



About Your Surgery Experience

Getting ready for your surgery at University of Washington Medical Center (UWMC)

This handout and your visit with your surgeon and Pre-Anesthesia Clinic staff will help you get ready for surgery. It is important that you understand what will happen and why. We are committed to working with you for a safe surgery experience.

You can also read instructions and watch a pre-surgery video on the UW Medicine website: www.uwmedicine.org/patient-care/how-to-prepare/uwmc

Name: _____

Date of Surgery: _____

Surgeon: _____

Clinic Nurse: _____

Phone: _____



University of Washington Medical Center in Seattle, Washington

Checking in for Your Surgery

If your surgery is on a **weekday**, check in at:

- Pavilion Surgery Center**
Surgery Pavilion, 2nd floor, UWMC
1959 N.E. Pacific St., Seattle, WA 98195
- Roosevelt Ambulatory Surgery Center**
UWMC-Roosevelt, 1st floor
4245 Roosevelt Way N.E., Seattle, WA 98105

If your surgery is on a **Saturday**, check in at:

- Admitting**
UWMC, 3rd floor (main floor lobby)
1959 N.E. Pacific St., Seattle, WA 98195

Arrival Time

A staff member from the Surgical Services Scheduling Office will call you 1 to 2 days before your surgery day, between 2 p.m. and 5 p.m. They will tell you where to check in, what time to arrive, and what to bring with you. If your surgery is on a Monday, this call will be made on the Friday afternoon before.

If you have not received this call from the Scheduling Office by 5 p.m. the day before your surgery, call **206.598.6541**.

Interpreters

UWMC has interpreters to help you, if needed, before and after surgery. Please tell the patient care coordinator or Pre-Anesthesia Clinic nurse if you would like an interpreter. Or, call Interpreter Services at 206.598.4425 to ask for an interpreter.

Your Pre-Surgery Checklist

Use this checklist to make sure you are ready for your surgery. Find details for each item on the page listed:

- If you will be going home the same day as your surgery, you must have a responsible adult (*escort*) drive you home. You cannot drive yourself home or take a taxi, Hopelink, or a bus by yourself. If you have not made plans for an escort or other approved transportation such as Cabulance, we may need to cancel your surgery. See page 11.**
- We strongly advise that you have a responsible adult stay with you the first 24 hours after you leave the hospital. See page 11.**

- Follow your pre-surgery fasting guidelines.** See page 6.
- Follow your pre-surgery shower and shaving instructions.**
See page 7
- Do not use makeup, deodorant, lotions, hair products, or fragrances on the day of surgery.** See page 7.
- Remove all jewelry and body piercings.** See page 8.
- Bring your medical insurance card and a photo ID with you.**
See page 8.
- Bring your pharmacy insurance card, Labor and Industry (L&I) claim number and card, and your Medicare or Medicaid information, if you have them.** See page 8.
- Bring a list of all the medicines you take, and the doses of each one. This includes vitamins, supplements, and anything else you buy without a prescription.** See page 8.
- Bring a method of payment for any co-pays for medicines needed after surgery.** See page 8.
 - Pavilion Surgery Center accepts cash, check, or credit card.
 - Roosevelt Ambulatory Surgery Center accepts only Visa or Mastercard.
- Bring a copy of your healthcare directive and/or durable power of attorney for healthcare so they can be placed in your medical record.** See page 8.
- If you use a CPAP machine at night to help you breathe, bring it with you.** See page 8.
- Do not bring unattended children with you. Children age 17 and under must be accompanied by a responsible adult at all times in the waiting room and other areas of the hospital.** See page 9.
- Adjust your medicines:**
Stop taking these medicines ____ days before your surgery:

Do **NOT** take these medicines on the day of your surgery:

Take these medicines on the day of your surgery with no more than 2 ounces (4 tablespoons) of water:

Meeting with Your Surgeon

Before your visit to the Pre-Anesthesia Clinic, you will meet with your surgeon in a UWMC specialty clinic. At this meeting, your surgeon and other care providers will:

- Review your medical history and home medicines
- Do a physical exam
- Talk with you about the surgery
- Have you sign a consent form

Ask your surgeon how your activity might be limited after surgery and how long these limits will last. Think carefully about what help you will need and arrange for this help before your surgery. Work out things like how you will get to the bathroom, go up and down stairs, prepare your meals, and care for yourself.

Your Pre-Anesthesia Clinic Visit

We need information about your health **before** your surgery. This information tells your doctors about issues that may affect your care and recovery.

When you come to the Pre-Anesthesia Clinic, be sure to bring:

- **A list of all the medicines you take and the doses of each one.**
- **The results of tests you have had at any other hospital or clinic**, especially heart or lung diagnostic testing such as an electrocardiogram (EKG), stress test, echocardiogram, or pulmonary function tests. We will include copies of these records in your surgical information packet.

If you need help getting test results from your doctor or clinic, please ask us and we can help you.

Providers who are experts in anesthesia will review your health survey, medical history, home medicine list, and test results. This information will help them know what kind of anesthesia will work best for you. Blood tests, an EKG, or other tests may also be needed, depending on your type of surgery.

You will not meet your anesthesia team at this visit. You will meet them the day of your surgery.

Medicines Before Surgery

Be sure to tell your surgeon and Pre-Anesthesia Clinic staff what medicines you are taking. You may need to stop taking some of them for a day or more before your surgery.

Some medicines you may need to stop taking are:

- Oral diabetes medicines and insulin
- Warfarin (Coumadin)
- Clopidogrel (Plavix)
- Aspirin and other medicines that affect blood clotting, such as ibuprofen (Advil, Motrin, and others) and naproxen (Aleve, Naprosyn, and others)
- Certain diet medicines
- Herbal remedies and supplements

A provider will tell you which of your medicines you can take the morning of surgery (see pages 3 and 4).

Anesthesia

A team of anesthesia providers will be with you during your surgery to keep you comfortable. They will also manage your breathing, heart rate, blood pressure, and any medical issues that might arise.

At your Pre-Anesthesia visit, your providers may talk with you about having 1 or more of these types of anesthesia:

- **General anesthesia:** You are unconscious (asleep) and have no awareness of the surgery.
- **Regional anesthesia:** A numbing medicine is injected into a cluster of nerves, so you do not have feeling in a large area of your body. You may also be given medicine to relax you or help you sleep.
- **Monitored anesthesia care (MAC):** MAC drugs are given through a vein in your arm (*intravenously*). You may receive *sedation* (medicine to make you relax), but you may be awake during your procedure. You may also be given a *local anesthetic*, which numbs the area where the procedure will be done. With MAC, you may be drowsy, very sleepy, or fall into a deep sleep.

During your Pre-Anesthesia visit, please tell your provider if you would like to talk with an anesthesiologist about any special concerns.

Before Your Surgery

Unless you have instructions from your doctor about bowel cleansing, on the day and evening before your surgery:

- Eat normally.
- Take your usual medicines.
- Starting at midnight, follow the *fasting guidelines* explained below.

Fasting Guidelines

Follow these guidelines about not eating or drinking before surgery. These guidelines reduce your risk of vomiting and inhaling stomach contents into your lungs during surgery.

You must follow these fasting guidelines. For your safety, if you do not follow these fasting guidelines, your surgery may need to be rescheduled for another day.

Some patients may be able to drink liquids after midnight the night before their surgery. This is based on the type of surgery you are having. Your provider will explain the guidelines that you need to follow.

For ALL patients:

- Do **NOT** eat after midnight.
- Do **NOT** drink alcohol after midnight.

If you were told NOT to drink clear liquids after midnight:

- Take your medicines in the morning as instructed by your provider. Take them with no more than 2 ounces (4 tablespoons) of water.

If you are on a Clinical Care Pathway for your surgery:

- Follow your surgeon's instructions on when to drink your apple juice. Most patients drink 8 ounces before midnight, and 8 ounces when they get to the parking garage at UWMC.

If you were told you MAY drink clear liquids after midnight:

- You may drink liquids such as water; apple, cranberry, or other clear juices without pulp; Gatorade; and clear tea.
- Do **not** drink orange juice, coffee or tea with cream or milk, or other liquids that are not clear.
- Starting 2 hours before you arrive for your surgery, do **not** drink anything. If you need to take medicines during those 2 hours, take them with no more than 2 ounces (4 tablespoons) of water.

Shower Instructions

Use a special soap called **Chlorhexidine gluconate** (CHG) to shower or bathe, **both the night before and the morning of surgery**.

You can buy CHG at most large drugstores. You may use either a 2% or a 4% solution. A common brand is *Hibiclens*, but you may use any brand.

For your showers the night before and the morning of your surgery:

1. If you want to wash your face and hair, do it first using your regular soap and shampoo. Do **NOT** use CHG on your face or hair.
2. After you wash your face and hair, step away from the shower or turn the water off.
3. Use a wet washcloth to apply lots of CHG soap from your neck to your toes. Add more soap as needed to get your whole body clean, especially the part of your body where you will have surgery.
4. Allow the soap to stay on your skin for 1 full minute. After 1 minute, turn the shower on again and rinse well.
5. Pat your skin dry with a clean towel. Put on **clean** clothes.
6. After your morning shower or bath, do **NOT** put on makeup, deodorant, lotions, hair products, fragrances, or jewelry.

Shaving

- To lower the risk of infection, do not shave any part of your body that you do not already shave every day.
- If you normally shave near your surgical site, **DO NOT** shave that area for 2 days (48 hours) before the morning of your surgery.

Parking and Directions

Parking at the hospital is validated for a reduced rate. See pages 14 and 15 for maps and directions to parking areas.

For more information on:

- UW campus parking and fees, call 206.685.1543
- Hospital parking, call 206.598.5275
- Driving directions, visit www.washington.edu/admin/commuterservices/get_to_uw/visitors/index.php

Your Ride Home

If you are leaving the hospital the same day that you have surgery:

- You **cannot** drive a car, take a taxi, or ride a bus by yourself. You must have a responsible adult (escort) take you home or to your recovery facility. This person must also help you settle in and make sure you are safe and comfortable.

- If your escort is not present when you check in, we will ask for their name and phone number. **If you do not have an escort, your surgery may be cancelled.**
- Your escort must be at the hospital within 30 minutes of your discharge.

Coming to the Hospital

When you come for surgery:

- Do **not** use any makeup, deodorant, lotion, hair products, or fragrances.
- Wear loose clothing that will be easy to take off and comfortable to wear home.
- Please do not bring valuables with you.
- Remove all jewelry and body piercings.

Bring with you:

- A list of your medicines and the doses of each one. Do not bring the actual medicines unless you were told to do so.
- A photo ID, your health and pharmacy insurance cards, and method of payment (co-pay) for any discharge medicines you may need.
- A copy of your healthcare directive and/or durable power of attorney for healthcare, so they can be placed in your medical record.
- Your L&I claim number, if you have one.
- Your CPAP machine if you have sleep apnea and use the machine at night to help you breathe.
- A book to read or project to do while waiting for your surgery to start.

Checking In

On the day of your surgery, come to the location that is checked on page 2 of this booklet.

Most times, we ask you to come in 1½ to 2 hours before your surgery. This gives us time to prepare you for your surgery. During this time:

- You will sign admission forms.
- We will check for any changes in your health.
- We will tell you about any changes that might affect your surgery start time.

Female Patients

You may receive information about a urine pregnancy test before surgery. Tell your nurse or an anesthesia staff person if you want to be tested.

Getting Ready for Surgery

Many patients will be in the surgery “prep” area getting ready for their surgery. In a private space, we will ask you to remove your clothes, including underwear. You will put on a hospital gown.

You will need to remove glasses, contact lenses, and hearing aids. You may be asked to remove dentures if you wear them. Please bring cases to store these items, if you have them.

You will meet the nurses, the surgical team, and the anesthesia team who will care for you during your surgery. You will be able to ask them any questions you have about your care.

To reduce your risk of infection, you will be covered with a heating blanket to keep your body warm while you wait to go into the operating room. Ask for a heating blanket if you do not receive one.

Your Support Person

An adult support person is welcome to be with you during your “prep” time. They may be asked to step out of the prep space, if needed.

Your support person may wait in the waiting room when you are taken to surgery. They may want to bring something to read while they wait, or a laptop computer or other electronic device to use. Wireless internet access is available in most areas of the hospital.

We cannot provide child care. If you must bring a child age 17 or under to the hospital, please bring an adult to be with them at all times in the waiting room and other areas of the hospital.

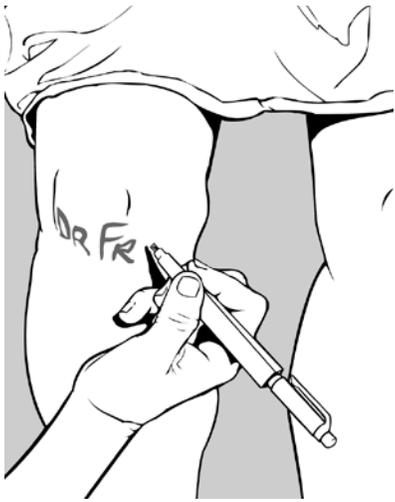
Surgical Site Marking

We are committed to making sure you receive high-quality and safe care. While you are here, you or your family will be asked such questions as:

- What is your name?
- What is your date of birth?
- What surgery are you having done?

Please do not be alarmed by these questions. We know who you are. We ask some or all of these questions over and over again for your own safety.

Your doctor will check your medical record and talk with you or a family member to confirm your surgery or procedure site. Most times when you have surgery or a procedure, your doctor will mark the site in pen to help ensure your safety.



A surgeon writing their initials on a patient's surgery site.

If your surgical site needs to be marked, your surgeon will mark the site with his or her initials. Special care is taken if you are having surgery or a procedure on the right or left side of your body. **Please do not mark yourself or write anything on your body.**

If your site does not need to be marked, we will ask you to confirm what surgery or procedure you are having.

Starting Your IV

Before your surgery begins, we will start an *intravenous* line (IV). An IV is a small needle and thin tube that are used to give you medicine and fluids during surgery. You might also be given medicine through your IV to help you relax before you go into surgery.

We will first apply numbing medicine to your skin where the IV will be placed. Most times, this is on your hand or arm.

After Surgery

Recovery Room

You will be taken to the recovery room after your surgery. The recovery room is also called the Post-Anesthesia Care Unit (PACU). Most patients are in the recovery room for 1 to 2 hours after their surgery.

Visitors

Most times, your loved ones will be able to visit you in the PACU, if you wish. This will be after you have received the care you need to ensure your safety as you wake up from anesthesia and have your pain treated, if needed. There is limited space in the PACU area, so you may have only 1 adult visitor at a time.

Monitoring

A nurse will check your breathing, heart rate, and blood pressure often. Your nurse will help you with any nausea or pain you may feel. It is important for you to be comfortable.

Pain Control

Be sure to ask your nurse for pain medicine before your pain gets too bad. Your nurse will ask you to rate your pain on a scale of 0 to 10, where 0 is no pain and 10 is the worst pain. You may receive pain relief by:

- Mouth (pills, capsules, or liquid)
- Medicine put into your IV tube

If you are staying overnight in the hospital, you may also receive:

- Pain medicine given through a small tube in your back (*epidural*)
- *Patient-controlled analgesia* (PCA)



With PCA, you control the amount of pain medicine you receive.

About Patient-controlled Analgesia

A PCA machine puts a dose of pain medicine into your IV tube when **you** push a button. With PCA, you do not have to wait for a nurse. You are in control of your pain relief.

Your doctors will prescribe the right amount of medicine for you. You will **not** become addicted to these medicines if you use the PCA as instructed.

WARNING: For your safety, **only you** should push the button on your PCA. Do **NOT** let your visitors push the PCA button.

Discharge on the Same Day as Your Surgery

If you are discharged from the hospital on the same day as your surgery, and you received sedation or anesthesia:

- You **must** have a responsible adult escort you home or to the place where you will stay while you recover from surgery.
- You **cannot** drive yourself.
- You **cannot** take a taxi, Hopelink, or a bus by yourself.

If you have not arranged for an adult or approved transportation (such as Cabulance) to escort you when you are discharged from the hospital, we may cancel your procedure. Your escort must help you get into your home or place of recovery and help you settle in.

The First 24 Hours

- At the time of discharge, we will strongly advise that you have a responsible adult stay with you for 24 hours after discharge. This adult should be able to help take care of you at home or in your place of recovery. This is for your safety, in case you have any problems and need extra care after your surgery.

If you choose not to follow this advice, UWMC cannot be held responsible.

- You can expect to have some pain and maybe some nausea after surgery. You may also be sleepy for the rest of the day.
- For 24 hours after having anesthesia, **DO NOT:**
 - Drive
 - Drink alcohol
 - Travel alone
 - Use machinery
 - Sign any legal papers
 - Be responsible for taking care of another person, such as a child

- Before you leave the hospital, we will give you:
 - Information about how to care for yourself at home.
 - A phone number to call to set up your follow-up visit, if this appointment is not scheduled already.

If You Stay Overnight in the Hospital After Surgery

- You may need to wear a hospital gown.
- We will do everything we can to protect your modesty while keeping you safe. Your safety is our first priority.
- To keep you from falling, we may use:
 - An alarm that tells us when you are getting out of bed
 - Mats on the floor near your bed
 - A belt around your waist when you get out of bed and when you walk
 - A staff member to stay nearby when you use the toilet or commode
- Your ability to do things by yourself may change day to day. This means that we may also need to change the things we do to keep you safe.
- You may be connected to tubes and machines.
- Staff will check how you are feeling many times a day.
- We will ask you to take part in tests.
- You may have wraps that squeeze your lower legs while you are in bed. These wraps, called *sequential compression devices* (SCDs), help prevent blood clots.



Sequential compression devices

Risk of Falling

While you are in the hospital, your risk of falling is higher. This is because:

- You are in a new place.
- You may be weak and tired from changes in your health or illness.
- You may feel dizzy, lightheaded, or confused after surgery or because of your illness.
- Some medicines can affect your ability to think clearly.
- Some medicines can cause an urgent need to urinate (pee).
- Your bathroom habits are different in the hospital than they are at home.
- Some medicines can affect your muscle strength.
- You may have swollen legs.
- You may move more slowly or shuffle your feet after surgery.
- You may not sleep well away from home.
- Tubes and machines can get in the way of moving easily.

Please ask your nurse if you have any questions or concerns about how we help keep you from falling while you are staying in the hospital.

Helpful Contacts

You may find these phone numbers helpful. If you are using a phone inside the hospital, press only the last 5 digits of numbers that start with 598.

Admitting 206.598.4310

Bills

Financial counseling 206.598.4320

Doctor fees (UW Physicians)..... 206.543.8606

UWMC billing 206.598.1950

Emergency Medicine Service

(Emergency Room or ER)..... 206.598.4000

Health Information Resource Center 206.598.7960

Interpreter Services..... 206.598.4425

TTY..... 800.833.6384

Lost and Found..... 206.598.4909

Operating Room..... 206.598.4270

Patient Relations 206.598.8382

Pavilion Surgery Center 206.598.4214

Pre-Anesthesia Clinic	206.598.5053
Roosevelt Ambulatory Surgery Center	206.598.0900
Social Work and Care Coordination	
Housing Services	206.598.4170

Your surgical clinic will also give you numbers to call if you have questions or concerns after surgery.

Locations and Parking

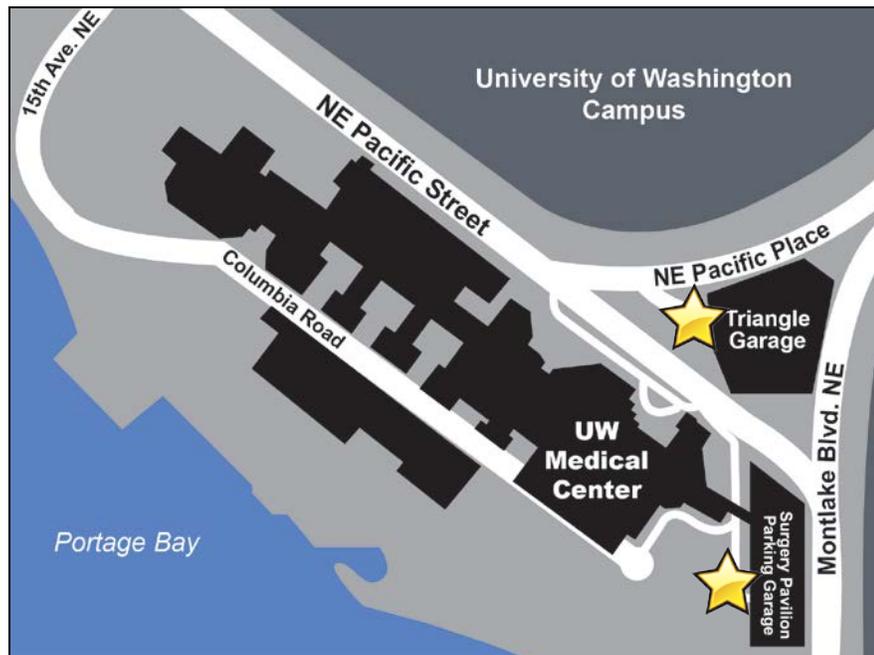
University of Washington Medical Center

UWMC is at the south end of the UW campus, at 1959 N.E. Pacific St., Seattle. Parking is available in 2 places (see map below):

- **Triangle Parking Garage** (underground and across N.E. Pacific St. from the hospital)
- **Surgery Pavilion Parking Garage** (at the east end of the hospital)

UWMC Roosevelt

UWMC Roosevelt is about 1 mile northwest of UWMC, at 4245 Roosevelt Way N.E., Seattle. The parking garage is under the building.



Stars on this map show the entrances to the Triangle Garage and the Surgery Pavilion Parking Garage.

Driving Directions

To **UWMC**, 1959 N.E. Pacific St., Seattle, WA 98195:

- **From Interstate 5:**
 - Take Exit 168B (Bellevue, State Route 520) heading east.
 - Take the Montlake Blvd. exit.
 - Follow the signs to University of Washington Medical Center.
- **From Interstate 405:**
 - Take Exit 14 (to Seattle via State Route 520) heading west.
 - Take the Montlake Blvd. exit.
 - Follow the signs to University of Washington Medical Center.

To **UWMC-Roosevelt**, 4245 Roosevelt Way N.E., Seattle, WA 98105:

- **From Interstate 5:**
 - Take the N.E. 45th St. exit (Exit 169) and go east on N.E. 45th St.
 - Turn right heading south on Roosevelt Way N.E. Go 2½ blocks.
 - UWMC-Roosevelt is on the right.



University of Washington Medical Center is just east of Interstate 5 and north of State Route 520.

