

AT HOME

FOOD GUIDELINES

Eat soft bland foods (examples: oatmeal, sandwiches, eggs, mashed potatoes, macaroni and cheese). You may advance your diet as you tolerate.

BOWEL MOVEMENT

After surgery you may experience constipation or diarrhea. This is normal. It should settle down several weeks after surgery. Some pain medications can cause constipation. If you experience this, try to increase your water intake, walk more, and add fruits, vegetables, and grains to your diet.

EXERCISE

Make sure you are out of bed at least 6 hours a day. Try to take at least three short walks a day. Do not lift anything over 10lbs (size of a gallon of milk) until cleared by your surgeon at your post-operative appointment. No strenuous activity until cleared by your surgeon.

INCISION(S)

Monitor your incision(s) for redness, yellow or white discharge, and opening of the incision. If you experience any of these symptoms and/or a fever, shortness of breath, or productive cough please contact your surgeon's office.

SHOWER

You may shower. No tubs, baths, pools, or soaking until cleared by your surgeon. When you shower let warm, soapy water flow over your incisions. Do not scrub. Pat dry when finished. It is recommended to use a mild soap so you do not irritate your incision(s).

WHEN TO CALL THE SURGEON'S OFFICE:

- Your incision becomes warm, red, or has drainage that is yellow, white, or green
- Your incision has opened
- You have a fever >100.4F
- You cannot tolerate fluids or have severe vomiting
- You have a new productive cough
- For medical emergencies such as chest pain, difficulty breathing, new and severe pain **go to the nearest Emergency Room**



YOUR GUIDE TO ENHANCED RECOVERY



IMPORTANT DATES/TIMES

Pre-admission testing:

Surgery arrival date/time:

Follow-up appointment after surgery:

IMPORTANT PHONE NUMBERS

Hospital main number:
(248) 338-0000

Pre-admission testing:
(248) 338-5046

YOUR GUIDE TO ENHANCED RECOVERY

Enhanced recovery after surgery, also stated as ERAS, is a program developed to help patients recover quickly and safely after having surgery. This packet outlines what to expect during your surgery journey.

This packet is to help guide you through your upcoming surgery. Please bring the packet with you to all your appointments and to your day of surgery. Providers will review the information with you each step of the way.

The information contained in this packet is for information use only. Please contact your health care team if you have any questions or concerns throughout your entire surgical experience here at McLaren.

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Narcotics/opioids have been shown to slow the bowel down and cause constipation. This can increase your recovery time. Narcotic/opioid pain medications are avoided and only used if necessary post operatively for breakthrough pain.

WHAT ELSE CAN I DO TO HELP MANAGE MY PAIN?

- Over the counter medications: Acetaminophen 650mg every 6 hours and alternating with Ibuprofen 600mg every 6 hours. Directions: To be taken around the clock, while awake, during the first 72 hours post-operative.

EXAMPLE: 3:00 p.m. Motrin (Ibuprofen) 600 mg (3 pills of 200 mg)
 6:00 p.m. Tylenol (Acetaminophen) 650 mg (2 pills of 325 mg)
 9:00 p.m. Motrin (Ibuprofen) 600 mg (3 pills of 200 mg)

Continue alternating every 3 hours for 3 days, until no longer needed.

- **Mindful Breathing** can help manage pain and anxiety after surgery.



Aim to practice mindful breathing two times a day in 10-minute sessions. Setting a timer can help when first starting.



Sit in a comfortable position. It may be helpful to close your eyes or focus on an object.



Breathe in through your nose for five seconds – counting in your head “1, 2, 3, 4, 5.”

Breathe out through your mouth for another five seconds – “1, 2, 3, 4, 5.”

Keep this rhythm and focus on your breath for 10 minutes.

- Try relaxation, distraction (listening to music, reading, talking to others) or daily reflection.

If you receive a narcotic/opioid prescription for use at home please **SAFELY dispose of unused opioids:**

- Find a local Medication take-back drive, visit [Michigan-OPEN.org/takebackmap](https://www.michigan-open.org/takebackmap)
- Pharmacy and police station drop boxes
- As a last resort, mix drugs (do not crush) with used coffee grounds or kitty litter in a plastic bag, then throw away



EARLY MOVEMENT AFTER SURGERY:

- Once on the floor the nursing staff will help you achieve your movement goals.
 - You will be expected to get out of bed and sit in a chair the night of surgery.
 - The first day after surgery you will be expected to sit in a chair for 6 hours and to take 2 walks in the hallway.
 - If you stay longer than one day after surgery, you will be expected to sit in a chair for six hours and take at least three walks in the hallway each subsequent hospital day.
 - It is important you get out of bed and move early after surgery. Early mobility has been shown to decrease your recovery time.

FOOD GUIDELINES:

- You will be started on a clear liquid diet after surgery and your diet will be advanced as you tolerate it.
- Gum chewing for at least 30 minutes three times per day to help stimulate your bowels.

URINE CATHETER:

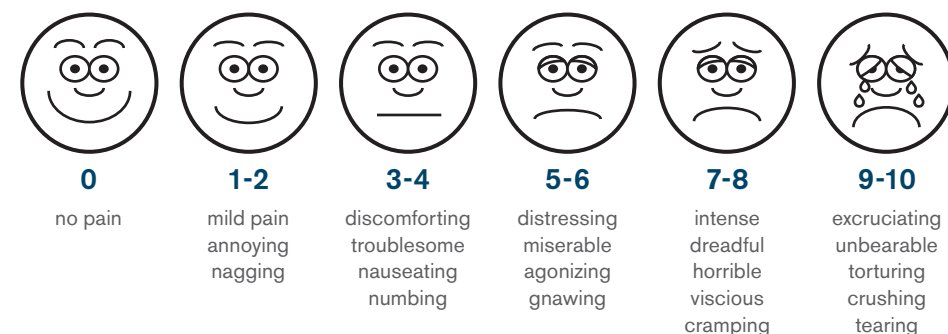
- You may have a catheter in place that will drain the urine from your bladder overnight. The nursing staff will be checking how much urine is made throughout the night to help them determine if you are well hydrated and when the catheter can be removed.

Breathing exercises/incentive spirometer – please do 10 breaths an hour while you are awake for 2 weeks to prevent post operative pneumonia.

PAIN CONTROL AFTER SURGERY

You can expect to have some pain after surgery. This is normal and part of the healing process. It is normal to experience discomfort/pain the day after surgery and quickly begins to get better. Everyone feels pain differently. The goal is to manage your pain so you can do the things you need to care for yourself and heal. We will work with you to help you reach your goals.

You will be frequently asked how you rate your pain. We are using a scale from 0 to 10. A pain rate of 0= no pain at all through a pain rate of 10=most severe pain possible. This is a very important question so we can provide you with the best care possible.



PREPARING FOR YOUR SURGERY

1. Stop smoking and other forms of nicotine.

Do NOT smoke at least 24 hours before your surgery. Patients who smoke have more complications and infections following surgery than patients who do not smoke.

2. Alcohol use

Do NOT drink alcohol for at least 24 hours before your surgery. If you are concerned about the amount of alcohol you drink, please contact your primary care provider for assistance in decreasing your intake.

3. Start exercising

Exercise will help prepare your body for surgery and will help you to heal faster. Remember, exercise doesn't have to be strenuous but can be as simple as a daily 15 minute walk has shown to be effective. If you already exercise regularly, keep up the good work!

4. Nutrition

Eating well before and after surgery is important in helping you heal and get back to your normal activity level. Eating foods that are high in vitamins, minerals and proteins are helpful at preparing your body for surgery. Also remember to stay well hydrated by drinking plenty of fluids and water.

5. Lung health

You may be provided with an incentive spirometer. This is a simple device which helps you strengthen your lungs. Practice using your incentive spirometer every day before your surgery and you will continue to use it throughout your recovery. Doing so will help reduce your risk for developing lung infections after your surgery.

6. Mental Health

We recommend reducing your stress and anxiety level before surgery. Doing so many allow you to heal faster. Try to learn as much as you can about your procedure before to help you mentally prepare for surgery. Many people find meditation, focused deep breathing, positive thinking and imagery helpful in decreasing stress and managing pain after surgery.

7. Do you have sleep apnea?

Please bring your CPAP or BIPAP machine with equipment on the day of your surgery.

8. Do you have chronic pain medicine?

If you currently take narcotic/opioid medicine to control your pain, it is important that you let your surgeon and your nurse know.

9. Do you have an implanted device?

If you have a pacemaker, ICD, defibrillator, insulin pump or any other implantable device, please notify anesthesia pre-screening. Bring your ID card, equipment, and any controllers used for these devices on the day of your surgery.





10. Do you have a recovery plan?

Try to prepare your living arrangements prior to surgery. Make sure you have transportation arrangements to and from the hospital and a clean environment for your recovery. Some people will even prepare food ahead of time as a way to prepare for the first few days after you get home from the hospital.



WHAT TO EXPECT

DAY BEFORE SURGERY

1. A nurse from McLaren Oakland will be calling you to confirm your readiness and time of arrival for your surgery between the hours of 2 pm and 6 pm.
2. Take a shower using the antimicrobial soap provided for you in clinic. Scrub your body from your neck to your toes. Do not use on your face or hair.
3. Drink two Ensure Pre-Surgical drinks; one in the morning and one in the evening.



DAY OF SURGERY – PRIOR TO THE HOSPITAL

1. Take a shower using the antimicrobial soap provided for you in clinic. Scrub your body from your neck to your toes. Do not use on your face or hair. After your shower, do not use any lotions, powders, deodorants, or make-up.
2. Eat a clear liquid diet up until 2 hours prior to surgery.
3. Drink the Ensure Pre-Surgical drink on the car ride to the hospital.
4. Leave all jewelry and valuables at home.



DAY OF SURGERY – AT THE HOSPITAL

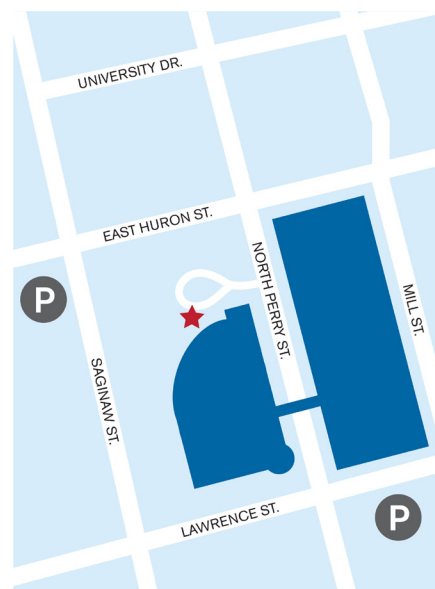
Arrive at McLaren Oakland at your scheduled time.

**50 North Perry Street
Pontiac, MI 48342**

There is valet parking available at the front of the hospital. ★

Once you enter the lobby, you will check in with the person in the Pre-Admission testing office in the first floor lobby. You will be instructed to go the third floor (surgical services) of the hospital.

As you get off the elevator, go right and walk to the end of the hallway to the “Surgical Waiting” lounge. One family member is allowed with you in the pre-operative area. This area is small and does not accommodate more visitors.



When the pre-operation team is ready for your surgery, a nurse will come out and get you, prepare you for surgery and each member of the team will ask you necessary questions and answer any questions you may have.

- You will be seen by your surgeon who will perform a pre-surgical assessment, answer any questions you have and you will sign consent papers for the surgery.
- An anesthesiologist will also do an assessment and answer any questions.
- The operating room nurse will also be present, perform an assessment, answer any questions and get you ready to take back into the surgical operating room.

Once you are cleared and prepared for surgery, you will be taken into the operating room.

- Family is NOT allowed in this area but they can wait for you in the surgical waiting room.

You will be provided with a comprehensive pain management program and this will continue to be discussed with you.

AFTER SURGERY

After surgery is complete, you will be taken to the recovery room. Here nursing staff, anesthesia, and your surgeon will make sure that you recover from the medications that were given to you during surgery.

When you are awake and your vital signs are stable, you will be discharged home or transferred to an inpatient surgical floor at McLaren Oakland depending on the type of surgery that is performed .

THINGS TO BRING TO THE HOSPITAL

- This information packet
- Insurance information and driver’s license
- Slippers, loose clothing to go home with
- Toothbrush, toothpaste, hairbrush
- Glasses and/or contact lenses with cases and supplies
- Any assistive devices such as canes, walkers, wheelchairs that you use
- A list of current medications that you take
- CPAP machine if you use one at home

