Inpatient Services
UW Health at The American Center
4602 Eastpark Blvd.
Madison Wisconsin 53718

Date of Surgery: _____________________

Your Surgery: _______________________

Surgeon: ____________________________

Bring to Your Pre-surgery Clinic Visit

☐ This booklet
☐ Power of Attorney for Health Care, if you have one.

Please bring all pills, vitamins, and herbs, medical records (that have been given to you), recent X-rays and test results.

Inpatient Services
(608) 440-6263
1-844-607-4800
Valet parking is free and open from 6 am-4 pm.

**Inpatient Services** is located to the left of the hospital main entrance.

**Welcome to UW Health at The American Center**

Knowing what to expect is part of getting ready for surgery. This booklet helps you to learn about:

- Your Pre-Surgery Clinic Visit ..............................................1
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- After Surgery ........................................................................7
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**What Is Inpatient Services?**

This is the unit you will come to the day of surgery. Most often, you do not go home the same day.

**Your Pre-Surgery Clinic Visit**

Members of the surgery team will meet with you to:
- Talk with you about surgery.
- Learn more about your health history.
- Do a physical exam.
- Complete lab tests, EKG, Chest X-ray, and other tests, if needed.

This clinic visit may last 2 – 4 hours or more. You will learn how to prepare for surgery and what you can do to regain your strength.
By law, we need to ask if you would like to complete an advance medical directive (AMD). This is a Power of Attorney (POA) for Health Care or a Living Will. **This decision is up to you.** A POA allows you to name a health care agent who could speak for you if you were not able to do so. If you choose to complete an AMD, you must be 18 or older and of sound mind. **You have the choice to complete the form or not.**

If you choose to fill one out, complete it and have it signed and witnessed before coming to surgery. There is not enough time to complete the forms that morning. The two witnesses cannot be family members or UW Hospital staff. Exceptions are chaplains, social workers and volunteers. The person you name as your health care agent may not be a witness. We suggest you choose a neighbor or friend. If you need help to complete this form or have questions, call our Patient Relations office at (608) 263-8009.

You may wish to have a member of the **Spiritual Care Services** visit while you are in the hospital. Please ask a member of your health care team.

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**Getting Ready for Surgery**

The time of your surgery will be set the day before surgery. We will call you at the number you gave us, sometime after 10:00 a.m. the day before your surgery (on the Friday before a Monday surgery). We will tell you when to arrive, where to go, and answer questions.

**Before this call, please review details your clinic or anesthesia staff gave you during your clinic visit. If you do not hear from us by 3:00 pm, please call (608) 440-6263.** We do need to talk to you before your surgery. Tell us where you will stay the night before surgery.

If you have a cold, fever, or illness before surgery, call your doctor’s clinic. After hours or on weekends ask to speak with the anesthesia doctor on call.
Steps for Getting Ready

1. Your doctor may ask you to stop taking pills that “thin” your blood. You may need to stop these anywhere from 24 hours before surgery to 7 days before. Ask your doctor when you should stop them. Blood thinners include:

   - Aspirin, Excedrin®, Ascriptin®, and Ecotrin®
   - Plavix®, Pradaxa®, Effient®
   - Vitamins and herbal supplements
   - Coumadin® or warfarin or Jantoven®
   - Ibuprofen, Advil®, Motrin®, Nuprin®, and Aleve®

   If you take any of the pills listed above or herbs, please let us know.

   It is alright to use acetaminophen (Tylenol®) if you can normally take it.

2. The night before surgery, eat a light supper - small amounts of low-fat foods unless you are given special instructions. You will be asked to stop eating solid foods and milk-type beverages at midnight. Most patients are allowed to drink clear liquids up until 4 hours before surgery. Do not drink any liquids after midnight if your surgery is before 8 am. Clear liquids include water, black coffee and tea (no creamer), and apple or white grape juice. Do not chew gum, tobacco, or have candy for 4 hours before surgery. If you’ve been told to take any pills, you may take them with sips of water.

3. Your surgeon may want you to take laxatives to empty stool from your bowel before surgery. You will get details on the bowel prep at your clinic visit.

4. Do not drink alcohol after 8:00 pm the night before surgery. If mixed with anesthesia, it can cause problems.

5. Try to stop smoking or at least cut back. It takes at least 3 days to rid your body of carbon monoxide from cigarettes. If present in your body it will delay wound healing. It can also increase the risks from anesthesia. If you’d like help quitting, call the Quit Line: 1-800-QUITNOW (784-8669).
6. Refer to Health Facts for You #7938 *Getting Your Skin Ready for Surgery-Adult* for skin prep instructions.

7. Do not wear make-up. Please remove nail polish from at least one finger. If you are having hand or foot surgery, all the polish and acrylic nails should be removed from that hand or foot and from one finger or toe on the other hand or foot.

8. Try your best to have a restful night before surgery. If you are coming from out of town, you may wish to stay in Madison. **Guest Services** can provide you with a list of nearby motels and arrange for your stay at a discount rate. Please call (608) 440-6242.

9. The morning of surgery brush your teeth and rinse, but do not swallow water.

10. If you are taking pills, we will tell you during your clinic visit whether you should take them the day of surgery. If you take them, swallow with just a sip of water.

   If you have diabetes, you will be given details about your insulin or oral pills at your clinic visit.

11. Please leave all jewelry, rings, large sums of money, and credit cards at home. You will be asked to remove all jewelry. Please remove all body piercings.

12. Bring along inhalers, CPAP, glucose meter, eye glasses, eye drops, hearing aids, dentures, prostheses, and other special equipment that you will need. Be sure these items are labeled and in a case, if appropriate. Please do **not** bring bottles of pills with you the morning of surgery unless you have been told to do so. You will be asked to leave your glasses, teeth, and hearing aides with your family before you go to surgery.
13. Please bring non-skid slippers or slip-on shoes and a few personal items. You do not need to bring pajamas or a robe. You may want to bring a book or something to do. TVs are in each room at no charge. Bring a calling card or your cell phone if you wish to make long distance calls. You may bring in your laptop; all of the rooms have patient internet access. Please have your family member leave your belongings in the trunk of your car the day you check in (please bring in your CPAP and inhalers). Once your room is ready, they can bring your things to you. The hospital is not responsible for theft of personal items.

14. Once you are home, it may take a few days or many weeks for you to get back to your normal routines (work, child care, laundry, shopping). Make plans for these changes. The length of time each person needs to recover varies. Plan to talk about these details with us. You may need to make special plans before surgery.

15. Stop at Registration the day of your clinic visit to speak with a financial counselor. If you cannot to do this, you may call them. Please call them as soon as you can to get your paper work started. Registration is open from 4:30 am to 10 pm. They can be reached at (608) 261-1600.

The Day of Surgery

Inpatient Services is open 5:30 am to 9:00 pm. The Main Hospital doors are open until 9 pm. Please check in at your scheduled time.

While you are here, we will help you get ready for your surgery. You may have family with you when you arrive. We welcome all family members on your day of surgery; but due to limited space, you will need to choose one person as your primary support person. This is the only person who may stay with you from check-in time until you go to surgery. When choosing a primary support person, keep in mind that this person will hear your private health information.
Other family members and friends will be in the waiting room while you are getting ready. Your primary support person will join your family and friends in the Surgical Waiting area when you go to the operating room.

**In the Operating Room (OR)**

You will be taken to the OR on a rolling cart. Once you are in the OR, your nurse will answer questions and make sure you are comfortable.

The staff wears masks, eye protection, gowns and hats. They will help you move onto a narrow, firm bed. The nurse will place a safety belt, like a seat belt, across your legs. They will place ECG (electrocardiogram) patches on your chest, a blood pressure cuff on your arm, and a plastic clip on your finger to check your heartbeat and oxygen level. The anesthesiologist will ask you to breathe oxygen through a soft plastic mask and medicine will be given to you through your IV. After you are asleep, a breathing tube will be placed in your windpipe to breathe for you. Other IVs and monitors will be added after you are asleep.

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**A Note to Families**

The amount of time your loved one spends in the operating room depends on the type of surgery. You can wait in the Surgery Waiting Area. If you have family that will be calling, please have them call (608) 440-6400. You may want to bring along a book or something to do since the time may seem to pass slowly. There are reading materials and TVs in this waiting area from 6 am until 9 pm weekdays. The nurses will keep you informed during surgery. After surgery, the surgeon will talk with you.
Recovery Room

After surgery, you will go to the Recovery Room. Here, the nurses check you often. Most patients wear an oxygen mask or tube under the nose. You will have a tape or plastic clip on your finger, toe, or earlobe to check your pulse and oxygen level in your blood. You will have a blood pressure cuff on your arm. It will tighten for a few seconds every 10-15 minutes as it checks your blood pressure. If you feel cold, tell your nurse. A heated blanket or lamp can be used to warm you. You may hear beeps from the equipment.

Nausea and vomiting can happen. If you have nausea, tell your nurse. We have medicine to help you feel better.

If you need to urinate, do not get out of bed. Call for help and the nurse will help you. Some patients have a tube in the bladder to drain urine.

You may be in the recovery room an hour or longer. Family and friends are not allowed in here. Once you are settled in your room, they may join you. You will have your own room with your own bathroom. Some patients may go to an Intensive Care Unit (ICU) for special care. The staff will tell your family and friends about the visiting hours.

After Surgery

In your hospital room, your nurse will check on you often. You may have a few tubes, drains and other equipment such as:

- An IV (intravenous line) in your hand or arm to provide fluids and medicine until you are able to drink fluids well.

- A face mask or tube under your nose to give you oxygen.

- A plastic clip on your finger to check your oxygen level.
• A catheter to drain urine from your bladder. This tube continually drains urine from your bladder. You may still have the urge to pass urine.

• An NG (nasogastric) tube in your nose to your stomach helps prevent nausea and vomiting.

• Wound drains help you heal.

• Leg wraps inflate and deflate or elastic stockings to improve blood flow in your legs.

A nurse will help you to understand how these items work and how long they will be in place.

You may not be able to eat right after surgery. At first, you may get only ice chips. As your body allows, your diet will progress from clear liquids (juice and broth) to full liquids (milk or ice cream) to normal foods.

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**Coughing and Deep Breathing**

Once the breathing tube is out, nurses will ask you to breathe deeply, cough, and use a breathing tool (incentive spirometer). Deep breathing helps you prevent pneumonia.

To cough and deep breathe

1. Place a pillow over your chest to lessen the pain while coughing.

2. Breathe in deeply and slowly through your nose. Hold it.

3. Exhale slowly through the mouth.

4. Repeat twice more.

5. Breathe in again; hold it, and then cough.
To use the incentive spirometer

1. Exhale and place your lips tightly around the mouthpiece.

2. Take a deep breath. Slowly raise the Flow Rate Guide between the arrows.

3. Hold it. Continue to inhale, keeping the guide as high as you can for as long as you can, or as directed by your nurse or respiratory therapist.

4. Exhale and relax. Remove the mouthpiece and breathe out as usual.

5. Slowly, repeat 10-15 times each hour while you are awake.

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**Pain Control**

People used to believe that you had to put up with severe pain. This is not true. We will work with you to prevent and relieve pain. Good pain control helps you

1. Heal faster
2. Leave the hospital sooner
3. Prevent problems

Drug and non-drug treatments can help prevent and control pain. Do not worry about getting “hooked” or “addicted” to pain pills. This is rare unless you already have a problem with drug abuse.

For best results

1. Talk with your doctor and nurses about the choices you have. You and your doctor can decide which is best for you.
2. Take (or ask for) pain medicine when pain **first begins**. Do not wait. Pain pills take 20-30 minutes to work.
3. You will be asked to rate your pain using this scale.

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<thead>
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<th>0</th>
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<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Pain</td>
<td>Mild</td>
<td>Moderate</td>
<td>Severe</td>
<td>Pain Possible</td>
<td>Worst Pain</td>
<td>Possible</td>
<td></td>
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</tbody>
</table>

4. The goal should be at a level that will allow you to deep breathe, eat, walk, and sleep. We need for you to rate your pain so we know how well your pain medicine is working.

5. Tell us about pain that will not go away. Do not worry about being a “bother.” Pain can sometimes be a sign of problems.

Pain medicine may cause you to become drowsy, dizzy, or lightheaded. Do not drive, use machines, or drink alcohol while taking pain medicine.

Narcotic pain medicine can cause constipation. This medicine slows down bowel movements moving through the intestine. This causes the stool to become hard. If you have hard bowel movements, have trouble passing bowel movements, and the movements are not often enough, then you have constipation.

This can be a problem. It may last as long as you are taking narcotic medicine. So, it is important to learn how to prevent and treat constipation.

**What can I do to prevent constipation?**

Once you are home, you will need a plan to avoid this problem. Stick to the plan as long as you are taking narcotic pain medicine. Review your plan with your doctor or nurse. Here are some things to include in your plan.

- Eat foods that have helped you to relieve constipation in the past.
- Eat foods high in fiber or roughage. This includes foods such as uncooked fruits, raw vegetables, and whole grain breads and cereals. Try prune juice. Buy some unprocessed bran and add 1 or 2 tablespoons to your food. Keep a shaker of bran handy at mealtimes and sprinkle it on foods. If you are not
hungry, do not force yourself to eat fiber.

- Drink plenty of liquids. Eight to ten 8-ounce glasses of fluid each day will help keep your stools soft. Warm liquids often help your bowels to move. Have a warm drink about half an hour before your planned time for a bowel movement.

- Exercise as much as you are able each day or at least every other day. Increase the amount you walk. Check with your doctor or nurse about the exercises that are best for you.

- Plan your bowel movements for the same time each day, if you can. Set aside time for sitting on the toilet or commode. The best time is after a meal.

**What about stool softeners and laxatives?**

Many people taking narcotic pain medicine need the help of a stool softener. This alone may not work. You may need to add a gentle laxative. Be sure to check with your doctor or nurse before taking any of these on your own.

Your doctor or nurse may suggest taking a laxative on a regular schedule rather than waiting for constipation to happen. There are many types and brands of laxatives, and most need no prescription. Talk to your doctor about which may work best for you, and at the best price.

**What about bulk laxatives and fiber, like Metamucil®?**

Bulk laxatives and fiber like Metamucil® absorb water and expand to increase bulk and moisture in the stool. They are not the best to use for constipation from narcotics. They should only be used if you are able to drink plenty of fluids throughout the day.

**What about suppositories and enemas?**

Both can be used as an added step to treat constipation. It is not a good idea to rely on enemas as part of a regular plan to avoid constipation. Talk to your doctor or nurse before using either of these options.
What are the important points in my plan?

- Put together a plan to prevent constipation and stick to it as long as you are taking your narcotic pain medicine.
- Do not stop taking your pain medicine even if it is harder to control the constipation than it is to control the pain.
- Aim for a bowel movement every second or third day rather than every day.
- Call your doctor before taking any stool softeners or laxatives.

What are examples of high fiber foods?

<table>
<thead>
<tr>
<th>Cereals and flours</th>
<th>Bran cereals, whole-wheat bread, rye bread and crackers, wheat germ, corn, cornmeal, wild rice, brown rice, barley, popcorn</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fruits</td>
<td>Fresh, canned, or dried fruits, especially those with skin or seeds (apples, plums, pears, peaches, tomatoes, berries, raisins, and dates)</td>
</tr>
<tr>
<td>Vegetables</td>
<td>Any raw or cooked vegetable (not overcooked) such as carrots, cabbage, peas, dry beans, and lentils</td>
</tr>
</tbody>
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Fruit Pudding – (1-2 tablespoons one to three times a day)

**Pudding recipe** (in blender combine)
- 3 oranges peeled
- 4 apples with skins
- 2 cups raisins and dates
- 2 cups prunes
- Add prune juice to consistency of sauce or pudding

Can keep in refrigerator 7-10 days, can be frozen
Bran Muffins – (1-2 muffins daily)

Bran muffin recipe

2 ½ teaspoons baking soda
½ quart buttermilk
2 ½ cups flour (1 ½ whole wheat; 1 white)*
1 cup sugar
½ package (15 oz.) Raisin Bran cereal
1 teaspoon salt
2 eggs slightly beaten or 1 cup egg substitute
½ cup oil
* ½ cup wheat germ may be substituted for ½ cup whole-wheat flour

Combine all ingredients. Bake in greased muffin pans at 400 degrees for 18-20 minutes. This makes two dozen muffins.

Going Home

The length of your hospital stay depends on your surgery. You will need to have a family member or friend learn about your home care before you leave the hospital. You will receive prescriptions for pills. Please bring your insurance card and photo ID if you plan to fill these at the hospital.

Plan to leave the hospital by noon. You will need a responsible person to drive you home and stay with you for 24 hours. It may be helpful to have someone stay with you the first week you are home. Your case manager will help make plans for Home Health, a nursing home stay, or Meals on Wheels, if needed.
Important Phone Numbers

Inpatient Services .......................................................... (608) 440-6263

Guest Services ............................................................... (608) 440-6242

Hospital Paging Operator .............................................. (608) 262-0486

Patient Information (for room number) ......................... (608) 440-6400

Pharmacy ........................................................................ (608) 240-4265

Registration .................................................................... (608) 261-1600
To get admit paper work started, speak with a financial counselor or
confirm insurance

Toll-Free ........................................................................ 1-800-323-8942

The Spanish version of this Health Facts for You is #7814

Your health care team may have given you this information as part of your care. If so, please use it and call if you
have any questions. If this information was not given to you as part of your care, please check with your doctor. This
is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each
person’s health needs are different, you should talk with your doctor or others on your health care team when using
this information. If you have an emergency, please call 911. Copyright © 7/2015 University of Wisconsin Hospitals
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