

HOSPITAL  
FOR  
**SPECIAL  
SURGERY**



# Your Pathway to Recovery

A Patient's Guide to Ambulatory Surgery



Volume 7  
First Edition  
Patient Education Series

**Your Pathway to Recovery:  
A Patient's Guide to Ambulatory Surgery**

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## *The HSS Approach to Ambulatory Surgery*

At HSS we believe that patient and family education is a critical component of providing excellent patient care. Therefore we designed this booklet to help guide you and your family through your Ambulatory surgery journey from beginning to end. Our objectives are the following:

1. To help prepare you for your Ambulatory surgical experience and recovery.
2. To prepare you for initiating and maximizing your recovery at home following your procedure.

HSS performs over 8000 Ambulatory procedures each year.

This enables us to have “Ambulatory Teams” consisting of orthopaedic surgeons, anesthesiologists, physician’s assistants, registered nurses, surgical technologists, physical therapists, athletic trainers, nutritionists, and research scientists. These teams are at the forefront of research, surgical techniques, rehabilitation techniques and nursing care for patients having Ambulatory surgical procedures. In an atmosphere that nurtures your well-being, your team will employ the best technological and educational strategies appropriate for your individual surgical procedure with the goal of returning you to your pre surgical activity level as quickly and safely as possible.

This booklet is your team’s general guide to your Ambulatory surgery and post-op recovery. At HSS, each Ambulatory surgical patient is treated individually. Therefore, your surgeon, anesthesiologist, nurse or physical therapist may make changes or additions to this booklet, according to your individual needs. ***Their changes take precedence.***

You will help achieve your optimal recovery from your surgery by becoming an active, helpful part of our team before, during and after surgery. Of course, long-range benefit of your surgery depends very much on the success of your continuing rehabilitation. We expect that you will continue to practice what your team has taught you long after you have left us.

This book structures your participation from this moment forward. Therefore it is imperative that you and your family or home care helper(s) read this book carefully now, and then, to refer to it at appropriate times during your Ambulatory surgical process.

Sincerely,

*Your HSS Ambulatory Surgical Team*





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## Preparation for Ambulatory Surgery

Your Ambulatory surgery will occur in our Main Hospital for Special Surgery building located at 535 E. 70th St. between York Avenue and FDR Drive. After your recovery from surgery you will be returning back home on the very same day. Please be prepared that your entire Ambulatory surgical process from surgery to recovery can be anywhere from 4-8 hours.

After discussing the need for surgery with your surgeon, the surgeon's office staff will schedule you for Pre-Surgical Screening in preparation for your surgery.

So that your experience for ambulatory surgery will go smoothly, you must carry out all the instructions on this checklist before you arrive at the hospital for surgery.



### Pre-Surgical screening:

Within 7-10 days of your surgical procedure you will have diagnostic testing performed, as ordered by your surgeon. This may include routine tests such as blood and urine, x-rays, and a cardiogram (EKG). This pre-surgical testing may be done at HSS or an outside medical facility. If the tests are done here, a registered nurse will request information about your health history.

Please bring with you a list of all your medications (prescribed and over the counter), homeopathic and vitamin supplements that you are currently taking. Our nursing staff will help you learn about what to expect and how to plan for your surgery and guide you during your recovery. If your pre-operative screening is not done at HSS, all test results will need to be faxed to your surgeon's office for review as soon as available.

For 3 days before surgery stop taking aspirin, or anything that contains aspirin, and all anti-inflammatory medications (i.e. Aleve, Advil, Motrin, Ibuprofen, Voltaren, Naprosyn, Feldene, Celebrex, etc.), as well as nutritional supplements, such as Vitamin E, Ginseng, Ginko Biloba, Garlic and Ginger. If you have questions, please contact your physician's office.

#### Pre-Surgical screening date & time:

\_\_\_\_\_

Date

\_\_\_\_\_

Time

#### Scheduled surgery date:

\_\_\_\_\_

Date

#### Record your Surgeon's fax number here:

\_\_\_\_\_

Fax Number

### Pre-Surgical phone call:

A Registered Nurse from the hospital will call you between 12pm and 7pm the day before your scheduled surgery (or on Friday, if scheduled for Monday) to tell you your time and place to arrive at HSS; to discuss your specific preparations for surgery; and to answer any questions you may have.

If you have not heard from us by 7:00 pm the day before your scheduled procedure, please call us at **212.606.1154**, **212.606.1710** or **212.606.1326**; and tell them you are waiting for your pre-surgical phone call.

### Fasting:

Please follow fasting instructions provided by our RN during your telephone conversation. If your surgery is scheduled before 2 pm, please **DO NOT** eat or drink anything after 12 midnight. If your surgery is scheduled after 2 pm, you may have a light breakfast consisting of tea or coffee, juice and toast before 8 am. If you are on medications for other medical problems, you will be advised what to take on the morning of surgery with a glass of water. *If you are a diabetic, do not take any medication for it, unless instructed by your medical physician. Bring your glucometer and medications with you on the day of surgery.*

### Showering or bathing prior to surgery:

The majority of our patients shower or bathe the morning of surgery, while some shower the night before. Whichever is easier for you. But please shower or bathe prior to your arrival for surgery. You may use deodorant and body lotion.

### Brushing your teeth morning of surgery:

Just brush and rinse. **DO NOT** drink any water after brushing unless told.

### Planning for help at home before surgery:

If possible, arrange for someone to stay with you at home or to be available for at least 48 hours to assist you with activities of daily living.

### Physical therapy planning before surgery:

Depending on your surgical procedure you may require physical therapy as part of your recovery. Discuss this with your surgeon before your scheduled surgery. You may find it easier to learn about outpatient rehabilitation facilities, their locations, hours and accepted insurance plans before your surgery.

The HSS Rehabilitation Department offers outpatient physical therapy at the hospital and its off-site midtown location. If this is not convenient, the HSS Rehabilitation Network provides a listing of high quality physical therapy facilities in the tri-state area. If you require outpatient physical or occupational hand therapy after surgery and need help with recommendations please contact the Rehabilitation Network at **1.800.493.0039** or **212.606.1317**. You may also visit us online at **www.hss.edu**; click on "Rehabilitation" for a complete listing.



### MANDATORY

Please arrange for your escort and transportation home prior to your surgery. You can not drive yourself after Ambulatory surgery. Your surgery will be cancelled, unless this arrangement is clearly established when you arrive at HSS.

## What to Bring to the Hospital

- Health care insurance card
- Prescription medication card
- One credit card
- Diagnostic testing results: X-rays, Lab work, MRI's if not performed at HSS.
- Any pre-op assistive device that has been prescribed and provided to you: such as cane, crutches, braces, splints, and/or immobilizers.
- A small bag for your belongings
- You may bring a book, magazines or music for relaxation. A locker is provided for your belongings.

### For patients who have Sleep Apnea and use a Sleep Apnea device:

- Please bring your mask attachment and a record of the settings you normally use. *Patients with Sleep Apnea are generally required to stay overnight in the hospital for monitoring and observation.*

### For patients under the age of 18:

- Please bring in immunization record

### Please DO NOT bring in the following:

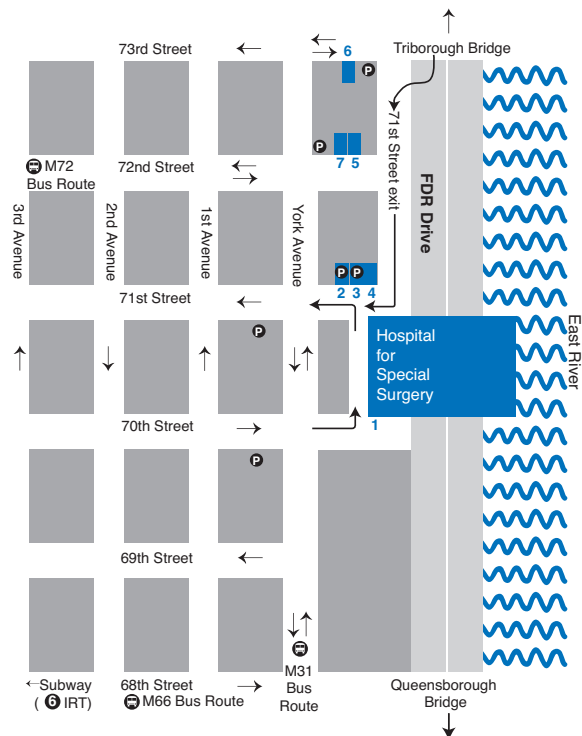
Leave all valuables at home including rings and all jewelry and large amounts of money.

## What to Wear to the Hospital for Your Surgery Day

Please wear loose comfortable casual clothing and athletic comfortable footwear. If you are having upper extremity surgery such as shoulder, elbow or hand surgery, a loose button down shirt is recommended. If you are having lower extremity surgery such as knee, ankle or foot, loose fitting sweat pants with a zipper or shorts are recommended. You will be provided with a hospital gown and you are allowed to wear cotton underwear during your procedure.

## How to Get to the Hospital and Parking

If you are traveling by car, you can be dropped off at the main entrance of the hospital driveway between 70th and 71st Street. A parking garage is located across the street on 71st Street, in our Belaire Building. See the map below for details. Major credit cards are accepted. Cost for parking is approximately \$34.00 per day.





## *Your Day of Surgery*

When you arrive at the main lobby of HSS, the receptionist at the information desk will direct you to the operating room floor where your surgery will be performed. There, the admitting assistants will complete your admission process and place your hospital I.D. bracelet around your wrist.

### *Health Care Proxy*

You will be asked if you wish to complete a Health Care Proxy.

### *Health Care Proxy*

The New York Health Care Proxy Law allows you to appoint someone you trust – for example, a family member or close friend – to make health care decisions for you if you lose the ability to make decisions yourself. By appointing a health care agent, you can make sure that health care providers follow your wishes. Your agent can also decide how your wishes apply as your medical condition changes. Hospitals, doctors and other health care providers must follow your agent's decisions as if they were your own. You may give the person you select as your health care agent as little or as much authority as you want. You may allow your agent to make all health care decisions or only certain ones. You may also give your agent instructions that he or she has to follow. This form can be also used to document your wishes or instructions with regard to organ and/or tissue donation.

## *Pre-Surgery*

You and your family will remain in the waiting area until you are called to the pre-surgical unit. After you are called, your family may stay in the nearby Family Waiting Room.

### *Family Support While Waiting The Patient Liaison*

In our continuous effort to enhance the quality of care received by the patient, the Ambulatory Surgery Center provides family members and friends with a patient liaison, who will be available in the Center's waiting area upon the patient's arrival. The primary function of the patient liaison is to advocate for patients by serving as an intermediary between physicians, nurses, patients, and their families. The patient liaison is available to answer any questions that may arise regarding the status of a patient's care.

To prepare patients for their stay of HSS, the liaison will provide a tentative timeline for the day, as the process from admission to discharge can take an average of six hours. The patient liaison will make every effort to communicate with all of our patients, so please feel free to approach him or her with any questions you may have. It is not necessary for family and friends to stay at the hospital for the entire duration of the day. If family members plan to remain within the vicinity of the hospital, beepers are available through patient liaisons in Room 101 in the Ambulatory Surgery Center waiting area. We encourage family members to leave a contact number with their patient liaison while they are away from the hospital.

## Pre-Surgery, Continued

1. In the pre-surgical unit you will be greeted by the nursing staff and physician assistant. You will be asked to change to a hospital gown. Your clothes and personal possessions will be labeled and held by the staff. If your surgery is in the Ambulatory Surgery Center (1st Floor), you will have a locker for your belongings.
2. Next the nursing staff will take your temperature, pulse, respiratory rate and blood pressure (all your vital signs) and review your patient data base. Your surgical areas will be shaved and washed with antiseptic soap. Our physician assistant will review your medical history and perform a physical exam.
3. **Mandatory Pregnancy Test:** All female patients who are in their childbearing years will have a pregnancy test performed on admission prior to your surgical procedure.
4. When you are ready for surgery, your surgical team will introduce themselves to you. These include the nurse, surgical assistant, anesthesiologist, and assisting physicians. Each member of this group will have already reviewed your medical record in light of their own role in your surgery. They will discuss key aspects of your health as they relate to your surgery and explain the procedures.  
*This is an excellent time for you to ask any last minute questions about your surgery that you may have thought of since your last contact with your physician.*
5. “Sign your site.” Your surgeon or an assisting physician will initial the surgical site to be operated on. Two other team members will also confirm the site before surgery. Verification of your surgical site will be documented on your OR & Anesthesia Consent for Surgery.

6. An intravenous infusion (IV) will be started by your nurse. The IV line provides a route for fluids, anesthetic sedatives, antibiotics, and other medications as necessary.

## Introduction to Regional Anesthesia

**Prior to your surgery your anesthesiologist will see you to review your physical condition and to discuss the type of anesthesia you will receive.** Most patients undergoing ambulatory surgical procedures receive **regional** anesthesia. Today, approximately 98% of all ambulatory surgical procedures are carried out with the use of regional anesthesia. The alternative of **general** anesthesia is rarely used. With regional anesthesia you will be more comfortable following surgery and can expect a smooth transition with your recovery.

### Overview of Regional Anesthesia:

*The following terms help clarify how regional anesthesia is related to your Ambulatory surgical procedure:*

**Anesthesia:** the partial, or total loss of sensation in a body area or the whole body.

**Anesthetic:** the agent (drug) that induces anesthesia.

**Local anesthesia:** an anesthetic is applied directly to a specific location, providing anesthesia (loss of sensation) to that immediate area.

**Regional anesthesia:** Anesthesia (loss of sensation) in the given region or area of your body containing the surgical site. The anesthetic agent is applied remotely in a specific location where it “blocks” a group of nerves that otherwise would carry sensations of pain from the anatomical location or region – the surgery site.

## *Introduction to Regional Anesthesia, Continued*

### *Your regional anesthesia procedure*

#### *Initial sedation:*

Before receiving the injection for regional anesthesia you will be sedated (via the IV) to reduce possible anxiety and tension, and to minimize discomfort during the procedure. You will have the opportunity to discuss your desired amount of sedation with your anesthesiologist prior to entering the OR.

#### *Administration of local anesthetic:*

After initial sedation, a small amount of a local anesthetic is provided by injection where the regional anesthesia will be applied.

#### *Administration of regional anesthesia:*

A regional anesthetic is injected through a very small, thin needle. Because of the initial sedation and local anesthetic, you will feel very little discomfort when this is done. You will gradually lose feeling in the surgical site.

#### *What to expect during surgery with regional anesthesia:*

In the operating room you will be continually monitored by your team. They may ask how you feel and you may talk or ask questions. You may hear the surgical team talking, but a “curtain” will prevent you from seeing those at the surgical site. In any event, you will not feel the surgical procedures.

#### *Choosing to “sleep”:*

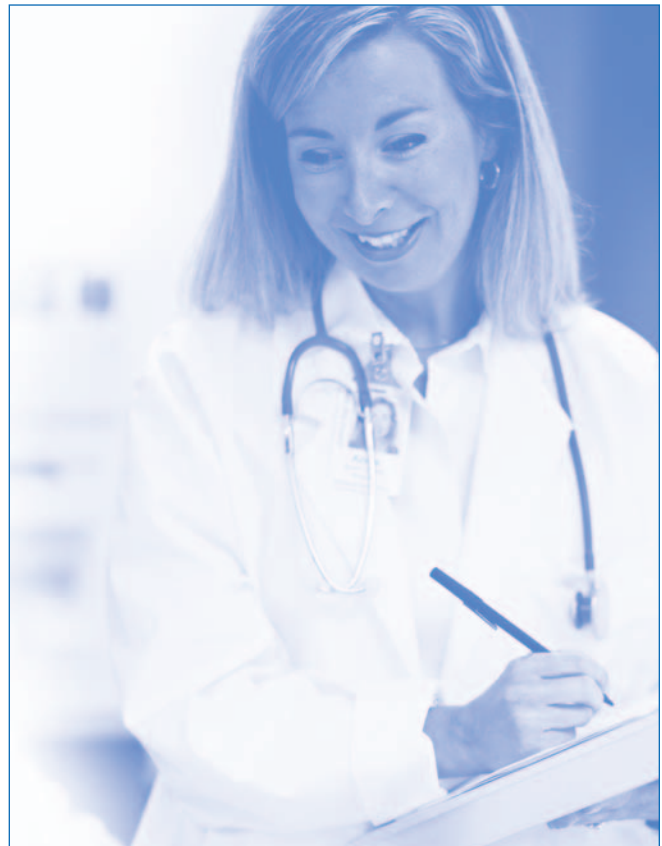
If you would like to be completely unaware of the surgical procedure, tell your anesthesiologist when he/she first talks to you. You will be given a sedative through your IV line. You will wake up in the recovery room while waiting for your regional anesthesia to wear off.

#### *Viewing the procedure:*

You may have the option of watching your Ambulatory surgical procedure on the same TV monitor used by the surgeons to guide their instruments.

#### *Your recovery:*

In the recovery room your anesthesiologist and the recovery room team will monitor your safe transition from the effects of anesthesia and your readiness to go home.



*Regional anesthesia allows for greater comfort following surgery and a smooth transition with recovery.*

## Recovery Phase

In the recovery room: the nursing staff will provide the necessary care for you and will monitor your return to full awareness. In order to be discharged from the recovery room to home you must be able to:

- Stand up and walk without feeling dizzy or lightheaded
- Urinate without difficulty
- Tolerate food and fluid

### *Pain Management*

As your anesthetic wears off you can anticipate some pain in your surgical site. The staff will ask you to rate your pain on a scale from  $\frac{\quad}{0 \quad 10}$  0 – 10 pain scale.

0 = no pain and 10 the worst ever. The nurse will assess your pain and administer your first dose of pain medication prior to going home. You will be provided with a prescription for pain medication which should get filled as soon as possible.

### *Local Area Pharmacies:*

**Walgreens:**

1328 2nd Avenue at 70th Street and  
2nd Avenue

**Gristedes Pharmacy:**

1344 First Avenue

**CVS (Open 24 hours):**

72nd Street and 2nd Avenue

**Record your Pharmacy's  
telephone number here:**

\_\_\_\_\_  
Telephone Number



### *The Use of Cold Therapy to Reduce Pain and Promote Healing*

You may already know the value of applying “cold” to injuries. It can help decrease pain, swelling and inflammation. It may be implemented in the form of ice wrapped in bags or towels, commercial cold packs or compression cuffs. You will receive instructions on cold therapy treatment. Begin using it as soon as possible after you arrive home. A common misconception about cold therapy is that it is used only during the initial post-operative phase. Actually, it will benefit you throughout your recovery and rehabilitation. (Do not apply heat directly to your surgical site as it may increase swelling and inflammation.)

While in the Recovery Room, you may, if ordered by your surgeon, be visited by a physical therapist to begin your Rehabilitation Program.

## *At Home After Ambulatory Surgery*

*(Please follow the detailed instructions provided to you from the nurse upon discharge.)*

Many of the functional limitations that you are experiencing now, you will likely experience post-operatively. If you live alone, you may want to make arrangements for someone to help during your initial recovery.

*Some helpful hints:* Organize your daily routine so items are easily accessible, like cookware.

*Dressing:* Put your operative extremity in the clothes first when you get dressed. When getting undressed, take your operative extremity out last.

*Food Preparation:* Make arrangements before your surgery if possible.

*How long your recovery will take depends on your personal goals, your general physical condition, and the nature of your surgery. The most critical period is the first few days and weeks, as you move toward achieving your goals. You will be guided by your surgeon and your healthcare team. On your first follow-up visit, you may receive new and/or additional instructions.*

### *Pain Management*

Apply cold therapy to your surgical site for 20-30 minute intervals at least three times a day, or as instructed by your physician (see page 10).

Take your pain medication as prescribed by your physician. Take it before the pain becomes too severe. It is more difficult to treat severe pain once it is established. In the event that the pain medication does not work, or you are experiencing unpleasant side effects, or your symptoms worsen do not hesitate to call your surgeon's office. **DO NOT** drink alcoholic beverages or use street drugs when taking pain medication.

- Avoid taking medication on an empty stomach. Have something to eat first.
- You may get lightheaded after taking pain medication. Move slowly, as when getting up from lying to standing position.
- Take your pain medication 30-45 minutes before doing your prescribed exercises.
- Drink a lot of water (at least eight 8oz. glasses per day) to keep yourself well hydrated after surgery.
- When possible keep your surgical site elevated (higher than your heart). This will help to decrease pain and swelling.

## ***Surgical Site Care***

- Keep surgical site area clean and dry at all times. Do not put tight clothing over it.
- Keep the surgical site dressing on, follow your specific instructions provided by the nursing staff on your discharge instruction form.
- Your sutures and remaining steri-strips will be removed during your first post-operative visit with your surgeon 7-14 days after surgery.
- Discuss with your surgeon when you may shower.

## ***Common Post-Operative Reactions***

As you might expect, your body will react to surgery in one or more ways:

- Low grade fever (100.5°F) for a week.
- Small amount of blood or fluid leaking from the surgical site.
- Bruising along surgical extremity.
- Swelling of the surgical site and surrounding area.

Please accept these reactions as normal, but be ready to *call your surgeon if any of the items in the box at the right occurs.*

If you are unable to reach your physician and the symptoms persist, please go to the nearest hospital emergency room, but contact your physician afterwards.

### ***When To Call Your Surgeon:***

- Fever of 100.5°F persists after one week or is much higher during the first week.
- Progressive increasing pain. (Pain should steadily decrease over several days.)
- Excessive bleeding or fluid coming from surgical site.
- Increased swelling and/or redness to the surgical region.
- Persistent nausea and vomiting.
- Decreased sensation in the extremity on same side as surgery.
- Persistent headache.
- Your anesthesia injection site is inflamed (reddened, swollen or oozes blood or fluid).

**Record your Surgeon's  
telephone number here:**

\_\_\_\_\_  
Telephone Number



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