

When you enter the OR, you will be asked your name and what operation you are having. This is another safe guard to ensure that the correct procedure is being done-it is called "time out".

**Equipment in the OR includes:**

- your IV
- monitor patches on your chest to continually monitor your heart
- an oxygen sensor clipped onto your finger to continually monitor your oxygen level
- oxygen tubing placed on or near your face
- a blood pressure cuff on your arm
- electric stockings on your legs to massage your legs and increase blood supply and decrease your change of getting a blood clot
- a patch on your leg that is connected to a cautery machine
- a velcro belt will be placed across your lap for your safety such as a seat belt

**Recovery Room:**

After surgery, you will be taken to the recovery room. Here, you will receive constant care from a trained recovery room nurse. You will be hooked up to the cardiac monitor with patches on your chest, a BP cuff on your arm and an oxygen sensor clipped to your finger. You will be given oxygen into your nose or through a mask.

Different people recover from the anesthesia at different rates. It is possible you will experience some confusion as the anesthesia wears off. Noises may seem louder than normal, and you may experience blurry vision, dry mouth and chills.

Your nurse will want you to rate your pain on a scale of 0-10 with 0 being no pain and 10 the worst pain you can imagine. Your doctor will order post operative medications to help relieve your pain. You may be asked to take deep breaths and cough. This is to help keep your airway and lungs well inflated and prevent pneumonia.

Usually patients stay in the recovery room for 30-60 minutes. When your recovery room nurse feels you are stable and ready to be transferred, you will be returned to your room.

**Going Home:**

Your doctor will decide when you are ready to go home. The nurse will go over discharge instructions with you and your family. This will address your diet, activity, medications, bandages, bathing, pain, etc...It is important for your family member/members to be aware of your post-op needs as well since they may need to help with your care for a few days.

Usually your doctor prescribes a pain pill for you to pick up at the pharmacy. Also, you will have a follow up appointment to see your doctor usually the following week.

The Pocahontas Community Hospital surgery department will follow your progress up to four weeks post-op. We will call you usually within 48 hours, at two weeks and at 4 weeks to ensure everything is healing the way that it should.

Pocahontas Community Hospital is dedicated to providing assistance with your physical and emotional needs, while helping you on your way to an easy and safe recovery.

After you've read this brochure and asked the questions that occur to you, you will be an informed patient. Informed patients are fortunate. Not only do they relax more and feel better during the process of surgery, they have a faster and smoother recovery as well!!



# Outpatient **SURGERY** Guide

What you  
should know...

**Pocahontas  
Community Hospital**



An Affiliate of  **UnityPoint Health**

606 NW 7th St., Pocahontas, IA 50574  
Surgery Department: (712) 335-5230  
Hospital Phone: (712) 335-3501  
Fax: (712) 335-4745

**Thank you** for choosing  
Pocahontas  
Community  
Hospital!

My Surgery: \_\_\_\_\_

Date: \_\_\_\_\_ Arrival Time: \_\_\_\_\_

Doctor: \_\_\_\_\_

Notes/Questions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You and your doctor have agreed you need surgery. Understanding what is happening to you can make your hospital visit more pleasant and can even improve your recovery. This brochure will discuss what you can expect during your surgical experience from preparation to recovery.

Pocahontas Community Hospital provides a full-range of services your surgery requires. Modern equipment is standing by to monitor your health before, during and after surgery.

Highly skilled professionals will care for both your physical and emotional needs. Doctors, nurses and others will perform the tests you need, follow your progress and discuss any questions you and your family may have. Your privacy is very important to us and we will take every precaution to maintain your privacy.

All patients receiving surgery should wear loose, comfortable clothing. Patients should enter the hospital through the main entrance on the southwest side of the hospital. It is important to bring Medicare or insurance cards with you.

### Getting Ready at Home:

- Leave valuables at home.
- Remove makeup and nail polish—it is important for your surgical team to be able to assess your normal skin colors as well as monitor your oxygen level with a sensor, like a clothes pin, on your finger tip—nail polish can give false oxygen readings
- Bring a list of your medications, past surgeries and allergies.
- You must have nothing to eat or drink after midnight the night before your surgery. If your surgery is later on in the day, **you may be allowed to eat a light breakfast—your nurse will inform you of this.**

### Pre-Operative Preparation:

Sometimes you will need a physical from your family doctor prior to your surgery. This is to make sure that the state of your health is safe for surgery and anesthesia. This physical needs to be within one week of your scheduled procedure. Your family doctor or surgeon may also require you to have some lab work, EKG of your heart,

chest x-ray or other tests to help decide your health status prior to surgery.

When you arrive the day of surgery, your nurse will take your blood pressure, temperature, pulse and listen to your heart and lungs. You will be asked questions about your health history, medications and allergies. Your nurse will also confirm your surgery by asking you what procedure you will be having that day. Depending on your surgery, you may be asked to “autograph” the area on your body that you will be having surgery on by writing your initials with a marker on your skin in that area. The nurse will put her initials there also. This is another safety measure taken to ensure the correct procedure will be done.

The nurse will start an IV. You may also need to put on special support hose called TED hose which are like tight stockings. You may be asked to go to the bathroom to empty your bladder by urinating before you are taken back to the OR (operating room) for your surgery.

You will be asked to sign consents for both your surgical procedure and your anesthesia. Your surgery cannot take place without these signed documents in your chart.

### Before Surgery:

Your family may be with you the morning of the surgery. A nurse anesthetist will come and visit you and your family

before you go to surgery. They will explain how the anesthesia will be administered. Be sure to ask any questions or concerns you have regarding your anesthesia. Anesthesia is an important part of your surgery. Your nurse anesthetist is a specialist who will decide, after checking our medical record, what type of anesthesia you will receive.

When you are taken to the OR, your family may be directed to another waiting room where they will be kept updated of your progress. Many times you are allowed to just walk back to the OR accompanied by members of the surgical team, when your time of surgery arrives.

### During Surgery:

The operating room, also called the OR, is staffed by a team of trained professionals and provides the most sterile and safe surgical environment possible.

The surgical team is headed by a surgeon, who is responsible for your overall care. The nurse anesthetist administers the anesthetic and tells the surgeon when you are anesthetized. The scrub nurse sets up the instruments needed for your surgery and assists the surgeon. The circulating nurse prepares the OR and makes sure that sterile procedures are followed.