

Surgery at the OAM Surgery Center at MidTowne

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Preparing for Surgery

HST Patient Engagement

- You will be sent a link from “HST Pathways” that is a secured link, specific to your surgery. This link will direct you to your health screening.
- Complete your pre-operative online health survey **as soon as possible** to avoid cancellation or delay.
- A nurse will call you to discuss any questions they may have and clarify day of surgery instructions.
 - It is a requirement to speak with nursing staff prior to your surgery, unless your surgery is being done under local anesthesia only.
 - If this call has not been completed within 48 hours of surgery because we cannot get ahold of you, your procedure may be rescheduled
 - Exceptions will be made if you are scheduled LESS than 48 hours before your surgery.
 - The number you will see from the Surgery Center is 616-552-5100.
 - This number may show up as spam or go directly to voicemail; please watch for a call from our number

Preparing for Surgery

- **Patients receiving local anesthesia only** (not receiving sedation or general anesthesia)
 - You may eat and drink normally on the day of surgery
 - You do not need to bring anyone with you unless told differently by your surgeon
- **Questions about Anesthesia?**
 - Visit Anesthesia Practice Consultants at www.apcpc.net
 - General questions and answers can be found under the “For Patients” tab
- **Medication Instructions**
 - Stop NSAIDs 7 days prior to surgery
 - Ibuprofen or Motrin
 - Aleve or Naproxen
 - Meloxicam
 - Voltaren
 - Aspirin your doctor did NOT prescribe
 - If aspirin was prescribed by your doctor, please contact them for instructions.
 - Stop all vitamins and supplements 7 days prior to surgery. Contact your primary care physician for guidance if you are unable to stop them for medical reasons.

- If you are taking Ozempic, Rybelsus, Wegovy, Saxenda, Victoza, Xultophy, Mounjaro, Zepbound, Trulicity, BYdureon, Byetta, or Adlyxin, you will need to stop these medications prior to surgery.
 - If you take any of these medications WEEKLY, please stop 7 days prior to surgery
 - If your last dose was within 1 week of your surgery date, notify your surgeon's office so that an anesthesiologist can determine whether it is safe to proceed with surgery.
 - If you take any of these medications DAILY, please do not take the day of your surgery
- Ask the prescribing physician for instructions for taking the following medications around the date of your surgery:
 - Blood thinners, including aspirin your doctor has prescribed
 - Humira, leflunomide, or other medications that affect your immune system
 - Insulin
 - Opioid agonists/antagonists, such as Butrans, Suboxone, Contrave, etc.
- Electronic prescribing– per Michigan law, your physician must now prescribe your medications electronically. **It is your responsibility to inform the office prior to your surgery of what pharmacy you will use the day of surgery to fill your post-operative medications.**
- **Pre-Operative Testing:**
 - Complete requested pre-operative testing (EKG, labs, etc.) as soon as possible for your safety. Your surgery will be postponed if the results are not available before the date of your surgery.
 - Our anesthesiologists follow evidence-based guidelines and their expertise when determining what is needed prior to surgery, and review this information for your safety. They may require additional testing be done prior to your testing; this testing will be done, or surgery will be cancelled.
- **Accompanying Adult** (does not include patients receiving only local anesthesia):
 - A responsible adult over the age of 18 **must** accompany you to the Surgery Center and **will be required to stay** in the building the entire time you are here. Your ride home must also be present at time of admission and throughout your stay.
 - You are allowed no more than two adult guests (18 years or older) with you at the Surgery Center.
 - You will need someone over the age of 18 to stay with you for at least 24 hours after surgery
 - Patients having total joint or spine surgery (not including spine stimulators) need someone over the age of 18 to stay with them for at least 72 hours after surgery
 - Patients under the age of 18 must be accompanied by a parent or legal guardian.

- Patients over the age of 18 with a legal guardian must provide a copy of their guardianship papers to OAM or the Surgery Center prior to the date of surgery. If the legal guardian cannot be present on the day of surgery they must make arrangements to provide consent in advance.
- Please let us know (before your date of service, if possible) if your responsible adult requires any accommodations.
- If you are able, please consider using a vehicle that will be easy for you to get into after your surgery. For example, if you are having a large foot surgery, it may be difficult to climb into a vehicle that sits higher up, such as a truck or large SUV
- Your accompanying adult may be asked to assist getting you into your vehicle after your surgery.
- **Infection Prevention**
 - Quit smoking as soon as surgery is scheduled
 - Call your surgeon's office if you get sick or develop an infection or skin problems (cuts, scrapes, blisters, etc.) in the area you will be having surgery on the week of your surgery.
 - For your safety, let your surgeon's office know if you have had a MRSA infection within the last year.
 - Do not shave the extremity you will be having surgery on for at least 7 days prior to surgery.
 - The night before surgery, shower using a clean washcloth and clean towel. Use clean pajamas and clean sheets that night.
 - Shower again the day of surgery with a clean washcloth and clean towel, prior to your arrival.
- **Physical Therapy/Gait Training**
 - If you are having surgery on one of your lower extremities and your surgeon has told you that you will not be able to walk or put weight on it, please do the following **prior** to the day of your surgery:
 - Call your surgeon's office to have an order for any assistive devices you will need, such as crutches, a walker, or a knee scooter, sent to the Durable Medical Equipment company of your choice.
 - Practice using your assistive devices. Learn how to use them to navigate the steps into your home.
 - To help prevent falls, clear the floor of any rugs and/or cords that could trip you and consider purchasing a non-slip shower mat or grab bars for your shower.
 - Your surgeon may order pre-operative gait training to help prepare you for your recovery. Pre-operative gait training may help lower your risk of a fall after surgery and will help you better understand your restrictions if you will

be non-weight bearing after your surgery. You are encouraged to attend if this is recommended for you.

- You will not receive physical therapy instructions from the Surgery Center. These will come from your surgeon's office if they are needed.
 - Call your surgeon's office or the Physical Therapy department with any questions.
- **Arrival Time**
 - You will be given an arrival time the afternoon of the business day prior to the day you're having surgery. Due to many different factors, the schedule cannot be finalized until then.
- IF YOU DO NOT FEEL PREPARED FOR SURGERY we urge you to reach out to your surgeon as soon as possible to discuss your concerns. You can discuss any questions you may have.

Day of Surgery

- **Arrival Time**
 - Based on the type of surgery you will be having and your surgeon's preferences, you will be asked to come in to the Surgery Center 1-3 hours prior to the time of your surgery for registration and surgery preparation.
- **Food and Drink, Smoking:**
 - You may eat up until midnight the night before surgery
 - You may drink water or black coffee (without cream and sugar) up to six (6) hours prior to their scheduled arrival time.
 - You may take the medications you were instructed to take with a small sip of water first thing in the morning.
 - You may brush your teeth
 - Do not smoke (or chew tobacco) after midnight.
 - If you are having spine surgery, please follow your specific instructions from your surgeon.
 - If you were asked to drink a carbohydrate-rich drink, like Ensure Pre-Surgery Clear or Gatorade, please do so at least 2 hours prior to your **arrival time**.
- **Park on Level B of the parking ramp.** This will be the first covered level.
- **Bring your insurance card, driver's license, and payment** (if you've been informed you need to provide payment on the date of service).
- **Infection Prevention:**
 - Shower the morning of surgery
- **Clothing:**
 - Wear loose, comfortable clothes when you come in. Stretchy pants or shorts are great choices. Jeans or tight leggings will be difficult to get on after surgery.

- Bring glasses and hearing aids if you need them. If you wear contact lenses, you will be asked to take them out for surgery; please bring a case.
- If you are having surgery on an upper extremity, a short sleeve shirt that is loose and buttons or zips up is easiest. ALL jewelry on your surgical extremity MUST be removed prior to arrival at the Surgery Center for your safety. Permanent jewelry must be removed if it is on your surgical extremity.
- Leave valuables and jewelry at home.
- **Durable Medical Equipment (slings, boots, shoes, etc.):**
 - Bring your sling/boot/post-op shoe, etc. if your surgeon ordered one ahead of time.
 - Crutches, knee scooters, walkers, etc. are NOT available at the Surgery Center. Please purchase or rent these prior to your date of surgery if you need them.
 - Do not bring crutches or walkers into the Surgery Center unless you need them to get in; we ask that you keep them in your car so that you will be able to get back into your house once you get home.
- **Timeline:**
 - **Be prepared to spend anywhere from several hours to most of the day at the Surgery Center.**
 - Delays may occur. We ensure every patient gets the care that they need and at times that takes longer than anticipated. We appreciate your patience and will update you when delays occur.
 - ⊖ Let your responsible adult know that we do not have a café, but a vending machine is available and many local restaurants deliver.
- **Pain Management Expectations:**
 - Be prepared to experience some pain after surgery
 - Our physicians and nurses will do their best to help you manage your pain to a level that is tolerable for you
- **Meeting With Your Surgeon and Anesthesiologist:**
 - You will meet with your surgeon and your anesthesiologist prior to surgery.
 - Your surgeon will meet with your accompanying adult after surgery, but you (the patient) will not see them again until your post-op visit.
- **Leaving the Facility**
 - You will be given discharge instructions prior to discharge that the nurse will review with the patient and accompanying adult.
 - Once you are medically ready for discharge and your symptoms are well managed, our team will encourage you head home where you will be most comfortable.
 - You will likely not remember much of your stay after your surgery takes place; often when patients feel rushed it is because they do not remember how long they were actually in recovery.
 - If you do not feel prepared for outpatient surgery and the requirement for same day discharge, please reach out to your surgeon ahead of your surgery date.

Preventing Complications

- **Quit smoking.** If you would like help or have any questions, you can visit <https://smokefree.gov>
- **Infection Prevention**
 - Follow all of your surgeon's instructions.
 - Keep your dressing/bandages on for as long as your surgeon recommends.
 - If they become wet or soiled, call your surgeon's office and follow their recommendations.
 - If your surgeon asked you to wear a boot, post-op shoe, sling, etc. wear it for as long as recommended, and make sure to keep it clean.
 - Follow your surgeon's instructions for putting weight on your surgical arm or leg, as well as weight restrictions for lifting, etc.
 - Do not swim or soak in a tub until your surgeon tells you it is ok to do so. Covering the surgical site will not be sufficient for submersion, even if it does work for showers.
 - Wash your hands frequently, especially before and after dressing changes, after using the restroom, after blowing your nose, coughing, or touching your face, and before and after preparing food.
 - DO NOT touch your incision or bandages unless medically necessary.
 - Ask friends and family to help keep you safe from infection
 - Ask visitors to wash their hands as soon as they come into your home. Consider keeping hand sanitizer next to the door they will be using, or next to you
 - If someone is sick, ask that they only visit after they are better
 - Do not allow pets near your incision(s)
 - Eat a diet high in protein and vitamin C if your primary care doctor has not advised against it.
 - Protein: meat, eggs, peas, nuts, etc.
 - Vitamin C: citrus fruits (oranges, grapefruits, etc.), broccoli, Brussels sprouts, etc.
- **Blood Clot (DVT) Prevention**
 - Follow your surgeon's instructions for DVT prevention, if applicable. Some patients are prescribed aspirin after surgery.
 - Take short walks frequently if you are able to help promote circulation.
 - Exercises that will help promote circulation that should be done frequently:
 - Tightening up the muscles in your legs and releasing them
 - Pushing your toes down like you are pushing on a gas pedal and then relaxing your muscles
 - Call your surgeon's office if you are worried you have developed a blood clot. A provider can be reached after hours at (616) 459-7101
 - Symptoms may include:

- Pain, swelling, and tenderness in one of your arms or legs
- Warm and/or red skin in the area of the clot
- If the blood clot moves to your lungs, you may feel pain in your chest, a racing heart, and shortness of breath. If you experience these symptoms, call 911 or go to the nearest emergency room.
- **Nausea and Vomiting** are common after surgery. Symptoms may start right after surgery, or after discharge. They can last for a short time, or a few days. To help prevent nausea and vomiting:
 - Tell your surgeon and anesthesiologist if you have a history of nausea and vomiting after surgery.
 - Stay hydrated after surgery
 - Use opioid pain medication (Norco, Percocet, oxycodone, Ultram, etc.) sparingly. Try Tylenol instead or NSAIDs (if your surgeon says it's okay – this should be on your discharge instructions)
 - Make sure to take no more than 3,000mg of Tylenol a day. It is found in Norco and Percocet.
 - Bland carbohydrates (plain toast, rice, crackers, etc...) are easiest to digest. Wait to eat anything greasy or spicy until you know how your stomach is feeling, and go back to bland carbohydrates if you start to feel ill.
 - Call your surgeon's office if you have concerns.
- **If you have anesthesia concerns after surgery:**
 - Visit Anesthesia Practice Consultants at www.apcpc.net
 - General questions and answers can be found under the "For Patients" tab
 - Call 911 in the event of an emergency

Diabetes and Your Postoperative Recovery

Hemoglobin A1C is a blood test that measures a person's average blood sugar level over the last 3 months. If you have diabetes, please look at the chart below to see what your average blood sugar is. The American Diabetes Association recommends an A1C of less than 7% for people with diabetes.

Blood sugar elevations can delay healing and increase risk of infections postoperatively. Additionally, you may be at risk for diabetes complications such as stroke, heart attack, loss of sensation in feet/hands, kidney disease and problems with your vision. If your A1C is 7 or above, you are encouraged to make an appointment to see your diabetes provider/PCP and to

attend all of your appointments with your Diabetes Educator (if applicable) for close follow up which is needed for blood sugar control.

Please contact your surgeon at the first sign of infection:

- Fever over 101 degrees
- Pain not controlled by pain medications
- Unusual or foul smelling drainage from incision
- Increased redness/swelling around the incision, or affected extremity, after first 48 hours

<u>A1C Levels</u>	<u>Average Blood Sugar</u>
12%	298 mg/dL
11%	269 mg/dL
10%	240 mg/dL
9%	212 mg/dL
8%	183 mg/dL
7%	154 mg/dL
6%	126 mg/dL

The American Diabetes Association recommends an A1c of less than 7%.

Recommended based on American Diabetes Association. Standards of medical care in diabetes – 2016. *Diabetes Care*. 2016;39 (suppl 1) S1-S112.

Medication Education

Your nurse will note on your discharge instructions if you received any of the following medications.

- **Scopolamine patch:**
 - Purpose: to help prevent nausea after surgery. May be kept on for a total of 72 hours.
 - Precautions:
 - Throw patch away out of reach of children and animals
 - Wash your hands after touching the patch.
 - Do not touch your eyes after touching the patch; wash your hands first to avoid eye irritation
 - May cause the following symptoms. If they occur, remove the patch.
 - Dry mouth

- Blurry vision
- Dilated pupils
- Constipation
- Urinary retention
- Increased heart rate
- Decreased sweating
- **Emend**
 - Purpose: to help prevent nausea after surgery
 - Precaution: may affect hormonal birth control. Use an additional form of birth control (also continue your hormonal birth control as usual) for 28 days after taking Emend.
- **Sugammadex:**
 - To help with muscle relaxation during surgery
 - Precaution: may affect hormonal birth control. Use an additional form of birth control (also continue your hormonal birth control as usual) for 7 days after taking Sugammadex.

Examples of hormonal birth control include birth control pills, birth control shots, birth control implants (under the skin or IUDs), birth control patches, vaginal rings, and emergency contraceptives (Plan B).

Examples of backup birth control methods include male and female condoms, diaphragms, and abstinence (not having sex).

See <https://www.cdc.gov/reproductivehealth/contraception/index.htm> for more information.

An OAM provider is available 24 hours per day 7 days per week: (616) 459-7101

Normal symptoms after surgery:

- Pain controlled with medication
- Increased swelling with activity
- Stiffness without activity

You should:

- Continue current dosage and wean from narcotics
 - Elevate, rest, and ice your surgical extremity
 - Continue moving around as your surgeon allows
-

Call your surgeon's office if you experience the following:

- Persistent nausea or vomiting
 - Pain related to your surgery not controlled with medications
 - Concerns with your incision (drainage, redness, heat around the incision)
 - Temperature greater than 100.5 degrees
 - Uncontrolled swelling
 - Calf pain
 - A fall or injury to your surgical extremity
 - New or unexplained bruising
 - A dressing saturated with blood (apply pressure, ice, elevate, and call)
 - Surgical extremity becomes white, blue, or cold
 - Unable to urinate after surgery
-

Call your primary care provider (PCP) or go to Urgent Care if you experience the following:

- Colds, cough, flu, sore throat
 - Symptoms of a urinary tract infection: frequency, pain/burning with urination
 - Constipation
 - Rash or skin condition
 - Headache
 - Vertigo (without head injury or signs of stroke)
-

Go to the Emergency Room if you experience the following:

- Chest pain
- Shortness of breath
- Signs of a heart attack or stroke
- Extreme confusion
- Loss of consciousness
- Mental health emergency
- Severe pain after surgery **IF** you are unable to get a hold of your surgeon's office
- Loss of bowel or bladder control after spine surgery

