



Getting Ready for and Recovering From Surgery

Island Health Surgery Resources



Getting Ready for and Recovering from Surgery

About this Booklet

This booklet was developed with input from patients, doctors and health care providers. It provides general information to help you prepare for your surgery and recovery.

Please read this booklet as soon as you get it!

If your surgeon or nurse gives you information that is different from what is in this booklet, please follow their directions.

The instructions in this booklet are based partly on the Enhanced Recovery after Surgery (ERAS) plan. The goal of this plan is to get you back to regular activities as soon as possible. To do this, you need to play an active part in getting ready for and recovering from your surgery.

Bariatric surgery patients: Please follow the eating and drinking information in your Bariatric booklet, or follow the instructions given to you by your Bariatric Program Team.

If you are not sure what you should do, please ask your Bariatric Program Team!

Surgery-Specific Companion Booklets

Companion books are available for some surgeries. These booklets provide extra information and are meant to be read with this booklet. Ask your surgeon or nurse if there is a companion booklet specific to your surgery.

You can find copies by:

- Asking your surgeon's office, **or**
- Going to the *Getting Ready for Surgery* page of Island Health's public website: <https://www.islandhealth.ca/learn-about-health/surgery/getting-ready-surgery>

Help your care team help you!

Share this booklet with your care team so they know about your plans to recover and get home as soon as possible.

Please note that the information in this booklet is current as of the date printed on it.

Getting Ready for and Recovering from Surgery

Informed Consent

Before agreeing to undergo surgery, your surgeon will thoroughly explain the procedure to you and give you the opportunity to ask any questions you might have. This discussion includes the reason for surgery, the benefits and risks involved, alternatives to surgery and what you can expect after the surgery.

If, after this discussion, you would like to move forward with surgery, you will be asked to sign an informed consent form when you come to the hospital. The informed consent form includes the name of your surgeon, the surgery you are having, and the side of the body on which the surgery will be done, if applicable.

Depending on your surgery, you might be asked to sign a consent for blood products and/or a consent for implant tracking. Please read the consent form carefully before signing it and ask your surgeon or the nurses witnessing your signature if you have any further questions or need more information.

MOST (Medical Orders for Scope of Treatment)

We do everything we can to make sure that your surgery is safe; however, in an emergency or urgent situation when you cannot make decisions for yourself, a Medical Orders for Scope of Treatment, or MOST, will help to make sure your healthcare treatment matches your wishes.

A MOST is created when you are well enough to share your wishes, and helps ensure that the care you receive reflects what you want.

What is MOST?

MOST stands for **M**edical **O**rders for **S**cope of **T**reatment, and helps ensure your healthcare treatment aligns with your wishes if you become critically ill the treatments you do or do not want doctors to use.

A MOST:

- is written by your doctor, based on conversations with you, about the types of treatments you would agree to in a medical emergency,
- reflects your wishes, and guides your healthcare team, if you are not able to speak for yourself, and
- is written after you have had a conversation with your healthcare provider about your wishes and understand your options.

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Who should have a MOST?

MOSTs are for all adults (19 years of age and older) where appropriate. They are especially important for adults who have advancing illnesses or chronic conditions that are life-limiting or life-threatening.

How is a MOST determined?

The content of a MOST is based on conversations with you, your health care providers, family and loved ones about:

- advanced care planning; your wishes and goals of care for future health care,
- current and future treatment options available to you, and
- your health conditions and how your condition will progress.

After these conversations, your doctor will complete a MOST to guide healthcare team members if there is an emergency.

What might my healthcare provider discuss with me?

You and your healthcare provider might discuss:

- what is important to you (your goals of care),
- your health and what it might look like in the future,
- your options for care and medical treatments (including CPR and critical care admission),
- End-of-life care, and/or
- who will speak for you if you cannot speak for yourself (your “substitute decision-maker”).

What should I do?

Speak with your healthcare team, family, and loved ones about your healthcare wishes and instructions.

Conversations about a MOST might be started by your surgeon, anesthesiologist, or another member of your care team, depending on your situation. If you have specific preferences about the kind of care you would or would not want, you can speak directly with your surgeon or anesthesiologist.

If you're not sure who to talk to, let anyone on your healthcare team know; they can help connect you with the right person.

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Length of Stay

Your surgeon's office will tell you how long you will be in hospital.

Remember to plan a ride to and from the hospital. **If you go home the same day of your surgery, you should have a responsible adult stay with you at home overnight.**

Your Surgery

Please be on time the day of your surgery.

When you come to the hospital, please make sure to bring your BC Services Card, Personal Health Number or proof of substitute Medical Insurance Plan, or another form of personal ID.

Sometimes your surgery might be earlier or later than planned, or sometimes the date might need to change.

If your surgery date and time needs to change you will be given as much notice as possible and your surgery will be rebooked.

If your symptoms change or worsen at any time during your waiting period:

- Call your primary care provider, **or**
- Ask someone to take you to the nearest Emergency Department, **or**
- Call 911



Preparing Your Home for After Surgery

Before you come to the hospital, think about what you will need when you go home or wherever you will be staying.

Here are some things to think about before you come to the hospital:

- **Stairs:** If your home has stairs, consider setting up a sleeping area on the main floor.
- **Equipment:** Consider what you might need after surgery (e.g., crutches, wheelchair, walker, cane, bath lift, bath chair, etc.) and when you should get them.
- **Safety devices:** Ask your surgeon if you will need any safety devices, such as a bath or shower bar, and where you can get them. If you need to have a safety device installed, arrange to buy it and have it installed before you come to the hospital.
- **Housekeeping:** If possible, arrange for help with groceries, laundry, house cleaning and other chores for after surgery.
 - If a family member or friend is not able to help with housekeeping, you might want to arrange for a housecleaning service to help you for a few weeks.
 - If possible, prepare 2 weeks' worth of food and stock your pantry.
- **Pets:** Can someone look after them or help with them while you recover?
- **Prescriptions:** Find out if your pharmacist delivers prescriptions; if they deliver, find out if/how much they charge for this service. If they do not deliver prescriptions, arrange for a family member or friend to pick up any prescriptions for you.
- **Visits:** If you live alone, arrange for a friend or family member to call in or visit.

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Pre-Admission Clinic

Some people are asked to attend a hospital Pre-Admission Clinic (PAC) before their surgery. The purpose of the PAC is to make sure that you are prepared for your surgery before you are admitted to the hospital. The PAC staff will phone you 1 day to 4 weeks before your surgery if you need a PAC appointment. Not everyone needs to attend a PAC appointment.

If you are asked to attend a PAC appointment, the PAC helps make sure that you:

- Are medically fit for surgery.
- Are aware of the instructions to follow to prepare for surgery.
- Have made all the needed plans for your recovery.
- Are informed about what to expect before and after surgery.

Please bring an interpreter if you do not understand English. Please note that interpreting services might be available at the hospital; please check at the Pre-Admission Clinic or with your surgeon.

Blood Work and Tests

You might need to have blood tests or other tests done. It is helpful to have all your tests done at an Island Health Lab. **Please get any tests you need done before your surgery date.**

Medications Before Your Surgery

It is important to tell your surgical team (surgeon, anesthesiologist, nurse, and/or pre-admission clinic pharmacist) what medications you are taking, including prescription drugs, vitamins, and herbs.

The surgeon or anesthesiologist will tell you if you need to adjust or stop any of your medications before the date of your surgery.

If you have an appointment at the Preadmission Clinic at the hospital, you might get more directions about stopping medications there.

If you are asked to pause your birth control medication before surgery, use an alternative method during that time. After surgery, continue to use an alternative method of birth control for at least one week after restarting your birth control medication. Talk to your healthcare team for more information.

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Medications You Might Need to Adjust Before Surgery

If you are taking any of the medications on the list below, or if you have a coronary stent in your heart, the surgeon or anesthesiologist will give you specific instructions before your surgery.

| Type of medication | Instructions |
|--|--------------|
| Insulin | |
| Anticoagulants (e.g., Coumadin [warfarin], Heparin, dabigatran [Pradax®], rivaroxaban [Xaralto®], apixaban (Eliquis)) | |
| Antiplatelet medication (e.g., clopidogrel [Plavix®], ticagrelor (Ticlid®), prasugrel, acetylsalicylic acid ([ASA, Aspirin®]) | |
| Birth control pills and Hormone Replacement Therapy (HRT) | |
| GLP-1 Agonists for weight loss OR diabetes (e.g. Monjaro ®, semaglutide (Ozempic ®), Wegovy ®) | |
| SGLT-2 Inhibitors for diabetes (e.g. canagliflozin, dapagliflozin, Jardiance ®, | |
| Contrave | |
| Naltrexone | |

Medications You Need to Stop Taking 7 Days Before Your Surgery

Seven days before your surgery date stop taking vitamins and all natural health products and herbal remedies (e.g., garlic supplements, ginkgo, kava, St. John's wort, ginseng, dong quai, glucosamine, papaya, etc.).

If you are prescribed vitamins by your doctor such as iron, calcium, vitamin D, please continue to take them.

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Medications You Can Take Up to and Including the Day of Your Surgery

The surgeon or anesthesiologist will tell you which medications you can take as usual, up to and including the day of surgery.

- If you need to take something for pain before surgery, you can take Acetaminophen (e.g., Tylenol®).

You can take allowed medications with sips of water, up to 1 hour before your surgery.

| Medications I need to take before my surgery | Dose | Time |
|--|------|------|
| | | |
| | | |
| | | |
| | | |

Medications After Your Surgery

The surgeon or anesthesiologist will tell you when you should start taking your medications again after surgery. Most medications can be safely restarted as usual once you are eating and drinking normally. If you have had blood thinning medication or aspirin stopped before surgery, your surgeon must tell you when it is safe to restart this.

What To Do if You Are Not Feeling Well Before Surgery

In the week before surgery, phone your surgeon's office if you:

- Are not feeling well.
- Have a cough, cold or fever.
- Have a scratch, pimple or open area on the skin around the surgical area.
- Have an infection or open area around the surgical area.
- Have had a recent infection, including dental (teeth or mouth), bladder, or skin infection.



Bowel Preparation (Cleaning out Your Bowel)

Some surgeries require the bowel (colon) to be cleaned out before surgery, using laxatives, enemas or other bowel-cleansing agents. You will get instructions from your surgeon if this is needed. Please follow these instructions carefully. If you do not properly clean your bowel for surgery, it will cause your surgery to be delayed or cancelled.



Cleaning Your Skin

Cleaning your skin before surgery helps to remove germs on the skin and prevent infection. It also helps incisions heal.

- Do not remove any hair from the surgical area for at least 1 week before the surgery. If hair removal is needed, it will be done after you check-in.
- **If you are having a surgery that requires an incision**, buy 2 antibacterial CHG (Chlorhexidine) 4% body sponges and follow the directions on the next page.
 - If you are allergic to CHG or have extensive psoriasis or eczema, follow the directions below using regular soap and water.
 - You can buy CHG 4% sponges at most hospital gift shops and at most pharmacies.
- **If you are having a procedure where you will NOT have a skin incision** (e.g., eye, inner ear or dental surgery), shower or bathe and wash your hair the evening before **or** the morning of surgery using your usual soap and shampoo.

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Shower/Bathing Instructions if You Are Having a Surgery That Requires an Incision

The Evening Before Your Surgery

1. Wash hair with usual shampoo, and rinse.
2. If showering, wet all of the body then move the showerhead to the side to minimize soap loss during lathering with CHG sponge.
3. If bathing, place a minimum amount of water in the tub so that the body can be soaped with the CHG sponge without washing away the suds. Sit down in the bath and be careful not to slip.
4. Open one CHG sponge and wet with a little water. Squeeze repeatedly to produce suds.
5. Wash body from neck to feet using the sponge. Avoid contact with the eyes, inside of the ears, and mouth. If CHG gets into the eyes, rinse well with water.
6. Carefully wash the surgical area, armpits, navel, feet and in between toes (be careful not to slip) and back. Finish with genital and anal areas. Do not rinse until your entire body has been washed and lather has been on skin for at least 2 minutes.
7. Throw the sponge away in the garbage.
8. Rinse the body thoroughly under the shower or in the bath.
9. Use a fresh, clean dry towel to dry the skin from head to toe, finishing with the genital and anal areas.
10. Do not apply deodorant, body lotion, cosmetics, or powder afterwards. Dress in clean clothes. Do not put on any jewelry.

The Morning of Your Surgery

The morning of your surgery, repeat steps 2-10 from the night before.

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Eating and Drinking Before Surgery

Bariatric surgery patients: Please follow the Bariatric Pre-Op Liquid Diet in your bariatric surgery booklet.

For safety reasons it is important to have an empty stomach before surgery.

If your stomach is not empty you might vomit (throw up) during surgery. This can make you choke, or vomit might go into your lungs. If vomit gets into your lungs (called *aspiration*), it can be deadly

If your surgeon does not give you instructions for eating and drinking before surgery, follow the instructions below.

Eating and drinking properly before surgery will:

- help your body get ready for surgery,
- keep your body hydrated,
- help you recover faster because your body will have energy, and
- help prevent aspiration during surgery.

If you do not follow these instructions, your surgery might be cancelled or delayed.

Midnight the Night Before Your Surgery

- Stop eating solid food and drinking non-clear fluids at midnight the night before your surgery.
 - **Do not** eat any solid food after midnight; this includes chewing gum and sucking on hard candies.
 - See the list of fluids that you *can* and **can not** drink after midnight the night before your surgery, below.
- Up until midnight, drink plenty of clear fluids to stay well-hydrated.
- You can continue to drink **clear fluids** after midnight.
- See the list of fluids that you *can* and **can not** drink after midnight the night before your surgery, below.

1 Hour Before Your Scheduled Hospital Arrival

- Stop drinking clear fluids 1 hour before your scheduled hospital arrival time.
 - For example, if you are scheduled to arrive at the hospital at 6 a.m., stop drinking at 5 a.m.

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| Clear fluids you are encouraged to continue to drink until 1 hour before your scheduled hospital arrival: | Fluids you must stop drinking at midnight the night before surgery: |
|---|--|
| <ul style="list-style-type: none">✓ Water✓ Apple juice (unless you are diabetic)✓ Cranberry cocktail (unless you are diabetic)✓ Black coffee (no milk, milk substitutes or creamer of any type)✓ Clear tea (no milk, milk substitutes, loose leaves or creamer of any kind) | <ul style="list-style-type: none">✗ Soup or bone broth✗ Protein supplemented beverages✗ Milk/dairy or dairy substitute products/creamer✗ Gelatin/Jell-O✗ Citrus juices (such as orange juice)✗ Juices containing pulp✗ Smoothies✗ Popsicles made from cream based or smoothie-based products✗ Thickened fluids |

Carbohydrate Loading

Drinking fluids that are high in carbohydrates is called *carbohydrate loading*.

Drinking extra carbohydrates before surgery will

- help you stay hydrated before surgery,
- put less stress on your body during surgery, because your body will use this energy, rather than your body's energy stores,
- makes you feel better when you wake up after surgery, and
- help you recover faster.

Apple juice and cranberry juice are recommended to drink before surgery because they are high in carbohydrates. If you are diabetic, DO NOT drink apple or cranberry juice.

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Alcohol, Drugs and Smoking

Alcohol, cigarettes, cannabis, and other non-prescribed substances can affect and interact with medications used during surgery and increase your risk of complications.

It is best to not drink alcohol, use cannabis or any other non-prescribed substance before surgery. Please read each section below for details. If intoxicated on the day of your surgery, your surgery might be rescheduled or deferred.

If you have any questions about the use of alcohol, cannabis or other non-prescribed substances, please contact your primary care provider, community Opiate Agonist Therapy (OAT) prescriber, community case manager, or substance use services support team.

Alcohol

It is best to avoid drinking alcohol for at least **one week before surgery to reduce risks such as reflux (which can lead to aspiration), delayed wound healing, and increased bleeding.**

- If you can, it is best to not drink alcohol for longer than one week before surgery (2-4 weeks is ideal), to lower surgical complications.

If you regularly consume alcohol and stopping suddenly causes withdrawal symptoms, this can be extremely dangerous. If you consume alcohol daily you should talk to your anesthesiologist or primary care provider before surgery. They can help create a safe tapering plan for you.

Non-Prescribed Substances (e.g., Street Drugs or Illegal Drugs) & Opioid Agonist Therapy (OAT)

If you have used substances recently or are intoxicated on the day of surgery, your procedure might need to be delayed or rescheduled.

- This decision is made by your anesthesiologist based on your current condition, the urgency of the surgery, and your overall safety.
- Letting your healthcare team know about any recent use helps them plan the safest possible care for you.

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If you can, it is best to not use, or at least reduce the use of, non-prescribed substances (e.g., drugs, street drugs, illegal substances) at least **48 hours before surgery**.

- The use of **stimulant drugs such as methamphetamine or cocaine** put you at higher risk during anesthesia and surgery. **It is best to not use** these drugs for as long as possible before surgery.
- Different drugs might affect your anesthetic in a variety of ways. It is important to talk about your drug use with your anesthesiologist, as it might affect your safety and the timing of your surgery.

Please tell someone on your healthcare team if you cannot stop using substances or if you have questions about stopping before your surgery. Your anesthesiologist will then help provide a plan specifically for you.

- If you have a **primary care provider, community Opioid Agonist Therapy (OAT) prescriber, case manager (if applicable), or substance use support team** they can also be a great resource and support in substance use before surgery.

If you are taking OAT medications (such as **methadone, Suboxone, or Kadian®**):

- Continue taking your prescribed medication as directed, including on the **day of surgery**.
- Meet with your community prescriber **before surgery** to discuss any necessary dosage changes.
- If you are being admitted to the hospital early in the morning, tell your prescriber in advance and arrange for a **"carry" or "to-go" dose** to prevent missing your morning dose and experiencing opioid withdrawal.

If you are taking Naltrexone or Contrave, you need special instructions on when to stop these medications before surgery. Speak to your healthcare team for guidance.

Smoking, Vaping & Tobacco

- Smoking increases the risk of infection, breathing problems, and other complications during and after surgery.
- It is best to stop smoking at least 48 hours before surgery. Even cutting down can help reduce risks.
- If you need help quitting, talk to your primary care provider or a pharmacist. If you are trying to quit, Nicoderm® patches are a safer option than smoking.
- Do not smoke or vape on the day of surgery.

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Cannabis

- Heavy cannabis use puts you at high risk of heart attacks, nausea and vomiting and difficulty with pain control after surgery.
- If you use cannabis more than 4 days a week, or smoke more than 1.5 g per day, you might feel unwell if you stop suddenly. It is better to use a smaller amount every day for 1-2 weeks, with the goal of stopping 72 hours before surgery.
- Heavy cannabis use puts you at high risk of heart attacks, nausea and vomiting and difficulty with pain control after surgery.
- It is best to not use cannabis for at least **72 hours before surgery**.
- If intoxicated on the day of surgery, your surgery might be rescheduled or deferred.
- Topical CBD (such as for arthritis pain) is okay to continue using.

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What to Bring to the Hospital

- ☐ BC Services Card, Personal Health Number or proof of substitute Medical Insurance Plan, or another form of personal ID.
- ☐ An interpreter, if you do not understand English. Please note that interpreting services might be available at the hospital; please check at the Pre-Admission Clinic or with your surgeon.
- ☐ A list of all the medications, including vitamins and herbal supplements that you are taking, including dosages.
- ☐ A list of allergies (medications, latex, food, etc.)
- ☐ Any special protocols you might have regarding your health care needs.
- ☐ If you are staying in hospital 24-72 hours or less, bring any respiratory inhalers, eye drops, topical medicated creams, transplant medications, estrogen patches or birth control pills that you need (all other medications and supplements should be left at home).
- ☐ The hospital supplies most other medications, but they might not be the same brand that you are used to.
- ☐ Your CPAP, Bilevel or dental appliance (labelled with your name) if you have sleep apnea and use it while sleeping.
- ☐ Loose fitting clothing that is easy to get off and on, labelled with your name. Do not wear any tight fitting clothing, or clothing that is difficult to put on or take off (such as belts, small buttons, etc.)
- ☐ Glasses or contact lenses, wig, hearing aids, walking aids and dentures with storage cases labeled with your name.
- ☐ Any handouts or directions given to you by your doctor or the hospital.

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Personal Items

Pack one small overnight bag with a few personal items for your family or friend to bring in AFTER surgery.

- ☐ Brush/comb, toothbrush, toothpaste, ear plugs, shampoo, sanitary products, razor and shaving cream, deodorant, dressing gown and reading material.
- ☐ Low-heeled slippers or shoes that are non-slip and easy to put on. 1-2 packs of sugar-free chewing gum.
- ☐ Any immobilizers, air casts, splints or other devices that your surgeon tells you that you will need to have put on in the operating room.
- ☐ Any crutches, cane, braces, or walker that your surgeon tells you that you will need, labeled with your name.

*Island Health recommends that you do not bring any personal items, such as wallets, purses, IPADS, cell phones, laptops, jewelry, money, credit cards or other valuables, with you. If you need these items, ask a family member or friend to bring what you need each day.

Please note: Personal recording devices are **not** allowed in the Operating Room or Recovery Room.

| The Day Before My Surgery I Will: | The Day of My Surgery I Will: |
|--|---|
| <input type="checkbox"/> Confirm my ride home from the hospital. | <input type="checkbox"/> Take my second pre-op shower. |
| <input type="checkbox"/> Pack my bag for the hospital. | <input type="checkbox"/> Take off jewelry (rings, watches, piercings etc.) and leave them at home. |
| <input type="checkbox"/> Complete my carbohydrate loading. | <input type="checkbox"/> Only bring recommended items with me. |
| <input type="checkbox"/> Stop eating and drinking as directed. | <input type="checkbox"/> Be at the hospital when my surgeon's office, the Preadmission Clinic or the booking office, told me. |
| <input type="checkbox"/> Take my first pre-op shower. | |

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Admission to the Hospital

Check in at the main admitting desk or front desk. You will have a hospital ID band put on your wrist. You will wear the ID wristband during your stay; please do not remove it.

You will be directed to the surgical admission area. In the surgical admission area, you will:

- Be asked to change into a hospital gown.
- Be asked to sign your Consent form (if you have not already done so).
- Receive pre-operative medications and have an intravenous (IV) started, if ordered.



After Surgery

Managing Your Pain After Surgery

Pain medications work best when taken at regular times and before the pain gets too bad.

If you are not comfortable, tell your nurse. You should be comfortable enough to turn, move your arms and legs in bed, and do your breathing and coughing exercises.

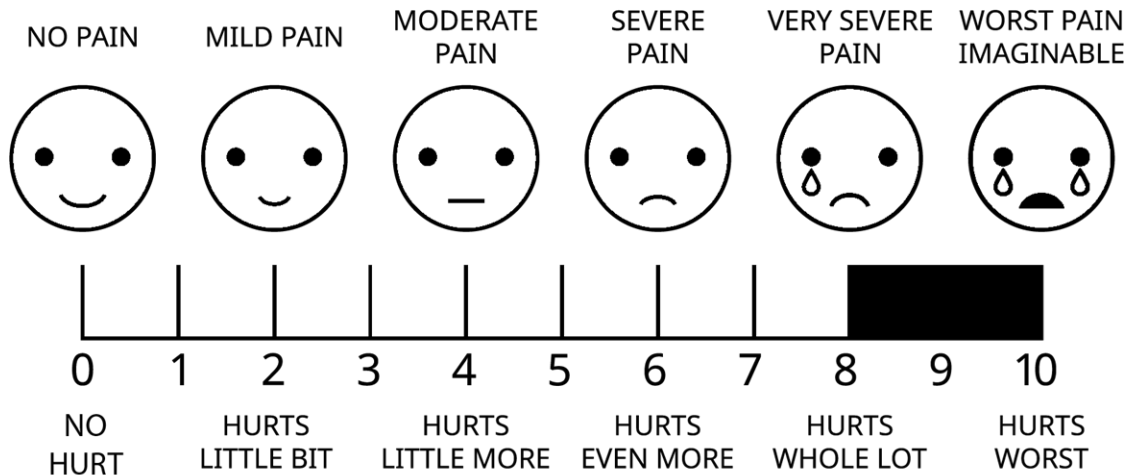
Rating Your Pain

To help measure your pain, your nurse might ask you to rate your pain from 0-10; see the *Pain Measurement Scale* on the next page.

- 0 means no pain, and 10 means the worst pain you can imagine.
- It is important to tell the nurse what number is comfortable for you so they can help you manage your pain better.
- You can also describe pain with words like *none*, *mild*, *moderate*, *severe* or *worst possible*.

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Pain Measurement Scale







Get Up and Move

Being as active as you can help you to recover quicker and to prevent problems. Walking will help to clear mucus from your lungs, regain your strength, and prevent getting blood clots. Your health care team will work with you to set daily activity goals.

- The day of your surgery, we will help you to sit at the side of the bed or in a chair.
- The day after surgery, we will help you to take a few short walks and you will sit up in a chair for all meals.
- You will increase your activity every day after that until you are walking at least 3 times a day.
- Practice the leg exercises on the next page, whenever you are in bed.
- Practice your deep breathing and coughing exercises (please see: *ICOUGH*, below).

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| | |
|--|---|
| Ankle Pumps <ol style="list-style-type: none">1. Pump your feet up and down at the ankles.2. Repeat 10x an hour.  | Ankle Circles <ol style="list-style-type: none">1. With your legs straight, make circles with your feet in each direction.2. Repeat 10x an hour.  |
| Straight leg stretch <ol style="list-style-type: none">1. Pull toes up and press your knees into the bed. Hold for 3 seconds. Relax.2. Repeat 5x an hour.  | Heel slides <ol style="list-style-type: none">1. Bend one knee and straighten it. Then do the other leg.2. Repeat 5x an hour.  |

ICOUGH

One way to help prevent pneumonia is to follow ICOUGH. ICOUGH is an acronym that means:

- **I**mprove lung health
- **C**oughing and deep breathing
- **O**ral care
- **U**nderstand
- **G**et up and move
- **H**ead of bed raised

Improve Your Lung Health

Deep breathing exercises will help keep your lungs healthy and prevent lung problems. There are many types of breathing exercises. Your healthcare team will decide which method is best for you and will work with you to practice these exercises every hour.

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Coughing and Deep Breathing

Deep breathing and coughing exercises help your lungs to fully expand and clear your lungs of mucus. This helps the lungs do the important job of delivering oxygen to the tissues in your body. Take deep breaths often. The goal is 5 deep breaths every hour, followed by coughing at least 2 times. Your healthcare team will help you do this.

Oral Care

Good mouth care is important while you are in hospital. Keeping your mouth clean helps to prevent germs from travelling to your lungs and causing pneumonia.

While in hospital, please make sure you have a toothbrush and toothpaste and any denture cleaning products you might need.

Understand (how you can help patients, families and caregivers)

You and your family are important members of your healthcare team. It is important for you to take an active role in your recovery.

We want you to ask questions! Talk to your healthcare team about how to pre-vent pneumonia and other complications.

Get Out of Bed 3 Times a Day

Being as active as you can, will help you to recover quicker and prevent complications.

Walking will help clear secretions from your lungs and help you to regain your strength.

Your healthcare team will work with you to set daily activity goals.

Head of Bed Raised

It is important to keep the head of the bed raised between 30 and 45 degrees.

Being in an upright position will help your breathing and decrease your pneumonia risk.

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Recovery After General Anesthesia

During this time, you might be impaired. Therefore, for 24 hours after anesthetic or IV sedation, it is recommended that you:

- **DO NOT** make important decisions, sign important papers, or go to work.
- **DO NOT** drive a car or work with machinery.
- **DO NOT** do any dangerous activities, like riding bikes, swimming, or climbing ladders.
- **DO NOT** travel alone by public transportation (e.g., bus).
- **DO NOT** drink alcohol.
- **DO NOT** take tranquilizers, sedatives, or sleeping pills.
- **DO NOT** have the main responsibility for care of another person (e.g., babies, small children, elderly person who needs help).
- **AVOID** posting on social media.

Incisions, Dressings and Drains

Incisions are closed with stitches (sutures), clips (staples) or dissolvable stitches. Your surgeon will decide which is best for you. You might have a bandage over your incision that will be changed as needed. Ask the surgeon or nurse how often you need to change the bandage, once you get home.

Sometimes your surgeon needs to put a drain near the incision to help remove excess fluid. If this applies to you, your surgeon will explain this before surgery.

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Going Home After Surgery

Anesthetic drugs, including intravenous (IV) sedation, might stay in the body for up to 24 hours after your operation. During this time, you might be impaired. Therefore, for 24 hours after anesthetic or intravenous sedation it is recommended that you DO NOT drive a car or work with machinery.

Ask your surgeon or nurse when you will be able to drive after your surgery.

Driving

Anesthetic drugs, including intravenous (IV) sedation, might stay in the body for up to 24 hours after your operation. During this time, you might be impaired. Therefore, for 24 hours after anesthetic or intravenous sedation it is recommended that you DO NOT drive a car or work with machinery.

Ask your surgeon or nurse when you will be able to drive after your surgery.

Eating and Drinking at Home

Depending on your surgery, you might have to eat a special diet. Someone will review your diet with you before you leave the hospital. If you have questions, you can call 811 (HealthLinkBC) any time and ask to speak to a Dietitian.

It might take some time before your appetite returns to normal. To heal, your body will need extra calories, nutrients and especially protein. Here are some tips to eating well after surgery:

- Drink at least 6-8 glasses of water each day (1 glass equals 250 mL, or 1 cup), or as directed by your doctor.
- Eat foods high in protein, such as chicken, beef, fish, eggs, tofu and dairy.
- Try to eat 5-6 small meals per day, rather than 3 big meals. If you are not able to eat enough food each day, you can drink 1 or 2 liquid protein drinks each day.
- It is best to avoid alcohol for at least 4 weeks after surgery.

Bariatric surgery patients: Please do *not* follow the information in the *Eating and Drinking at Home* section; instead, follow the instructions given to you by your Bariatric Program Team.

Getting Ready for and Recovering from Surgery

Showering and Bathing

Check with your surgeon or nurse to see when you can shower or bathe after surgery. There are different instructions for bathing after certain types of surgeries.

- Wash your hands and remove any dressing before showering. It is okay to get the incision wet and to wash the area gently with mild, unscented soap.
- After showering, check your incision to ensure that there are no signs of infection. Gently pat the incision with a clean towel; do not rub the area.
- Avoid soaking your incision in a bath, hot tub or swimming pool for 2 weeks after surgery, or until it is completely healed.

Getting Ready for and Recovering from Surgery



Health Concerns

Call 911 if You Have:

- Chest discomfort with sweating, nausea, faintness or shortness of breath.
- Shortness of breath that gets worse and is not relieved by resting.
- Fainting spells.
- Bright red blood in stool or urine, or when you cough.
- Sudden problems with speaking, walking or coordination.

Call Your Surgeon if You Have:

- Bleeding: enough to soak through a tissue.
- Drainage from your incision that is persistent or changes in appearance or colour (e.g., yellow or green).
- Increased tenderness, redness or warmth around the surgery site.
- Irritation or blisters from your dressing or tape.
- Pain that is not relieved by your medication.
- A fever spike (greater than or equal to 39⁰ Celsius/102.2⁰ Fahrenheit) with or without shakes and body chills.
- A high-grade fever (38.5⁰ Celsius/101.3⁰ Fahrenheit and over) for 2 days or more.
- Your calves (lower portion of your legs) become swollen and painful.

If You Cannot Reach Your Surgeon:

- Call your primary care provider, **or**
- Go to a walk-in medical clinic, **or**
- If it is after clinic hours, go to a hospital emergency department.

For Non-Emergency Health Information and Services:

Contact HealthLinkBC, a free-of-charge health information and advice phone line available in British Columbia.

HealthLinkBC

- **Phone:** 8.1.1 from anywhere in BC.
7.1.1 for deaf and hearing-impaired assistance (TTY)
- **Website:** www.healthlinkbc.ca

Getting Ready for and Recovering from Surgery

Tell us what you think!

After reading this booklet please respond to the following statements. Your answers and comments will help us improve the information.

Circle one number for each statement:

strongly disagree ← → strongly agree

| | | | | | | |
|----|---|---|---|---|---|---|
| 1. | I read all of the information provided. | 1 | 2 | 3 | 4 | 5 |
| | Comments: | | | | | |
| 2. | The information is easy to read. | 1 | 2 | 3 | 4 | 5 |
| | Comments: | | | | | |
| 3. | The information is easy to understand. | 1 | 2 | 3 | 4 | 5 |
| | Comments: | | | | | |
| 4. | Reading this information helped me prepare for and recover from my surgery. | 1 | 2 | 3 | 4 | 5 |
| | Comments: | | | | | |
| 5. | The information answered my questions. | 1 | 2 | 3 | 4 | 5 |
| | Comments: | | | | | |

Getting Ready for and Recovering from Surgery

strongly disagree ← → strongly agree

| | | | | | | |
|-----------|---|---|---|---|---|---|
| 6. | I would recommend this information to other patients. | 1 | 2 | 3 | 4 | 5 |
| Comments: | | | | | | |
| 7. | I prefer to have this information in: (check one) | | | | | |
| | <input type="checkbox"/> A book just like this one. | | | | | |
| | <input type="checkbox"/> Separate handouts on each topic that I need. | | | | | |
| Comments: | | | | | | |
| 8. | I would have liked MORE information about: | | | | | |
| 9. | I would have liked LESS information about: | | | | | |
| 10. | What changes would you make in this booklet to make it better? | | | | | |
| 11. | I am: (check one) | | | | | |
| | <input type="checkbox"/> a patient. | | | | | |
| | <input type="checkbox"/> a family member or friend. | | | | | |

Please give this survey to your healthcare provider or mail to:

Manager of Surgical Quality Surgical Services, 2nd Floor, Memorial Pavilion,
Royal Jubilee Hospital, 1952 Bay Street Victoria, BC V8R 1J8