



Pre-operative Surgery Information

Before your surgery day:

Once you and your surgeon have decided it's time for surgery, it is important to keep us updated if you have any changes such as getting sick with any type of illness or starting any new medications.

Depending on your age and medical history, you will likely need pre-op lab and heart testing. If you have a specialist for your heart, lungs, kidneys, etc.... you may need to be cleared by your specialist before your surgery. The surgeon will give you direction on this at this appointment.

We will call you a week before your surgery to review important information about your surgery. This will include where to park, where to go once you are here, and what to expect after your surgery. We will review your allergies and medications. We can answer any questions you may have. You will receive a second call the day before surgery to let you know what time to arrive the day of surgery.

Here are some important things to know prior to your preoperative calls:

Illness:

Please contact us if you have any sort of respiratory symptoms including cough, congestion, fever or visit your doctor, urgent care, or the emergency room.

If you are prescribed antibiotics or steroids. Contact us if you test positive for influenza, covid, RSV or pneumonia.

Your airway is still reactive (at risk of constricting) 4-6 weeks after your symptoms have started. This puts you at risk of increased breathing complications, including worsening pneumonia. Your surgery will likely need to be postponed for your safety.

Medications:

Let us know if you are taking or starting any weight loss/diabetic medications that are a GLP-I medication (ex. Ozempic/wegovy (semaglutide), zepbound/mounjaro (tirzepatide) etc...).



You will need to be off the medication 8 days prior to surgery. This is because the medications delay how much time it takes your stomach to empty food and liquid. This puts you at risk for vomiting when you are put to sleep and the contents going into your lungs.

If you take “blood thinners” or “anti-platelet” medications (aspirin, Plavix, Eliquis, warfarin, etc....) please tell your surgeon so they can tell you when to stop taking it. Each one of these medications take a certain number of days to leave your body.

Your surgeon may need to consult with cardiology or whomever is prescribing these medications to see if it is safe to come off them for surgery.

Eating or Drinking:

The night before surgery, we tell you not to eat or drink anything after midnight. This also includes smoking, vaping, sucking on hard candy and using chewing tobacco because these all stimulate saliva production in your mouth. This also puts you at risk for vomiting when you go to sleep and the contents going into your lungs.

What to expect the day of surgery:

We have a whole team here just for you! Your team includes the surgeon, anesthesia provider, pre/post op nurse, surgical nurse, scrub tech and PACU nurse. We also work with students from medical schools, anesthesia schools, and nursing schools to help them gain experience in their field. The students work under very close supervision from the person training them.

If you have a DPOA or guardian they will need to be here to sign the consent forms for the surgery/procedure and for the anesthetic. If they are not able to be here on the day of surgery, we can plan for them to fill out the proper forms and will need to have their phone number in case of an emergency.

Please arrive at the time you were asked to be here during your call the day before surgery. We usually have you arrive a couple hours before your surgery/procedure so the nurse can do their assessment, review allergies, medical history, current medications (including the dose and when it was last taken). We can also do any additional last-minute testing that may be needed. If you need any pain medications after surgery the doctor must send the prescription electronically to your pharmacy of choice. It will make it easier if you bring an updated medication list with you. This includes any over the counter medication, natural herbal remedies and supplements.



You will likely have an intravenous (IV) catheter placed by the nurse. This is used to administer fluids and medications during your surgery. It will be taken out after surgery once you are able to drink fluids without being nauseated and pain is controlled with oral pain medication.

Before surgery we will have you wipe your body down with our chlorhexidine wipes prior to surgery. This helps decrease the number of harmful bacteria on your skin and helps prevent surgical site infections.

Depending on the type of surgery you are having, you may have a pre-operative antibiotic. This helps to prevent surgical site infections.

SCD's (leg massagers) may be placed on your lower legs. These are looked up to a machine that squeezes your legs to keep the blood moving while you are in surgery. This helps prevent blood clots.

You will be asked to remove any metal jewelry, metal from the hair, and undergarments with metal. We ask you to do this because we often use cautery during surgery to stop bleeding. We place a grounding pad (usually on your thigh) but if there is metal anywhere on you it can divert the energy to that metal and cause a burn where the metal is located on your body.

You will need a driver after your surgery/procedure. You are considered under the influence for the rest of the day after having an anesthetic. You cannot operate heavy machinery, make important decisions or sign any legal documents. You should also not drive while taking narcotic pain medication after surgery.

The anesthesia provider will talk with you about what their plan is for you. Each anesthesia plan is specialized for you and your needs. Any problems you or your family has had with anesthesia will need to be communicated to your team.

Surgeries are scheduled based on how long we think the surgery will take. Sometimes surgeries take longer and sometimes they are shorter than expected. Your team will always take our time and do what is safest and best for each patient. If the patient before you are taking longer than expected we are very sorry but please know we will take our time when it is your turn as well.

You will notice it is cold in surgery. This is because we keep the rooms temperature and humidity low. We have warm blankets!

**After surgery:**

Depending on the type of anesthetic and surgery you receive you may bypass PACU and be able to go straight back to your room. If you do go to PACU, you will likely be there for about an hour and we ask that family not come in that unit (except for pediatric patients). We do our best to keep PACU a calm and quiet environment. We also want to respect the privacy of all William Newton Hospitals patients. We will always do what is best and safest for you.

Many people want to know when they can leave after surgery. We want you to focus on healing once you get home so we want to make sure you can do the following before you leave:

- Pain under control – you should not expect to be completely pain free but we want your pain to be manageable. Ice packs and warm blankets can be used in addition to pain medications prescribed by the surgeon.
- Able to tolerate something light to eat and drink such as crackers and water without getting nauseated. Pain medication can make you sick to your stomach and even vomit if taken on an empty stomach.
- No bleeding from the surgical site. You will likely have a dressing over your surgical site. We will assess this several times to ensure it is not bleeding.
- Able to urinate.
- Vital signs stable/back to baseline

Even if you are doing all of these you must stay at minimum 1 hour once you get back to your room for most surgery's. If you are having a procedure such as an endoscopy you may be able to leave in 30 minutes. Our main concern is your safety.

You must have a responsible adult drive you home after surgery.

At home care after surgery:

The nurse taking care of you postoperatively will go over discharge instructions with you before you go home. This will include any job or activity restrictions, what to expect in the coming weeks, and when to call the surgeon. We will usually schedule your post op appointment about 2 weeks after your surgery so that we have time to get information back from the lab if tissue was sent off.

Activity is important after any surgery because this helps prevent blood clots.

Deep breathing and coughing helps prevent pneumonia. You will be given more instruction on this prior to your discharge.



Most of the time you can go home the same day you have surgery. Some surgeries are major and your surgeon may feel it is safer for you to stay the night in the hospital for observation. This is something you can discuss with your surgeon prior to the day of your surgery. Surgeries and recovery time do not always go as planned so having a backup plan in case you need to stay the night is a good idea.

Surgery day checklist

Surgery Date: _____

Arrival at hospital time: _____

Scheduled surgery time: _____

Insurance card

Driver's license or state ID

Medication list

List of past surgeries and any other past medical history

Name of pharmacy you would like prescriptions sent to

Loose fitting clothes

Please leave jewelry at home

Assistive devices you normally use (walker, wheel chair)

Responsible adult for discharge: Name and number only if they are not staying

Name: _____

Phone: _____

Special Considerations (only bring if applicable):

Advanced directives: bring copy

CPAP: in case you need to stay the night

Device to turn off pain stimulator

Diabetic medications in a pen

If you have any questions prior to your surgery, please call your surgeon's office.

Dr Bloedel's office: 620-221-8930

Dr. Morrissey's office: 620-222-6270

If no answer you may call William Newton Hospital at 620-221-2300 and ask for the surgery department Monday-Friday 7am-3pm or House Supervisor any time of day.