surgeon so they are aware of your condition and can provide appropriate ongoing care.

This is important!

Be aware that anaesthetic drugs may stay in the body for up to 24 hours and you will be impaired during this period. Do not:

- Go to work or do business
- Make significant decisions of any kind
- Drive a car or work with machinery
- Travel alone by public transportation
- Do any strenuous activities
- Drink alcohol
- Take tranquilizers, sedatives, or sleeping pills
- Care for another person such as babies, small children, elderly person who needs help

Note that you are more likely to be confused if you are more than 75 years old or if you take sleeping pills, anti-anxiety pills, drink alcohol, smoke cigarettes or use street drugs.

FAQ

Before Surgery

What is included in the term “surgery?”

The term “surgery” covers a wide range of medical procedures, including:

- procedures to repair wounds or broken bones caused by an accident;
- procedures to rectify a life threatening illness, such as removal of an inflamed appendix;
- biopsies, where a small bit of tissue or fluid is removed for testing to aid in determining a diagnosis; and,
- procedures that may improve quality of life, but that do not threaten life if they are not performed, such as cataract surgery or knee replacement.

Why do some people have to wait longer than others?

Emergency surgeries are always done quickly. Since emergencies cannot be planned, scheduled surgeries are sometimes delayed. When you and your surgeon agree that you are going to have surgery, the surgeon puts you on their case list. Some surgeons have more patients waiting for surgery than others. Patients and physicians, including your family doctor, now have access to information which provides the names of the five surgeons most likely able to perform your surgery sooner than others. This information is available at www.fraserhealth.ca > Your Care > Hospital > Surgery > Choosing a Surgeon.

What should I ask the surgeon at my first consultation?

It is important for you to ask whatever questions come to mind, even if they might seem silly. There is a list of suggestions in the Appendix to give you some ideas of things you might want to ask. Jot down any other questions you want to ask so you don't forget when you are with the surgeon.

Can I ask for a second opinion?

Yes. See the Choosing a Surgeon section for more information.

How do I decide between different surgeons' opinions? Where can I get advice?

Your family doctor knows you best and is in the best position to help you make a decision that is right for you. If you want to do your own research, most Fraser Health hospitals have a library and you can ask there for help finding information about your condition and different treatments.

Surgery Day and Hospitalization

Will the surgical team know about my other health issues?

The referral sent from your family doctor to the surgeon will include information about your general health. When you first meet with the surgeon for a consultation, mention your other health issues. If you are asked to attend a Pre-Admission Clinic, the team there will ask you questions and you can also advise them of your other health issues. Don't be afraid to speak up or ask questions. You are a very important part of the team and any information you have about your health is valuable.

Why are there so many different people involved in my surgery?

There are many team members that you'll meet and many others that you won't. Each team member has a specific job to do.

One part of the team is responsible for getting everyone and everything ready for the surgery. This includes booking the operating room, sterilizing equipment, and getting your consent.

One team is responsible for the surgery itself and includes your surgeon, operating room, post-anesthetic, and surgical unit nurses, and an anesthetist.

One or more teams can be involved in your recovery, including nurses in the recovery room, nurses and doctors in the hospital, nurses that come to your home, or rehabilitation therapists.

Even though we do thousands of surgeries each year, the entire team is very serious about making sure that each and every patient is very well cared for.

Can I find out before exactly what the surgeon is planning to do, and then what actually was done to my body during surgery?

Yes, and yes. The law requires that the surgeon obtain your "informed consent" before surgery so that means that they must give you enough information for you to understand what will be done and the risks and benefits. Beyond that, it is up to you to decide how much information you want. If you want to know more, talk to your surgeon.

If I have to stay in the hospital, will I have my own room?

That depends. Newer facilities like Abbotsford Regional Hospital only have single rooms, so you would never have to share a room there. At other hospitals though, some rooms have two or four beds. You can request a private or semi-private room, but they are not always available. You can find more information about preferred accommodation at www.fraserhealth.ca.

You should also be aware that there are occasions when you might need to be moved from one bed or room to another. These decisions are based on the care needs of patients and the best place for each patient to be to get the care they need.

Going Home and After Care

How will I get home?

When you are preparing for surgery, you need to ask a family member or friend to help you get home. You must tell the nurse when you check-in on surgery day, who is going to help you. Your surgery could be cancelled if you do not have arrangements made because it is not safe for you to travel alone. The person helping you can go in a taxi or on the bus with you, so it's not necessary for them to have their own car.

Who will take care of me when I go home?

You will not be sent home until your care team is sure that you will be able to take care of your own basic needs, like going to the washroom. If you require medical care at home, this will be discussed with you before you go home. Ask your surgeon ahead of time, what kind of help you might need after you go home. Ask a friend or family member to check in on you each day, and help you with things like preparing meals.

Am I supposed to make an appointment to see my surgeon after I'm home for a while?

Before you go home, the care team will let you know if you need to see your surgeon again or if you are to go back to see your family doctor.

When will I know if the surgery "worked?"

Ask your surgeon before surgery day what to expect during recovery, and how you will know that you are better.

The surgeon said that I'm going to need rehabilitation. What is that, and how do I arrange it?

Rehabilitation includes a number of different therapies, like physiotherapy and occupational therapy. If your surgeon thinks you need rehabilitation, a referral will be made and someone from rehabilitation will come to speak to you.

Family and Friends**How do I get someone to the check-in location if they can't walk or need help getting out of the car?**

Wheelchairs are available at all facilities where surgery is performed. If you don't see the chairs when you go inside, ask at the reception or volunteer desk. If you need help getting someone out of the car, go inside and tell the person at reception. You may have to wait for a few minutes, but someone will come to help you.

If I bring someone in for surgery, am I supposed to stay there?

It is not necessary for you to stay, but you certainly can if you wish to. Some minor procedures are very quick and don't require very long in recovery, while others can take several hours. Ask any of the nurses when your friend/family member checks in on surgery day. If you leave, someone will call you when it's time to come back to take the person home.

Who do I ask about how the surgery went and where my friend/family member is now?

If you are in the waiting area, the surgeon or nurse will come out to tell you how the surgery went or if you leave your phone number, someone will call you.

When can I visit my friend/family member in hospital?

That really depends on the situation, and remember that it is very important for both you and the patient to get plenty of rest. Once the patient has been moved to a unit, talk to the nurse about what would be best.

How do I know who is working with my family member when I come to the hospital each day?

The easiest way is to ask any of the staff members on the unit. There is usually a spot at the nursing station where all of the patients and their nurses are listed, so you can also look there.

Who can I ask about my family member's status every day?

The best person to ask is the nurse assigned to them. See the question right above.

Can I bring in food for the patient?

Usually yes, but ask their nurse first. Some patients need special diets, particularly the first few days after surgery.

How do I get my friend/family member home?

If you do not have your own vehicle, you can take a taxi or bus. The important thing is for your friend/family member to have someone with them – it is not safe for them to travel alone.

For Family and Friends

It is really important for people having surgery to have friends and family members to offer support and assistance. This section is dedicated to people like you who are kind and caring enough to learn more about how they can help.

If you review the Preparing for Surgery section, you'll see that we suggest that every person referred to a surgeon ask someone close to them to be their support person. This one key person is sometimes all that is needed. In other situations, the support person may take on the role of coordinator, making arrangements with others to help out. Below are the main things you need to know. There is also a Support Person Checklist in the Appendix that you may want to use.

Stress and Medications Can Impair Memory and Clear Thinking

Thinking about having surgery can be stressful, and stress can prevent us from remembering things and make it difficult to think clearly. Many medications can have the same effect. One of the ways you can help is to go with the patient to their appointments with the surgeon and at the Pre-Admission Clinic. Listen carefully, ask questions, and write information down, so it is there for you and the patient to review later.

Surgical Patients Cannot Go Home Alone

Any form of surgery causes stress on the body, and if anesthetic has been used, these drugs can stay in the body for up to 24 hours. Someone who has been kept in hospital following surgery may feel better and anxious to go home, but may become suddenly weak or confused.

It is therefore not safe for a surgical patient to travel, even a short distance, alone. The only exceptions to this are very minor surgeries and some diagnostic procedures.

Assume that your friend/family member will need to be driven or escorted home, unless you are specifically told otherwise by a member of their surgical team.

It is not necessary for you to have your own vehicle. You can accompany the patient in a taxi or on the bus. The important thing is for them to have a clear headed adult with them to ensure their safety.

You and the Patient Need Sleep

Most patients enjoy having visitors and some would love to have you nearby around the clock when they are in hospital. It is very important though, for both you and the patient to get a good night's sleep, and for the patient to rest quietly several times each day.

It is therefore best for friends and family to leave the hospital in the evening, and to allow the patient some time alone during the day to rest.

Ask the patient's nurse for guidance about what is best for your friend/family member. Some hospital units have rest periods when visiting is not permitted.

After the patient goes home, they may still need to rest several times each day. You can help by coordinating visitors and encouraging nap time.

Getting Help in an Emergency

If the surgical patient:

- faints or won't wake up;
- has sudden severe pain that gets worse even with pain medications;
- feels cold but is sweating;
- starts shaking;
- call 911 for an ambulance and DO NOT allow the patient to eat or drink anything.

If the surgical patient:

- has blood or fluid soaking through their bandages*;
- gets a fever; or,
- if you have any other concerns;

call the surgeon, call 811 to get advice from a nurse, or have someone drive the patient to a hospital Emergency Department. Patients should NOT drive themselves.

*If blood or fluid is soaking through the bandages, fold up a clean towel and place it on top of the bandage. DO NOT take off the bandage to look at the wound. Hold the towel in place firmly but DO NOT tie the towel on or put tape all around an arm, leg, chest, waist, etc.

Getting Help at Home

If your friend/family member needs nursing care or assistance bathing, the care team at the hospital will make a referral to Home Health, and they will contact the patient to make arrangements.

Getting Help for You

It is very important for you to take care of yourself when you are helping to take care of someone else. It is not selfish for you to take time to be alone or to go out and do something you enjoy. There are likely other friends, family members, neighbours, or people from church who would be more than happy to help out if they knew what was needed, so just ask.

Don't be afraid or embarrassed to ask for help if you want someone to talk to about your own emotions or fears. All hospitals have social workers that you can talk to. You can also talk to your family doctor if you are worried about your own wellbeing.



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Appendices Follow

Some of the Questions You May Want to Ask Your Family Doctor

- ☐ Why do I need surgery?
- ☐ Is there anything other than surgery that could be done to treat my condition?
- ☐ What is the medical term for the surgery you are recommending?
- ☐ Is it important for me to have this surgery soon?
- ☐ Will you include information about my other health conditions in your referral to the surgeon?
- ☐ Will you include a list of the medications you've prescribed for me in your referral to the surgeon?
- ☐ Is there anything I should or should not do while I'm waiting for my first appointment with the surgeon?
- ☐ Do you have a specific surgeon in mind to send me to?
- ☐ Is this one of the surgeons who could likely do my surgery sooner? (Your doctor can check at this web link: <http://physicians.fraserhealth.ca>)

Jot down other questions you want to ask:

Some of the Questions You May Want to Ask Your Surgeon

About Alternatives, Timing, Risks, and Benefits:

- ☐ Why do I need this surgery?
- ☐ What are the alternatives to surgery?
- ☐ What are the risks, complications or side effects of this surgery?
- ☐ What are the risks of NOT having this surgery?
- ☐ How often do you do this kind of surgery?
- ☐ What kind of outcome is typical?
- ☐ How long am I likely to wait to have this surgery?
- ☐ Can I arrange to be contacted on short notice if a cancellation occurs?
- ☐ Am I likely to get worse in that time?
- ☐ Are there any symptoms that I might start having that indicate the need for me to go to emergency?
- ☐ What should I do if I change my mind about having the surgery, if I need to re-schedule, or if my condition improves and I no longer need surgery?

Notes:

About Preparing for Surgery:

- ☐ Can you describe to me what this procedure entails?
- ☐ What kind of scarring can I expect?
- ☐ What can I do now to decrease my risk and help speed my recovery?

Notes:

About Surgery Day:

- ☐ What kind of anesthetic will I be given?
- ☐ How long will I be in the Operating Room?
- ☐ How will my pain be managed after surgery?
- ☐ How will my diabetes (or other health condition) be managed during and after my procedure?
- ☐ When will I be able to eat and drink after surgery?

Notes:

About Staying in Hospital:

- ☐ How many nights should I plan on staying in the hospital?

Notes:

About Going Home:

- ☐ What type of incision care will I be expected to do after surgery?
- ☐ Who will take my stitches out?
- ☐ Are there any special instructions that will help speed my recovery?
- ☐ Will I need to arrange for help or home health services during my recovery?
- ☐ What type of follow-up care will I require?
- ☐ Will I need rehabilitation therapy after surgery?
- ☐ What prescriptions will I need to take following my surgery?
- ☐ Can I have my prescriptions filled prior to surgery so they are available when I return home?
- ☐ What is a normal recovery like after this procedure?
- ☐ When will I be able to return to my normal activities including exercise?
- ☐ When will I be able to return to work?

Notes:

Staying in Hospital Checklist

If your surgeon has said that you will be staying overnight in hospital after your surgery, this checklist will help you make plans and pack for your stay. Please also refer to the Preparing for Surgery Checklist which is for everyone having surgery.

Additional Arrangements

If you are going to be in hospital for more than a few days, you may also need to make arrangements to pay your rent/mortgage and other household bills. You can add this to your Preparing for Surgery Checklist plans.

If you have an extended health care plan, the cost of a private or semi-private room may be covered. Be sure to have information about your plan, including your account numbers, available for the nurse who calls or see you at the Pre-Admission Clinic.

Things You Need and May Want to Bring With You

Need:

- ☐ Grooming supplies; e.g. toothbrush, toothpaste, hairbrush, soap, shampoo, shaving kit.
- ☐ All my prescription medications, non-prescription medications, herbal remedies, vitamins, supplements, respiratory inhalers, eye drops, medicated skin cream, transplant medications, estrogen patches, birth control pills, and any other health products.
- ☐ Hearing aids, dentures and eyeglasses and cases for each.
- ☐ Slippers with non-slip soles.
- ☐ Socks and comfortable shoes with rubber, non-skid soles (such as running shoes).
- ☐ Any walking aids, such as cane or walker.

Want:

- ☐ Lip and skin moisturizer (the air in the hospital is dry).
- ☐ A housecoat that opens all the way down the front.
- ☐ A pair of pajama pants.
- ☐ My cell phone.
- ☐ A small amount of cash (\$20 – \$40) to cover the cost of TV and phone rental, newspapers, coffee shop, etc.
- ☐ A novel or puzzle book.

Please bring only a minimal number of personal items and put your name on all items that you do bring as the hospital cannot be responsible for care of your personal belongings.

Please do not bring:

- Watches or jewelry.
- Additional pieces of identification (you do need your care card and one piece of photo ID like your driver's license).
- Credit cards or large amounts of cash.
- Large pieces of electrical equipment, like a TV or laptop computer.

Preparing for Surgery Checklist

Having surgery is a process that has many steps. These steps occur before, during, and after the surgical procedure itself. This checklist is designed to help you prepare for surgery, including things that you may need to arrange 6 or more weeks in advance.

Please note that there is a separate checklist to help you prepare for a stay in hospital. If your surgeon has told you that you will be in hospital at least one night, please see the Staying in Hospital checklist in the Appendix.

There is also a separate checklist for you to give to your support person.

While we have included a brief section on preparing for coming home, you may also wish to review the Taking Care at Home After Surgery information if it applies to you.

This Preparing for Surgery Checklist is divided into 6 sections as follows:

1. Personal Information
2. Medical & Physical Preparation
3. Things to Bring on Surgery Day
4. Work, Volunteer, and Other Commitments
5. Home & Family Arrangements
6. Preparing for Coming Home

Keep this checklist with you so you can write down information as you get it at appointments or by telephone.

Be sure to bring this checklist with you on surgery day.

Personal Information

My home address and phone number:	My support person or next of kin, name and phone number:
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<p>The medications I take:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p> <p>9. _____</p> <p>10. _____</p>	<p>The vitamins, supplements, and other health products I use:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p> <p>9. _____</p> <p>10. _____</p>
---	---

My care team:

My surgeon's name and phone number:	My family doctor's name and phone number:
-------------------------------------	---

My pharmacy name, address, phone and fax numbers:

My surgery:

The surgery I am having is called:	My surgery will be performed at: The address is:
On this part of my body:	On this date: I need to check-in at this time:

Medical & Physical Preparation

As soon as you know that you are going to have surgery:

☐ Make an appointment with my family doctor to talk about:

(Date and Time of Appointment: _____)

- ☐ My other health conditions and how these should be managed before, during, and after surgery.
- ☐ Quitting smoking, because I will recover much faster and be in better health overall if I quit before my surgery.
- ☐ My use of alcohol, because I will recover much faster and be in better health overall if I quit before my surgery; and because if I drink too close to my surgery, it could be cancelled.
- ☐ My use of street drugs, because I will recover much faster and be in better health overall if I quit before my surgery; and because if I use drugs too close to my surgery, it could be cancelled.
- ☐ An exercise program, because the more physically fit I am before surgery, the faster I will recover.

Other things I want to talk about:

My plans for these issues are:

Medical Appointments / Lab Tests / Imaging Appointments (e.g. CT scan)

Go to: <input type="checkbox"/> Any lab <input type="checkbox"/> My family doctor <input type="checkbox"/> _____ Hospital <input type="checkbox"/> Other _____	
To have/attend:	
Address:	
<input type="checkbox"/> My appointment has been set for me. <input type="checkbox"/> I need to call _____ to make an appointment.	This appointment is on: (date) _____ at (time) _____, and I will likely be there for _____ hours.
My special instructions are to:	I need to bring: <input type="checkbox"/> My BC Care Card <input type="checkbox"/> Photo ID (e.g. driver's licence) <input type="checkbox"/>

Go to: <input type="checkbox"/> Any lab <input type="checkbox"/> My family doctor <input type="checkbox"/> _____ Hospital <input type="checkbox"/> Other _____	
To have/attend:	
Address:	
<input type="checkbox"/> My appointment has been set for me. <input type="checkbox"/> I need to call _____ to make an appointment.	This appointment is on: (date) _____ at (time) _____, and I will likely be there for _____ hours.
My special instructions are to:	I need to bring: <input type="checkbox"/> My BC Care Card <input type="checkbox"/> Photo ID (e.g. driver's licence) <input type="checkbox"/>

Go to: <input type="checkbox"/> Any lab <input type="checkbox"/> My family doctor <input type="checkbox"/> _____ Hospital <input type="checkbox"/> Other _____	
To have/attend:	
Address:	
<input type="checkbox"/> My appointment has been set for me. <input type="checkbox"/> I need to call _____ to make an appointment.	This appointment is on: (date) _____ at (time) _____, and I will likely be there for _____ hours.
My special instructions are to:	I need to bring: <input type="checkbox"/> My BC Care Card <input type="checkbox"/> Photo ID (e.g. driver's licence) <input type="checkbox"/>

Medical Appointments / Lab Tests / Imaging Appointments (e.g. CT scan)

Go to: <input type="checkbox"/> Any lab My family doctor <input type="checkbox"/> _____ Hospital <input type="checkbox"/> Other _____	
To have/attend:	
Address:	
<input type="checkbox"/> My appointment has been set for me. <input type="checkbox"/> I need to call _____ to make an appointment.	This appointment is on: (date) _____ at (time) _____, and I will likely be there for _____ hours.
My special instructions are to:	I need to bring: <input type="checkbox"/> My BC Care Card <input type="checkbox"/> Photo ID (e.g. driver's licence) <input type="checkbox"/>

Go to: <input type="checkbox"/> Any lab My family doctor <input type="checkbox"/> _____ Hospital <input type="checkbox"/> Other _____	
To have/attend:	
Address:	
<input type="checkbox"/> My appointment has been set for me. <input type="checkbox"/> I need to call _____ to make an appointment.	This appointment is on: (date) _____ at (time) _____, and I will likely be there for _____ hours.
My special instructions are to:	I need to bring: <input type="checkbox"/> My BC Care Card <input type="checkbox"/> Photo ID (e.g. driver's licence) <input type="checkbox"/>

Go to: <input type="checkbox"/> Any lab My family doctor <input type="checkbox"/> _____ Hospital <input type="checkbox"/> Other _____	
To have/attend:	
Address:	
<input type="checkbox"/> My appointment has been set for me. <input type="checkbox"/> I need to call _____ to make an appointment.	This appointment is on: (date) _____ at (time) _____, and I will likely be there for _____ hours.
My special instructions are to:	I need to bring: <input type="checkbox"/> My BC Care Card <input type="checkbox"/> Photo ID (e.g. driver's licence) <input type="checkbox"/>

Pre-Admission Clinic

Your preparation for surgery may include an interview conducted by telephone or by appointment at a Pre-Admission Clinic. If you are notified that you are to call or have an appointment at a Pre-Admission Clinic, you must call back or attend at the scheduled time. If you don't, your surgery will be cancelled. However, if you are not feeling well on the day of your appointment, please call the pre-admission clinic before you leave home. Depending on your illness, your appointment may be re-scheduled.

If you will need to have an interpreter at your appointment or if you have been told that you have MRSA, VRE or C. difficile, please tell the person who calls you, or call the number on the sheet provided to you about the Pre-Admission Clinic.

Go to <input type="checkbox"/> _____ Hospital <input type="checkbox"/> _____	
Address: _____	
My special instructions are to:	This appointment is on: (date) _____ at (time) _____, and I will likely be there for _____ hours.
	I need to bring: <input type="checkbox"/> My BC Care Card <input type="checkbox"/> Photo ID (e.g. driver's licence) <input type="checkbox"/> All my prescription medicines, non-prescription medications, herbal remedies, vitamins, supplements, and any other health products.
<input type="checkbox"/> My support person will take/come with me. <input type="checkbox"/> I will ask _____ to take/come with me.	

Things I Need to Buy or Pick Up a Few Days Before Surgery

Item:	Buy	Pick up at:	Done
Surgical scrub brush	<input type="checkbox"/>		<input type="checkbox"/>
Bowel prep/enema	<input type="checkbox"/>		<input type="checkbox"/>
Medication	<input type="checkbox"/>		<input type="checkbox"/>
Cane or Walker	<input type="checkbox"/>		<input type="checkbox"/>
Crutches or Braces	<input type="checkbox"/>		<input type="checkbox"/>
Cryo cuffs	<input type="checkbox"/>		<input type="checkbox"/>
Plain soap (unscented baby soap or soap for sensitive skin, with no lotion)	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

3 Days Before Surgery

If you are sick, have a cold or flu, or if there have been any other recent change in your health, call your surgeon today to describe your symptoms.

If you haven't done so already, review the Exercises After Surgery sheet and practice these.

The Day Before Surgery

<input type="checkbox"/> Remove nail polish and false nails (and do not reapply before surgery)	<input type="checkbox"/> Remove all makeup (and do not reapply before surgery)
<input type="checkbox"/> Remove contact lens (and leave them out until after your surgery)	<input type="checkbox"/> Wash off any perfume or scented deodorant or skin lotion (and do not reapply before surgery)
<input type="checkbox"/> Shower/shave/bathe as instructed	<input type="checkbox"/> If you are sick, have a cold, flu or fever, call your surgeon

Do not smoke, drink alcohol, or use street drugs for 24 hours before your surgery.

It is certainly best if you have stopped using these substances months before your surgery, but even 24 hours of abstinence will be helpful.

Do not eat or drink anything after midnight the night before your surgery, unless you have been told otherwise. Put a sign up on the fridge, the snack cupboard, and near the sink as reminders. If you have been told to take medications, you can take them at the time specified with a small sip of water.

Right Before I Leave Home on Surgery Day

<input type="checkbox"/> Take off all jewellery	<input type="checkbox"/> Shower/shave/bathe as instructed
<input type="checkbox"/> Take out all body jewellery (e.g. piercings)	<input type="checkbox"/> Brush teeth (but don't swallow any water)

Things to Bring with Me on Surgery Day

<ul style="list-style-type: none"><input type="checkbox"/> My BC Care Card<input type="checkbox"/> My extended health care information<input type="checkbox"/> Photo ID (e.g. driver's licence)<input type="checkbox"/> All my prescription medicines, non-prescription medications, herbal remedies, vitamins, supplements, and any other health products.<input type="checkbox"/> Cases for my glasses/contacts, dentures, hearing aid<input type="checkbox"/> My CPAP, Bilevel or dental appliance (only if you are having a general anesthetic)<input type="checkbox"/> Magazines to read while I'm waiting<input type="checkbox"/> I have also been asked to bring:<ul style="list-style-type: none">○ _____○ _____○ _____○ _____	<p>Please do NOT bring:</p> <ul style="list-style-type: none">● Your purse or wallet● Any jewellery (please remove rings if you can)● Cash, credit or debit cards● Laptops, DVD players, electronic games● Expensive clothing (wear clothes that are easy to get off and on)● Expensive books● Any other valuables
--	--

Things to get ready for my support person to bring in after my surgery: (when you are ready to go home after day surgery or after you have been moved to a hospital unit if you are staying in hospital overnight)

- ☐ Crutches, cane, braces, or walker (if surgeon has indicated a need)
- ☐ Cash credit or debit cards (in case you need to pick up medication on the way home or want to rent a TV while in hospital)
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Other Notes:

[illegible]

Work, Volunteer, and Other Commitments

Reference Dates:

My surgery is on: _____

I will be in hospital until: _____

I will be up and around by _____

but should not _____

I will be able to return to my normal activities
on: _____

Notifications:

☐ Work Supervisor

☐ Volunteer Supervisor

☐ _____

☐ _____

☐ _____

Questions you may want to ask your employer:

☐ How many sick days to I have?

☐ How many sick days can I use?

☐ At what point do I need to apply for short term disability?

☐ Does my extended health care plan cover the costs of a semi-private or private room in hospital?

☐ Does my extended health care plan cover the costs of prescription medications?

☐ Does my extended health care plan cover the costs of items I might need to buy like a cane or cryo cuffs?

☐ What forms do I need to have filled out?

☐ Do I need to get a note from my doctor?

Other things I need to remember:

Home & Family Arrangements

I need to make arrangements for:	I will ask my support person to do this:	I will ask this person to do this:	Confirmed
<input type="checkbox"/> Getting to appointments before surgery	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Getting to the hospital/surgery centre	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Someone to speak to the surgical team and let others know when I'll be home/moved to a hospital unit	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Child care	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Elder care	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Pet care	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Getting home***	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Picking up medications/supplies I might need right away	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Help when I get home	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/> Help getting to therapy or other appointments before I am able to go by myself	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>

***** Unless you have been specifically told otherwise, you MUST make arrangements for someone to drive or accompany you home by taxi or on the bus. If you do not have someone to help you get home, your surgery may be cancelled.**

Preparing for Coming Home

Even minor surgical procedures may have a bigger effect on your body than you expect. It is best to make whatever arrangements are necessary for you to be able to rest for at least 24 hours after going home. Some patients may need a week or longer before they can prepare a family meal, do housekeeping, or care for children even if they have been in the hospital for a long time since their surgery. Be sure to ask your surgeon about what you should expect.

All surgical patients will receive discharge instructions of some sort. Be sure to ask any questions you have and get a telephone number for someone you can call if questions come up later. If your surgery involves your arms or legs, if you will have an incision anywhere on your body, or if a general or regional anesthetic will be used, please also review the Taking Care at Home After Surgery information in the Appendix.

Exercises After Surgery

If you are having a general anesthetic or if you will remain in bed for a few days after surgery, your lungs and circulatory system will need help to work properly. Practice these exercises at home before your surgery. After surgery, ask your nurse when you can start doing these lung and leg exercises. Do both exercises once per hour while awake, until you are out of bed for most of the day.

Deep Breathing and Coughing

1. Take a slow, deep breath, filling the bottom of the lungs first, then the middle, then the top.
2. Hold your breath in while you say in your head – This will help my lungs recover.
3. Blow the air out completely, pushing the last bit of air out from the bottom of your lungs.
4. Repeat deep breathing three times; then,
5. Take a faster deep breath and cough the air (and whatever comes with it) out from as far down in the lungs as you can.
6. Rest briefly.
7. Repeat steps 1 to 6 four more times.

Leg Exercises

1. Keeping the heels of your feet on the bed, point and stretch your toes down toward the end of the bed.
2. Return to a normal resting position.
3. Point and stretch your toes back towards your chin.
4. Return to a normal resting position.
5. Keeping the heels of your feet on the bed or lifting them slightly if you can, point your toes and move them in a big circle to rotate your ankles. Move your toes clockwise a few times, then counter clockwise a few times.
6. Rest for a short time.
7. Repeat steps 1 to 6 four more times.

Taking Care at Home After Surgery

This checklist is to help you and your support person know what to do after you go home following your surgery. If you are given instructions verbally or in writing by anyone on your care team, follow those instructions precisely even if they conflict with what is written below. If you are uncertain which instructions to follow, call the surgeon's office.

Getting Help in an Emergency

If the surgical patient:

- faints or won't wake up;
- has sudden severe pain that gets worse even with pain medications;
- feels cold but is sweating;
- starts shaking;

call 911 for an ambulance and DO NOT allow the patient to eat or drink anything.

If the surgical patient:

- has blood or fluid soaking through their bandages;*
- gets a fever; or,
- if you have any other concerns; call the surgeon,

call 811 to get advice from a nurse, or have someone drive the patient to a hospital Emergency Department. Patients should NOT drive themselves.

*If blood or fluid is soaking through the bandages, fold up a clean towel and place it on top of the bandage. DO NOT take off the bandage to look at the wound. Hold the towel in place firmly but DO NOT tie the towel on or put tape all around an arm, leg, chest, waist, etc.

Avoiding Decisions

Having surgery of any kind, even when it seems minor, can affect your body in ways you may not expect. You may feel groggy or more emotional than usual, and pain medications might interfere with appropriate decision making. It is best to avoid making any major decisions for several days after you get home.

Resting

Even if you feel alert and physically well, your body needs rest time after surgery. Staying in bed all day is not helpful (unless you've been told otherwise), but having a few 20 to 30 minute rest breaks during the day, and getting a good 8 to 9 hours of sleep at night, will help you to recover sooner.

Taking Medications

Decreasing the amount of pain you feel after surgery helps to reduce stress on your body, promote healing, decrease complications, and prevent the development of long-term pain.

If pain medication has been prescribed for you, it is very important that you take this medication on a fixed schedule. **DO NOT WAIT FOR PAIN TO RETURN BEFORE YOU TAKE MORE MEDICATION.** Use the sheets on the next pages to keep track of your pain medications and others that have been given or prescribed to you.

Medication Tracking Sheets

How to Use this Sheet

1. Use one column for each medication. Print additional sheets if you need them.
2. At the top of the column, write the name of the medication, how much is to be taken, and how often it is to be taken.
3. Write in the time that the medication was first taken just before leaving for home or at home.
4. Calculate when the next dose should be taken, and write in the time.
5. Do not fill in any other times until the next dose is taken.

Why this is Important

While it is very important to take your medications on time, if you are napping and wake up 15 or 30 minutes after you were supposed to take your medication, you can just go ahead and take it then. **BUT** you must wait the full amount of time before taking the next dose. If you fill in all the times beforehand that medication is supposed to be taken, you may end up taking the next time's medication too soon.

Name of Meds:	Ibuprofen
Amount to Take:	1000 mg (2 tablets)
How Often to Take:	every 6 hours
First dose:	Taken at: 11:00 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Take at: 5:00 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm	Taken at: <input type="checkbox"/> am <input type="checkbox"/> pm
Take at: <input type="checkbox"/> am <input type="checkbox"/> pm	Taken at: <input type="checkbox"/> am <input type="checkbox"/> pm

A friend comes to visit you at 4:30 pm and while you are chatting you realize that it is now 5:30 pm and you haven't yet taken your pills. You take them now, and write in the time that you've taken them; count out 6 hours from now, and mark in when you are to take the pills next.

e.g. You are told to buy extra strength (500 mg) Ibuprofen on your way home and take 2 tablets every 6 hours. You take the first 2 tablets at 11:00 am. You fill out the top of the column and mark in that you took the pills at 11:00 am. You count out 6 hours, and write in that you need to take 2 more tablets at 5:00 pm.

Name of Meds:	Ibuprofen
Amount to Take:	1000 mg (2 tablets)
How Often to Take:	every 6 hours
First dose:	Taken at: 11:00 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm
Take at: 5:00 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm	Taken at: 5:30 <input type="checkbox"/> am <input checked="" type="checkbox"/> pm
Take at: 11:30 <input checked="" type="checkbox"/> am <input type="checkbox"/> pm	Taken at: <input type="checkbox"/> am <input type="checkbox"/> pm

Medication Tracking Sheets

Name of Meds: Amount to Take: How Often to Take:		Name of Meds: Amount to Take: How Often to Take:	
First dose:	Taken at: <input type="checkbox"/> am <input type="checkbox"/> pm	First dose:	Taken at: <input type="checkbox"/> am <input type="checkbox"/> pm
Take at: <input type="checkbox"/> am <input type="checkbox"/> pm	Taken at: <input type="checkbox"/> am <input type="checkbox"/> pm	Take at: <input type="checkbox"/> am <input type="checkbox"/> pm	Taken at: <input type="checkbox"/> am <input type="checkbox"/> pm
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Take at: <input type="checkbox"/> am <input type="checkbox"/> pm	Taken at: <input type="checkbox"/> am <input type="checkbox"/> pm	Take at: <input type="checkbox"/> am <input type="checkbox"/> pm	Taken at: <input type="checkbox"/> am <input type="checkbox"/> pm

If you need more worksheets you can find a printable PDF file at www.fraserhealth.ca

Caring for an Incision or Wound Like a Pro!

If your surgery was to close a wound or if the surgeon made an incision during your procedure, you will have surgical staples, sutures (stitches), surgical glue, or tape strips holding the skin together. Following these instructions will allow this area to heal as quickly as possible and minimize the risk of infection and other complications. Please read all instructions before you begin to remove any bandages.


Keep the area dry for at least 5 days, and longer if your surgeon or nurse has given you a specific number of days. Do not bathe or shower during this time. You can wash with a facecloth avoiding the bandaged area. After this period, cover the bandaged area with several layers of plastic food wrap or plastic bags and tape the edges down carefully before getting into the shower or bath. Make sure the area does not soak in tub water or have the shower spray directly on it.

Do not touch the area even with the bandages on. Try not to lie on the bandaged area or put pressure on it. You may notice some soreness, tenderness, tingling, numbness, and itching around the incision – don't scratch!

Follow your surgeon/nurse's instructions for keeping the bandages in place after you are discharged. They may ask you to keep the same bandage in place for a day or longer before changing it the first time at home. After this initial period, change the bandages once each day following these directions:

1. Gather your supplies – gauze pads (also called sterile sponges), a box of medical gloves, first aid tape, a plastic bag, and scissors.
2. Wash the scissors with dish soap and warm water and dry them with a piece of clean paper towel.
3. Take the gauze packages, scissors, and tape to where you will change the dressing.
4. Prepare supplies by carefully opening the gauze packages touching only the wrapping.
5. Place a tissue or piece of paper towel, a clean towel, and an open box of medical gloves by the sink. Wash your hands thoroughly with soap and water. Use the tissue to turn off the taps and dry your hands on the towel.
6. Put medical gloves on both hands.
7. Remove clothing to uncover the bandages. Position the patient with the incision pointing to the ceiling.
8. Before you take it off, look at the bandage to see if any blood or fluid has soaked through. A small amount of blood or fluid is nothing to worry about, particularly if it is now dry.
9. If the bandage looks fine, gently remove the tape holding the bandage in place. If there is tape directly on the skin over the incision **DO NOT** remove it until the day you've been told to by the surgeon or nurse (e.g. on the 10th day at home).



10. Starting at the outer edges of the tape holding the bandages in place, pull the tape backwards toward the other end of the same piece of tape, not up towards the ceiling. Repeat this for all pieces of tape.
11. Grip the bandage at one end and very gently and slowly pull it back towards the other end (not up towards the ceiling). If the bandage is stuck to the incision, let it go. Try pulling the bandage back from the other end and see if it will come completely off without pulling on the incision.
12. If it is still stuck, open a small envelope of sterile gauze (e.g. "1 x 1 sterile sponge"). Pick it up by the corner and with your other hand, lift the bandage to where it is sticking. Place the small piece of gauze just slightly below the incision near the spot that is sticking. Place one finger on the piece of gauze with only slight pressure. Remove it immediately if this causes any pain. Pull back on the bandage again gently. If any skin is pulling or there is any pain, stop.
13. If it is still stuck, use scissors to cut away the loose sections of the bandage, and leave the stuck piece in place.
14. Put the used bandage into the plastic bag.
15. Remove the gloves by using two fingers on one hand to pinch the other glove at the wrist – do not touch the top of the glove. Pull the glove material at the wrist towards the tops of the fingers, pulling the glove off the hand completely. Using only the gloved hand, collect the glove that is off into the palm of the hand. Place one finger from the ungloved hand on your skin or shirt just above the top of the glove on the other hand. Wiggle that finger underneath the top of the glove being careful not to touch the outside of the glove. Use that finger to pull the glove down over your hand holding the other glove until it is completely off and inside out. Put the gloves in the plastic bag with the old bandage.
16. Wash and dry the scissors again.
17. Without touching, look at the incision area. You may see some bruising or a bit of pink or clear fluid coming from the incision, particularly in the first day or two after surgery. This is normal and no cause for concern.
18. It is normal to see dried blood, redness along the incision, suture and staple edges and a bit beyond. If the redness extends more than the length of this line  from the incision, suture or staple, or if there is a thick yellow or green goo building up or dripping from the incision, these are signs of infection. This is not an emergency, but does need medical attention. You should see a doctor within 24 hours. If you cannot get in to see your own family doctor or surgeon, go to a walk-in clinic. Locations and contact information are available in the business section of your phone book and online at <http://find.healthlinkbc.ca/> (enter "walk-in" in the "What" box and your city in the "Where" box.) Patients should NOT drive themselves if they have only been home a few days or feel weak, tired, or queasy.
19. If you have sutures inside your body, after about a week, you may see the end of a suture poking out from the skin. Do not cut it off or try to pull it out. If it bothers you, put a small bandage over it. If it does not come out completely or disappear on its own, point it out to the doctor when you have your outside sutures or staples removed, or make an appointment with your family doctor.

If you have not been told to clean the incision, don't. There may be surgical glue on the incision that should not get wet.

20. If you have been told to clean the incision, do it now following these directions:
- Wash your hands, and put on another pair of medical gloves.
 - Using a plain soap (baby soap or soap for sensitive skin) and warm water, a clean, soft cloth or cotton swabs, gently wash around the incision area up to the incision to remove dried blood and fluid. DO NOT use alcohol, hydrogen peroxide, iodine, lotion or cream of any kind, or any other substances. DO NOT use force, scrub or rub on or right next to the incision. DO NOT put anything else on the area – no lotion, no powder, no anti-biotic cream or spray – nothing!
 - Let the incision dry in the air for a few minutes or gently pat it dry with a clean, fresh towel.
 - Discard the gloves and wash your hands (yes, again!)
21. When the area is dry, put on a new pair of gloves.
22. Pick up a clean piece of gauze from the open envelope by holding the corner.
23. Gently place it on top of the incision.
24. Use a few pieces of first aid tape to hold it in place. It is not necessary to cover all edges of the gauze with tape.

There – you did it!! Just a few more tips...

- If glue was used, it will fall off on its own after a bit of time.
- If adhesive strips were used, leave them in place until they fall off on their own or are removed by your doctor or surgeon.
- Do not expose your incision to direct sun for 3 to 9 months after surgery. As an incision heals, the new skin that is formed over the cut is very sensitive to sunlight and will burn more easily than normal skin. Bad scarring could occur if you get sunburn on this new skin.

Getting Back to Normal (or even better than before!)

When the period of time that you've been told to avoid activity has passed, get back to your regular routine quickly. Better yet, if you haven't been as active as you know you should, this is a great time to talk to your family doctor about things you can do to get more physically fit.

If you quit smoking, drinking excessively or using street drugs before your surgery and are tempted to start again, ask for help from your family doctor right away. The physical withdrawal symptoms may have passed and there is no point having to start over again!

Remember that YOU are the best person to take good care of you. If you can avoid the things that are bad for you and do more of the things that are good for you, you'll be healthier and happier than ever.

Support Person Checklist

How Very Kind of You!

Having a trusted and reliable companion is a big help to surgical patients. Your kindness in agreeing to be the "Support Person" helps to minimize risk and to promote a speedy recovery.

This checklist is designed as a handy tool for you to keep track of what the patient has asked you to take care of and any tasks that you can hand over to other family and friends who are able to assist.

Quick Reference Information

Patient's Full Name:	Patient's Home Address:
Surgeon's name and phone number:	Family doctor's name and phone number:
Pharmacy name and address:	Nearest hospital Emergency:
Name of the surgical procedure:	Surgery will be performed at:
Date and Time to Arrive for Surgery:	Date and Time to Pick Up to Take Home:

Picking up the patient after their surgery to bring them home is the single most important thing you can do to help. Surgery will be cancelled if no arrangements have been made, as it is not safe for a surgical patient to travel alone even if they have stayed in hospital after the surgery. Please note that if the patient is coming home on the same day as their surgery, they may need to have a responsible adult stay with them for 24 hours.

Pre-Surgery Appointments

Since people are often worried about their condition and the prospect of having surgery, they are not able to think as clearly or remember things as well as they would otherwise. It is therefore very helpful if you are able to arrange for someone to accompany the patient to their consultation appointments with the surgeon and at the Pre-Admission Clinic (if needed). If the person you are supporting cannot travel alone for some reason, they may also need assistance to get to the lab or to an appointment for diagnostic imaging such as a CT scan.

Appointment:	I will go:	I will ask this person to go:	Confirmed
Date: Time: Address:	<input type="checkbox"/>		<input type="checkbox"/>
Date: Time: Address:	<input type="checkbox"/>		<input type="checkbox"/>
Date: Time: Address:	<input type="checkbox"/>		<input type="checkbox"/>
Date: Time: Address:	<input type="checkbox"/>		<input type="checkbox"/>
Date: Time: Address:	<input type="checkbox"/>		<input type="checkbox"/>
Date: Time: Address:	<input type="checkbox"/>		<input type="checkbox"/>
Date: Time: Address:	<input type="checkbox"/>		<input type="checkbox"/>

Home and Family Arrangements

Even minor surgical procedures may have a bigger effect on the body than a patient expects. It is best to have arrangements made as necessary to allow the patient to rest for at least 24 hours after going home. Some patients may need a week or longer before they can prepare a family meal, do housekeeping, or care for children even if they have been in the hospital for a long time since their surgery. If you accompany the patient to their consultation appointment with the surgeon, you can ask what to expect and how you can help.

All surgical patients will receive instructions of some sort when they are discharged. Be sure to ask any questions you have and get a telephone number for someone you can call if questions come up later.

Our Preparing for Surgery Checklist for patients includes a list of arrangements that may need to be made. If the surgery involves arms or legs, if the patient will have an incision, or if a general or regional anesthetic will be used, please also review the Taking Care at Home After Surgery information sheet.

You can use the chart below to note things that you have been asked to take care of and who is able to assist you.

I need to make arrangements to:	I will do this:	I will ask this person to do this:	Confirmed
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>