Welcome to California Pacific Medical Center.

Please review this packet of information to help you prepare for your surgery and hospitalization. We want you to be involved in the decisions affecting your care. If you have family members, caregivers, or friends caring for you, please have them read this information.

Each person has a unique health condition. If you have any questions, please ask the doctors and nurses caring for you.
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What is Abdominal Surgery?

Abdominal surgery involves a surgical operation on organs inside the abdomen (see Figure 1). This may include surgery on the stomach, gallbladder, small intestine, or large intestine (colon), liver, pancreas, spleen, esophagus, and appendix. Some reasons for abdominal surgery include infection, obstruction, tumors, or inflammatory bowel disease.

(Figure 1)

During open abdominal surgery, your surgeon operates through an open surgical incision which is closed with staples or sutures (see Figure 2 on the following page). During laparoscopic abdominal surgery, your surgeon operates through several tiny incisions using instruments placed through long, hollow tubes attached to a television camera (see Figure 3 on the following page). Laparoscopic surgery is not possible for all types of surgery. Your surgeon will decide which type of surgical procedure is best for your planned operation. Some laparoscopic operations may be converted to an open surgical incision if needed for technical reasons.
Preparing for Your Surgery

Use the following information to guide you as you plan for your operation.

- **Your surgeon's office will schedule your surgical procedure**: Your surgeon's office will schedule your surgery and notify you of the time and location.

- **Make an appointment with your primary care doctor**: You may need to make an appointment for a physical exam before your surgery. Discuss this with your surgeon's office staff. One week before your surgery is the ideal time for you to have your physical exam. However, physical exams up to one month before your surgery will be accepted. Your primary care doctor will make sure you are physically able to undergo surgery.
• Pre-registration is a **two-step** process that you must complete before having a surgery, test, or procedure at California Pacific Medical Center.

1. **Health History.** Please call **(415) 600-2500** within 1-2 weeks before your procedure to speak with a Pre-admission Testing nurse who will take your health history, answer your questions, and explain what testing is necessary before your surgery, test, or procedure. Based on your health status, the nurse **may** send you to complete any required testing before you come to the hospital. The nurse will tell you where you can go for your test(s).

2. **Pre-Registration.** The nurse will connect you to the Patient Access Center to complete the pre-registration process. Please be sure to have your insurance card information ready when you begin.

### About Your Medications

• Ask your surgeon/primary doctor if and when you should stop taking any of your routine medications.

• Your surgeon or primary doctor may request that you bring all of your medications in the original containers to the hospital. **Note:** For patient safety, please give any and all medications from home to the nursing staff. Medication brought in from home will not be used during your stay in the hospital unless it is not available from the hospital pharmacy. Your medications will be returned to you when you are ready to go home.

• If you are taking any vitamins, herbal supplements, or over-the-counter medications, please discuss this with your surgeon and primary doctor and inform the nurse facilitator during pre-registration. Some of these medications also need to be stopped before surgery.

• Fill any new prescriptions, including pain medication, before you have your surgery.

• **Review the list of your current medications with the nurse facilitator:**
  • You will discuss the medications you may need to take the day of your surgery with a sip of water.
About Your Medications (continued)

- If you are taking blood-thinning medications such as Aspirin, Coumadin (Warfarin), Plavix (Clopidogrel), or Non-Steroidal Anti-inflammatory medications such as Naprosyn (Naproxen), Advil (Ibuprofen), Motrin (Ibuprofen), ask your surgeon/primary doctor when you should stop taking these medications before your surgery.

- If you are taking medications for diabetes such as Glucophage (Metformin), Micronase (Glyburide), or Glucotrol (Glipizide), ask your surgeon/primary doctor when you should stop taking these medications before your surgery. If you are taking insulin for diabetes, ask your surgeon/primary doctor about the dosage (amount) and type of insulin you should take, or whether NOT to take your insulin, prior to the surgery.

Other Suggestions to Help You Prepare

- Eat a healthy diet.

- Take daily walks: Take daily walks to improve strength and endurance before and after your surgery.

- Quit smoking: Talk with your primary care doctor about quitting smoking. The Community Health Resource Center, in the Lobby at 2100 Webster Street, has classes and support groups for people who want to quit smoking. Also, you may call 1-800-NO-BUTTS for information about smoking cessation.

Before Your Surgery

- Call your surgeon immediately for any changes in your health condition, such as a fever or cold, within 23 hours before your scheduled surgery. Be sure to tell your surgeon if you are pregnant.

- If you are having colon or rectal surgery, your surgeon will give you instructions for preoperative bowel preparation. Follow them carefully.

- Do not eat or drink anything within 6 hours of your surgery, unless otherwise directed by your doctor. However, you may continue to take your routine medications, such as heart and blood pressure medications, with only a sip of water.
Before Your Surgery (continued)

- It is a good idea to bring an old pair of glasses to the hospital to take into the operating room if you have very poor vision. Note: You will not be able to wear contact lenses in the operating room.
- You are strongly encouraged not to smoke or drink alcohol 24 hours before your surgery.
- Leave your valuables at home the day of surgery. Do not wear jewelry including rings and body piercings.

The Day of Surgery

Go Directly to the Specific Campus Where Your Surgery is Scheduled

<table>
<thead>
<tr>
<th>Campus</th>
<th>Go to</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pacific Campus</td>
<td>Ambulatory Care Unit (ACU)</td>
</tr>
<tr>
<td></td>
<td>2351 Clay Street</td>
</tr>
<tr>
<td></td>
<td>Stanford Building, 6th Floor</td>
</tr>
<tr>
<td>California Campus – West</td>
<td>3700 California Street</td>
</tr>
<tr>
<td></td>
<td>Ambulatory Surgery Unit on the 3rd floor</td>
</tr>
<tr>
<td>Davies Campus</td>
<td>Castro &amp; Duboce Streets</td>
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<tr>
<td></td>
<td>Admissions – Lobby Level, North Tower</td>
</tr>
</tbody>
</table>

- Take only the medications that you were instructed to take by the surgeon/primary doctor or nurse facilitator – with a sip of water.
- Arrive 2 hours before your scheduled surgery. This time is required by the staff to help prepare you for your surgery. Note: If you are scheduled for surgery at 7:00, 7:15, or 7:30 a.m., please arrive at 6:00 a.m.
- Most operations are performed on time (for example, within 30 minutes of the scheduled surgery). The staff will keep you well-informed of any delays.
Surgical Waiting Areas – For Your Convenience

During your surgery, your family and friends may wait in the designated Surgical Waiting Areas. Staff will direct your family and friends to the designated areas as well as keep them well-informed.

Planning Your Recovery

- After abdominal surgery, it is normal to feel weak and tired for several weeks after you return home. Because each person is unique, the speed of your recovery and your ability to return to normal activities will vary.

- Pain from the incision is normal. It will vary from day to day and with activity level. Gradually, your pain should decrease over time. Your surgeon will give you a prescription for pain medication when you are ready to leave the hospital.

- Plan ahead to simplify your meal preparation. Do your grocery shopping, and prepare and freeze several meals before you come to the hospital. Place cooking utensils that you use frequently within easy reach.

- Select books you would like to read or music you enjoy, and have them available during your recovery.

- Check with your surgeon about how long you can expect to be off work because of surgery. Arrange time off from work so that you do not feel rushed during your recovery.
On the Day of Your Surgery

When you arrive, a registered nurse (RN) greets you and prepares you for surgery.

Your Nursing Care

- **Changing into a Surgical Gown, Removing Contacts and Dentures:** The RN asks you to change into a surgical gown and to remove any remaining jewelry (including rings). Also, you need to remove contact lenses and dentures. If you are hearing impaired with a hearing aid, alert the RN.

- **Recording Your Weight, Temperature, Pulse, and Blood Pressure:** The RN records your weight and takes your vital signs such as blood pressure, pulse, and temperature.

- **Placing an Intravenous (IV) Line in an Arm Vein:** The RN places an intravenous (IV) line in your arm for medications and fluids during your surgery.

What Happens in the Operating Room?

A member of the Operating Room (OR) staff escorts you to the Operating Room Holding Area. The staff may walk you into the OR or wheel you on a stretcher or in a wheelchair.

*In the Holding Area:* Medical and nursing staff may ask you similar questions about your medical history. Surgery is a team effort and there are a number of repetitive steps to ensure your safety.

- Your anesthesiologist meets with you to discuss anesthesia care before your surgery.

- Your operating room nurse meets with you to go over the nursing care during surgery.

- Your nurse escorts you to the surgical suite and assists you in lying down on the surgical bed.

*In the Surgical Suite:* Many activities now take place at once.

- Your anesthesiologist connects you to a number of monitors such as a blood pressure cuff, a cardiac monitor, and an oxygen sensor. You may be asked to breathe oxygen for a few moments before anesthesia begins.
• Your nurse may apply elastic stockings to your legs. Your nurse may also apply sequential compression stockings to your legs. These special plastic sleeves attach to a small machine and gently squeeze your legs every few minutes.

• A safety belt is placed across your thighs to prevent a fall.

• The nurse may place a urinary catheter (small thin tube) in your bladder once you are asleep. A urinary catheter drains urine from your bladder during surgery.

• Before surgery, the team confirms the surgical site.

Surgery
When all preparations are complete, your anesthesiologist administers anesthesia and your surgery begins.

Transferring to the Post Anesthesia Care Unit
Immediately after surgery, the staff transfers you to the Post Anesthesia Care Unit (PACU) to recover from anesthesia. The PACU is a large room with several beds. This is where you will wake up after surgery. Unfortunately, your family will not be able to visit in this area. However, your family may visit you as soon as you are in your hospital room.

Your Nursing Care in the PACU:
• Monitoring of your blood pressure, breathing, and heart rate.

• Administering oxygen through a small tube in your nose.

• Checking your bandages to make sure that they remain dry.

• Monitoring of your pain and administering medications in your intravenous (IV) line to relieve postoperative pain.

• Arranging your transfer to a hospital room on a stretcher or in a hospital bed when your condition is stable.
Your Nursing Care After Surgery

After abdominal surgery, most patients go home in 4 or 5 days. Some patients may need more time to recover and some may require less.

After your surgery, your nurse helps you with the following activities. As you become stronger, you may do these on your own:

- **Change Position:** Turn every 2 hours from your back to your side.
- **Cough and Deep Breathe:** Every 2 hours.
- **Use the Incentive Spirometer:** Use the incentive spirometer (a plastic breathing device) to take deep breaths to expand your lungs.
- **Do Ankle Pump Exercises:** Every 2 hours bend your ankles up and down and alternate your feet.
- **Wear Sequential Compression Stockings in Bed:** Remind your nurse to replace your stockings when you are in bed.
- **Take Short Walks:** The nurse starts walking with you soon after surgery. The nurse helps you to get out of bed, sit in a chair, and walk short distances several times a day. Ask them questions about the best ways to move and get out of bed.

Managing Your Pain

- **Take action to control your pain as soon as the pain starts.** It is more difficult to relieve pain once it has become severe.

- **Report your pain.** If you are in pain, tell your doctor or nurse. Because each person experiences pain differently, you can help your doctors and nurses "rate" your pain using the pain scale on the next page. A 0 on the scale means no pain, and a 10 on the scale means the worst pain you can imagine.

- **Treating your pain early is key to good pain control and important to your recovery.** Take your pain medication before doing something that may increase your level of discomfort such as getting out of bed to walk.
Managing Your Pain (continued)

0-10 Numeric Pain Intensity Scale

Please point to the number that best describes your pain.

0       1         2         3         4         5         6         7  8         9        10

No pain          Terrible pain


- PCA Pump (Patient Controlled Analgesia):
  - This is a machine that allows you to give yourself pain medication when you need it.
  - **For your safety, only you may push the PCA machine button.** It is not safe for anyone else to push the button for you. You give yourself a dose of pain medication through a tube into your vein.
  - You control the machine; in most cases, if you don't push the button, you don't get any pain medication.
  - Limits are set so that you can safely medicate yourself to relieve pain. Ask the nurse how often you can push the button (usually 6 - 15 minutes).
  - Many patients find it helpful to take pain medication by mouth to help them sleep through the night when they are using PCA.

About Your Diet

After surgery, your surgeon advances your diet slowly. Usually, after abdominal surgery you may be able to have only ice chips for a day or two until you pass gas. Once you pass gas, you will be started on clear liquids. When you are able to drink liquids without any problems, you will progress to soft foods and then your regular diet.
Tips for Your Recovery

- After abdominal surgery, it is normal to feel weak and tired for several weeks after you return home. Because each person is unique, the speed of your recovery and your ability to return to normal activities will vary.
- Keep your pain under control, so you can move about as much as possible.
- Spend time out of bed each day. Get out of bed at least 2–3 times each day and walk for short distances or sit in a chair at the bedside. The nurses will help you get out of bed the first couple of days.
- Change your position, cough, take deep breaths, and use your incentive spirometer (plastic breathing tool) every 2 hours in bed.
- Do ankle pump exercises every 2 hours in bed. Bend your ankles up and down alternating your feet.
- If you have sequential compression stockings, use them while you are in bed.

Getting Ready to Go Home

- RN Case Managers are available to assist you with getting ready to go home, if needed.
- Social workers are available to assist you with concerns regarding financial and family issues.
- Social workers are also available for help in emergencies or in particularly difficult situations. They can also give you information about community resources for assistance over the long term.
- Financial counselors are available should you have questions or concerns about your health insurance.
- Chaplains are available at all times. Please let your doctor or nurse know if you would like us to arrange for a visit.
Your Checklist for Going Home

The information contained in this section will help you manage your care at home. Review this checklist carefully before you go home. If you have any additional questions, please ask your doctor or nurse.

- Plan your transportation home.
- Schedule the date for your next doctor's appointment.
- Get your prescription(s).
- Know what medication to take, its purpose, and possible side effects.
- Understand the danger signals related to your operation. Call your doctor if you experience any of these symptoms before your next appointment.
- Know your activity limitations.
- Know how to change your dressing (if you have one).

Arranging Transportation Home

You should be able to go home safely in a family member or friend's car. You may feel more comfortable with a pillow over your abdomen under the seatbelt.

An RN Case Manager will help you make arrangements if you need a ride home or help getting up the stairs. Most insurance plans will not pay for transportation home.

Making a Follow-up Appointment After Your Surgery

Your surgeon will see you in the office about 1–2 weeks after your surgery. Call the surgeon's office to make an appointment.

Understanding Your Medications

- Generally, your surgeon will order a pain medication when you go home.
- If the pain medication does not control your pain, please let your surgeon know.
- Constipation is a common side effect of pain medication. Here are some tips to prevent constipation: take a stool softener, add fiber to your diet, drink plenty of fluids, and increase your activity level.
- Some medications may be expensive and insurance coverage varies. Let your surgeon know if you have difficulty filling your prescriptions. There may be alternative medications available that are less expensive.
Your Recovery Continues at Home

Please review the following list carefully to be aware of what is normal for your recovery, and what signs and symptoms may require additional attention by your surgeon.

- **Feeling Weak and Tired:** It is normal to feel weak and tired after abdominal surgery. You may need more sleep and also you may notice a change in your sleep patterns. Be assured, over time your sleeping patterns will return to normal.

- **Fluid Draining from the Incision Site:** It is normal to have a small amount of clear yellow or red-yellow fluid draining from the incision in the first few days after surgery. Thick, foul-smelling drainage or redness around the incision is a warning sign of infection. This is most likely to occur 7–14 days after surgery. If this happens, call your surgeon’s office immediately.

- **Pain from the Incision:** Pain from the incision is normal and it will change from day to day and with different activities. It will gradually decrease. Contact your surgeon’s office if your pain medication does not relieve your pain.

- **Cramping, Abdominal Pain, and Bloating:** You may experience cramping, abdominal pain, and bloating, but these symptoms will improve over time. Eat small, frequent meals. If you have severe pain that does not improve or persistent vomiting, call your surgeon’s office immediately.

- **Dehydration:** You should drink enough fluids to keep your urine a light yellow color. Avoid alcoholic beverages during your recovery.

- **Discomfort from the Urinary Catheter:** If you had a urinary catheter in your bladder, it is not unusual to have minor discomfort during urination for several days after the catheter is removed. If the discomfort does not go away or is severe, call your surgeon’s office.

- **Loose, Watery Bowel Movements:** After bowel surgery, you may have loose, watery bowel movements for several days. If you have persistent watery diarrhea, call your surgeon’s office.
### Recognizing Danger Signals

**Call your doctor if you have any of the following symptoms:**

- Inability to tolerate foods or fluids.
- Persistent nausea or vomiting.
- Swelling or pain in either leg or calf.
- Signs of surgical site infection: increased redness, increased drainage or swelling, and worsening pain.
- If you feel warm or chilled, check your temperature. Call the doctor for a temperature of 101° F/38.5° C or above.

### Planning Your Activity

- After abdominal surgery, it is normal to feel weak and tired for several weeks after you return home. Because each person is unique, the speed of your recovery and your ability to return to normal activities may vary.

- Take regular walks several times daily. Avoid strenuous exercise such as lifting, carrying, pulling, or moving heavy objects (more than 5 pounds) until your surgeon says it is safe.

- Do not sit for long periods as it may cause swelling of your ankles and feet.

- Sexual activity may be resumed as tolerated, unless otherwise instructed.

- Everyone recovers differently. Please check with your surgeon about when to return to work and when to start driving. Usually, after your first post-operative visit (10 days – 2 weeks), your surgeon will discuss when you will be able to start driving.
Caring for Your Surgical Incision

- You may wash the incision daily with soap and water; pat dry gently. Keep your incision clean and dry until all the staples or stitches are removed.

- Do not apply cream or ointment to the staples or stitches, unless instructed to do so by your surgeon.

- The staples or stitches will usually be taken out 5–7 days after your surgery. Your surgeon or a nurse will remove the staples or stitches.

- You may have Steri-Strips® (incision tapes) on the incision. These will fall off by themselves in 1–2 weeks.

- After the staples are removed, and the Steri-Strips® have fallen off, the scar will fade and soften over time.

Tips on Bathing

You may shower as soon as you feel able. Avoid tub baths until approved by your surgeon.
About Your Diet

- A balanced diet is important for your general health and healing.
- Follow a soft, easy-to-digest diet for the first week. Advance to your usual diet as tolerated.
- Ask your nurse if you would like additional information about your diet.
- If you have any specific questions about your diet after you leave the hospital, call your surgeon.

Home Health Care Services

- Meeting with an RN Case Manager in the Hospital:
  An RN Case Manager will meet with you in the hospital before you go home if you need nursing care at home, equipment, supplies, or extra help at home. The RN Case Manager will help you find out what services your insurance plan pays for and, if needed, will help arrange them.

- Visiting Nurse or Physical Therapist:
  If you are scheduled for home health care services, the agency will call you at home to set up a time for the first visit. Staff will visit you on a short-term basis. The focus of home health care is to help you adjust at home to changes following surgery.

More Ways to Learn

- Visit the Community Health Resource Center: Services include classes and written information on a wide variety of health topics.
  2100 Webster Street, San Francisco
  Telephone: (415) 923-3155

- Visit these Web sites:
  1. Go to [www.cpmc.org/learning](http://www.cpmc.org/learning)
  2. [American College of Surgeons](http://www.facs.org/patienteducation) at [www.facs.org/patienteducation](http://www.facs.org/patienteducation)
Notes and Questions to Ask My Doctor

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Note: This information is not meant to replace any information or personal medical advice which you get directly from your doctor(s). If you have any questions about this information, such as the risks or benefits of the treatment listed, please ask your doctor(s).