

Your surgery at Salem Health

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Salem Health
Hospitals & Clinics

Welcome

Thank you for choosing Salem Health for your surgery. It's important to read this entire packet so you know what to expect when it's time for surgery.

Getting ready for surgery

This section walks you through the steps you need to complete before having your surgery at Salem Hospital.

☐ Step 1: Register as a patient at Salem Hospital

Once your surgeon's office schedules your surgery, please register as a patient at Salem Hospital.

- By phone: Call patient registration at 503-814-7737.
  OR
- Online at salemhealth.org: Select "Patients and Visitors" and choose "Admitting process" from the list on the left.

☐ Step 2: Complete a medication review

A nurse from Salem Hospital pre-surgical screening will call you before your surgery to review your medications and health history. Before this call, we recommend that you activate your MyChart account and complete your **Health History Questionnaire and Medication Record** (see page 3 for instructions).

☐ Step 3: Complete ordered labs and other tests

★ NOTE: If you are female and of childbearing age, please have your pregnancy test within seven days of your surgery date. The pregnancy test will need to be ordered by your surgeon.

☐ Step 4: Stop smoking

Please follow your physician's directions about stopping smoking. Smoking slows down healing and increases risk of infection. Smoking leads to preventable problems during surgery, including heart attacks. Smoking can cause breathing problems during anesthesia and in recovery. There is no smoking allowed on hospital property. If you need resources to stop smoking, please call the Community Health Education Center at 503-814-2432 or click on "Health education" at salemhealth.org.

☐ Step 5: Plan for going home

For your safety, a responsible adult must meet you and drive you home after your surgery. Someone should also stay with you at least 24 hours after your surgery. While you recover from surgery, you may not be able to do your usual chores (this should have been explained by your surgeon). Have a plan for pet care, child care and meals.

Using MyChart

As a Salem Health patient, you have access to MyChart, an online medical record where you may message your doctor, see test results and review appointment notes. If you don't already have a MyChart account, ask about creating one when you check in or follow these steps:

Desktop: Open your web browser and go to the MyChart home page: mychart.salemhealth.org.

Mobile: Go to the app store and download the MyChart app. When you open the app, select Salem Health as your provider.

Enter your username and password, then click on "Sign In."

If you are having difficulty logging in, please consult the FAQ link available on the login screen. For additional help, please call the MyChart help desk at 503-56-CHART (503-562-4278).

A note about costs

Salem Health is committed to providing medically necessary services to patients regardless of their ability to pay. If you are worried about paying your hospital bill, we want to find ways to help you afford your care.

Please call our financial advocate team at **503-562-4357 (503-562-HELP)**. We provide several options, including payment plans, low- or no-interest loans and financial help if you qualify, based on household financials. Our advocates can also meet with you. Call the number above for an appointment or visit our website at salemhealth.org/financialassistance.

The week before surgery

Your surgeon or main health care provider should have given you specific instructions about preparing for your surgery. Call them if you have questions.

Two days before surgery

Drink plenty of water so that you are well hydrated. Avoid coffee, soda and alcohol.

Let your surgeon know if you have any changes in your health (very important!).

Call your surgeon if you:

- Went to the emergency room or urgent care.
- Had an unexpected doctor visit.
- Have a rash or wound.
- Have COVID or cold-like symptoms (fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headaches, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea).

★ Two business days before surgery, between 11 a.m. and 7 p.m. we will call you with your final check-in time and where to check in. Sometimes the time of your surgery may be different than what you were told before. This is due to last-minute changes in the schedule.



NOTE: Salem Health spine, joint replacement and bariatric patients — please use the instructions from your surgeon's office and skip to page 6 of this guide.

Eating and drinking before surgery

The night before surgery:

- **Clear fluid diet only.**
  Allowed: water (with bubbles or flavored), fruit juices/drinks (no pulp, such as apple, cranberry, white grape or punch), sports drinks (like Gatorade or PowerAid), sodas (clear or dark like cola), tea or coffee (no creamers), broth (clear, fat-free), popsicles (without milk, fruit, seeds or nuts)
  Not allowed: milk or dairy products (reminder: do not add to coffee or tea), juices with pulp (like orange or prune), other beverages NOT listed in the allowed section.

The morning of surgery:

- You may drink up to 16 ounces of clear liquids (such as Gatorade, Powerade or water), unless your surgeon instructs otherwise.
- When you leave your house to drive to the hospital, stop drinking and do not chew gum, eat mints or have hard candy.

Medications the morning of surgery:

- You may take approved medications with clear liquids or small sip of water.

IMPORTANT: Not following these instructions may cause your surgery to be delayed or canceled.

Shower instructions

Getting your skin ready for surgery is very important to help reduce the chances of getting an infection. Your doctor should have provided you with a special antibacterial soap labeled CHG or Hibiclens.

☐ **Take a shower the night before your surgery and the morning of surgery.**

Follow these directions. It is best to read these directions before you shower.

1. Wash your hair, face and body using your regular shampoo and soap.
2. Completely rinse making sure you remove any shampoo and soap residue.
3. Turn off the shower.
4. Use your hands (DO NOT use a washcloth) to apply a small amount of surgical soap to your entire body, drizzling the surgical soap directly on the skin from the chin down (avoid the genital area). Apply the minimum amount of surgical soap necessary to cover the skin. Pay special attention to neck, chest, belly and where the belly connects to your upper legs. Include below folds, belly button and under breasts. Spend an extra two minutes washing the area on the procedure site.
5. Turn on the shower. Rinse thoroughly with warm water.
6. Pat your skin dry with a clean towel.
7. Put clean clothes on after each shower with surgical soap.
8. Put fresh, clean sheets on your bed the night before surgery.

DO NOT:

- **Use regular soap after you've washed with surgical soap.**
- **Shave the area where you're having surgery in the two days before your surgery.**
- **Apply lotion, deodorant, perfume, hair products, powder or makeup after your shower or before your surgery.**

Surgery day

Wear clean, loose, comfortable clothes to the hospital. Remember to take a shower using the directions on the previous page.

DO NOT:

- **Wear makeup, nail polish or contact lenses.**
- **Wear a watch or jewelry, including body jewelry.**

Bring with you	Leave at home
• Medical cards: Insurance, prescription, Medicare and any other medical cards • Picture ID • A way to pay co-payments: Cash, checkbook, credit card • A copy of your advance directive, if you have one. Learn more about advance directives at salemhealth.org/patient-guide. • A list of all your medications with the name and dose of each (You should receive a pink form from the hospital.) • Inhalers, eye drops, walkers, crutches or any other personal medical items you will need • A case for your glasses or dentures, if you have them • CPAP OR BIPAP, if you use one (mask and tubing only — you don't need to bring the machine) • Remote control for implantable devices • **Service animals cannot go into surgery departments and must check in at the security office next to the emergency room entrance in Building A**	• Valuables • Electronics such as laptops, tablets and game systems • Tobacco products • Medication (unless your doctor tells you to bring it) • Contact lenses

What to expect

How long will my same-day (outpatient) surgery take?

Many things affect the length of your stay: the type of procedure, the type and amount of anesthesia you receive and the medications you are given. Typically you can expect the following schedule:

Check-in and presurgery	Operating room	Recovery	Discharge
1 to 2 hours	1 to 4 hours or more, depending on the surgery you are having	30 minutes to 2 hours	30 minutes to 1 hour
Total Time: 3 to 9 hours or more			

Checking in

Please try to arrive a few minutes before the arrival time your scheduler gave you. When you check in, we will ask you:

- How to contact the responsible person who will be waiting for you and picking you up after surgery. It is important for that person to be available after your procedure so your doctor can speak with them about your surgery.
- To show us your insurance card.
- To make a co-payment if your insurance requires one.
- To sign a form that gives us permission to bill your insurance company.

Where to check in

See map on page 7 for help with navigating our campus.

- If your surgery is in Building A, go to the registration desk on the second floor of Building A.
- If your surgery is in Building C, go to the registration desk on the second floor of Building C.

For your safety

If you have questions or don't understand something, please speak up! You are the most important member of your health care team. Here are a few ways you will participate in your care:

1. Hand hygiene. Handwashing is the single most important way to prevent infections. All health care team members and visitors should wash their hands. You should wash your hands before and after you touch your incision.
2. To ensure your safety, we will ask you to confirm your identity (name and date of birth), and the surgery you are planning to have. You may be asked these questions several time by different people, especially if you are moved from one area to another.
3. Before your surgery your doctor will mark the spot on your body to be operated on. This usually happens when you are awake so you can make sure the correct spot is being marked.
4. We are happy to answer questions about medications you are being given (especially any new medications).
    - What is it?
    - What is it for?
    - Are there any side effects?
    - Tell your team about any medication allergies you may have.
5. We are happy to explain any fluids that are given from a bag into your vein (called IV or intravenous).
    - What is it?
    - How long should it take to run out?
    - Tell the nurse if it seems to be going too fast or too slow or if there is swelling where it goes into your body.
6. Confirm you have a responsible person with you the day of your surgery who will drive you home. It is recommended that this person be available in the waiting area to speak to your physician after your procedure. This person can make sure you get the care you need to feel comfortable and safe.

Campus map


CAMPUS MAP
NO SMOKING ALLOWED ON CAMPUS
BELLEVUE ST SE
PRINGLE PARKWAY SE
SHELTON DITCH
THE RAM
URGENT CARE
OAK ST SE
12TH ST SE
UNIVERSITY ST SE
CAPITOL ST SE
MISSION ST SE
WINTER ST SE
CHURCH ST SE
STAFF PARKING
PATIENT VISITOR STAFF PARKING GARAGE
CARDIOLOGY CLINIC
PRINGLE PARK
PARKVIEW FAMILY LODGE
LET'S ALL PLAY PLACE
A Building A 890 Oak St. SE Imaging Lab draw station Patient care rooms
B Building B 665 Winter St. SE Patient care rooms
C Building C 875 Oak St. SE Salem Health Cancer Center Lab draw station Medical offices
D Building D 939 Oak St. SE Community Health Education Center Family Birth Center
E Building E 1127 Oak St. SE Psychiatric Medicine Center
M Building M 755 Mission St. Rehabilitation Center
S Building S 700 Bellevue St. SE
Emergency room entrance — all hours
Parking entrance
Visitor information
City bus stop
Patient parking
Patient/visitor parking garage
Handicap parking
Lab draw station
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426350. Rev. 4/24

Presurgery

Once you check in, you'll be taken to the presurgery area. A family member can stay with you as you get ready for surgery. The presurgery team will help you put on your gown and get ready by:

- Checking your pulse, blood pressure and temperature.
- Placing an IV (intravenous — a plastic needle in your vein) in your arm and giving you medications if needed before surgery.
- Trimming the hair in the area of your surgery (this helps prevent infection).
- Offering women of childbearing age a pregnancy test, if not already done within seven days.
- Reviewing your medications, including the dose.

Your surgeon will usually see you in the presurgery area. If you are having surgery on a right or left side of your body, the surgeon will mark the correct side of your body. This is a safety precaution to help avoid confusion.

Your anesthesia provider will see you in the presurgery area to explain the anesthesia part of surgery and answer questions about the anesthesia process.

The operating room

When you enter the operating room, a nurse will talk to you about your procedure. Please let the team know if you need anything. We want you to be comfortable.

Once you're settled, your team will put a blood pressure cuff on your arm to track your blood pressure throughout your surgery. You will also have sticky pads (electrodes) on your chest to monitor your heart rate and a finger clip to monitor your blood oxygen level.

If surgery is delayed

We do everything we can to make sure surgeries are on time, but sometimes delays do happen.

Why are procedures delayed?

- The surgery before yours took longer than planned.
- An emergency surgery was put in ahead of your surgery.

What to expect while you wait for surgery:

- We will let you know if and why your surgery is delayed.
- We will give you and your loved ones regular updates.
- You will be given a warm blanket if desired.

What can you do?

- Let us know what we can do to make you comfortable while you wait.

Anesthesia

Your anesthesia provider will meet with you the day of your surgery and will answer any questions you might have about anesthesia. He or she gives you medications that will keep you comfortable and decrease your awareness of surgery. The medications may put you to sleep or just numb the body part that is being worked on. Your anesthesia provider monitors your condition to keep you safe during surgery. You will have one of three kinds of anesthesia during your surgery.

Type of anesthesia	Possible side effects and risks
General anesthesia • Most commonly used anesthesia. • Used to make you totally asleep. You feel no pain and remember nothing of the surgery. • May be given as a gas that you breathe and as medicines that are injected through an IV line.	• Breathing problems. • Nausea and vomiting. • Sore throat or hoarseness (usually temporary). • Allergic reaction to the anesthetic. • Chipped or injured tooth/bruised lip. • Aspiration (Breathing in stomach contents, which can cause severe pneumonia and breathing problems — this is the main reason for not eating or drinking anything after midnight.) • Irregular heartbeat (rare). • Cardiac arrest (rare). • Memory issues/confusion (usually temporary).
Monitored anesthesia care (MAC) • Often used for surgery that is short or not too invasive. • Sedatives (medicines to relax you) are given through an IV line. You may be awake or sleep lightly. • The area around the surgical site is usually numbed with a local anesthetic.	• Shallow breathing or not breathing fast enough. • Nausea and vomiting. • Allergic reaction to the anesthetic.
Regional anesthesia (spinal, epidural or nerve block) • Often used for surgery on the arms, legs, and abdomen. It is also used during childbirth. • A specific region of your body is numbed by injecting anesthetic near nerves, near your spine, or near the operative site. • You are usually given sedatives through an IV line to relax you. • With regional anesthesia, you can be awake or sleep lightly.	• Nausea and vomiting. • Headache. • Backache. • Decreased blood pressure. • Allergic reaction to the anesthetic. • Ongoing numbness (rare). • Irregular heartbeat (rare). • Cardiac arrest (rare). • Punctured lung (rare). • Seizure (very rare).

After your surgery

Recovery

Where do I go after surgery?

- Right after surgery, you will be taken to the postanesthesia care unit (PACU) where nurses will take care of you and watch you closely.
- You may be aware there are nurses and doctors around you. You may hear beeping monitors.
- The nurse will ask if you are having pain using a scale from 0 to 10. (0 means you have no pain and 10 is the worst pain you can imagine.) You will probably have pain after surgery. The goal is to control your pain so you are as comfortable as possible.
- You may feel sick to your stomach. It is important to tell your nurse about this right away, so it can be treated with medication given through your IV.
- You may feel sleepy, dizzy and/or forgetful from the medication given to you during your surgery.

When will I see my family after surgery?

Your family will know when you arrive in PACU and will get information about how you are doing. We allow limited, brief visits with family members if your stay in PACU is longer than two hours. Or you can ask that you have no visitors at any time.

Caring for yourself after surgery

Before you are discharged to go home, your nurses will go over your discharge instructions (called an "after visit summary"). It is best if the responsible person taking you home is also present for these instructions as you may still be feeling the effects of anesthesia.

Anesthesia

For 24 hours after anesthesia or while taking pain medications, do not drink alcohol, drive a car, use dangerous equipment or cook on a stove. Try not to make any legal or financial decisions. Call your surgeon with any questions or concerns.

Pain

Your surgeon may order pain pills for you from the drug store. You should be able to get the pills on the day of your surgery. Follow the instructions on the label. Call your surgeon if the pain pill does not help your pain or if you feel sick after taking it. After surgery you may feel tired and have sore muscles or a sore throat. This normally goes away one to two days after surgery.

Nausea/vomiting

After your surgery you might feel sick. Try eating or drinking things like ice chips, water, tea, broth, popsicles, gelatin snacks and sports drinks. You can eat normally when you start to feel better. Follow any special diet instructions given by your surgeon. Call your surgeon if you are still feeling sick a day or two after surgery.

Bleeding/infection

Swelling and bruising can happen and will get better in time. Ice applied to the surgical area may help ease swelling in the first two days. You might see some liquid coming from your surgical site the first couple days after surgery. The drainage should be clear to pinkish or reddish in color. Call your surgeon right away if:

- The drainage is a strange color.
- You are going through more than one dressing an hour.
- You have a fever of 101 or higher.
- You see redness and swelling at the incision site.

Your IV site

Please watch your IV site for any pain, redness or swelling. For pain, apply warm moist packs for 10 to 15 minutes, two or three times a day. Call your surgeon if you are concerned.

Blood clot risk

Do not stay still for long periods of time. Move your legs often. If you're traveling, stop at least every two hours to walk around. Drink plenty of fluids and wear loose fitting clothes. Exercise regularly; gentle walking is fine as soon as you feel well enough. Stay active. Continue taking all medications as directed.

Signs of dangerous blood clots include:

- Swelling and/or pain of the leg or arm, on one side of your body.
- Warmth and redness of the leg or arm, especially on one side.
- Leg pain that gets worse when standing or walking.

If your child is having surgery

It can be a frightening experience for you and your child when your child needs to have surgery. Here are some tips that can help:

General tips

When speaking with your child about surgery, keep the following tips in mind:

- Ask your child what he or she understands about the surgery. This gives you a starting point for your discussion.
- Discuss only what your child will be awake for and remember.
- Use short and simple words that your child knows.
- Be honest with your child. If your child asks questions, answer truthfully.
- Let your child know he or she can bring a comfort item such as a favorite toy or blanket to the hospital.
- Ask a member of your child's health care team for help if you have questions.

Surgery terms and phrases

The following are common words kids will hear about surgery:

Blood pressure cuff: a device that is wrapped around the upper arm or the leg to check blood pressure. The cuff squeezes the arm or leg when blood pressure is measured.

Sample words to use: “the blood pressure cuff gives your arm or leg a hug”

Suggestion: Mention that the cuff will feel tight, but then becomes looser and looser.

Electrodes: small sticky pads connected to wires that are placed on the chest or the legs to track the heartbeat during surgery.

Sample words to use: “stickers placed on your body to help the doctor listen to your heart”

Suggestion: Mention that electrodes don’t hurt.

Gurney: a hospital bed with wheels.

Sample words to use: “bed with wheels”

Words to avoid: “stretcher”

Suggestion: Let your child know that a gurney may be used to bring him or her into the operating room. Your child may also wake up on a gurney after surgery.

Nurse: a health care provider who helps with your child’s care in the hospital.

Suggestions: Mention that a nurse may be a man or a woman. Also, let your child know that many different nurses will help with your child’s care in the hospital.

Surgeon: the doctor who does your child’s surgery.

Suggestions: Mention that a surgeon may be a man or a woman.

Incision: opening made on the body by the surgeon to do the surgery.

Sample words to use: “opening that’s made during surgery and is closed up when surgery is done”

Words to avoid: “cut open”

Suggestions: Explain what an incision is and where it will be on the body. Mention that the incision will heal similarly to the way a scrape or cut heals. Reassure your child that the doctor will make the smallest opening possible.

General anesthesia: medicine that causes your child to fall asleep and not feel pain during surgery. There are several types of anesthesia, but general anesthesia is the most common type used for children. It can be given in gas form through a mask or in liquid form through an intravenous (IV) line. Reassure your child that he or she will remain asleep for the entire surgery and not wake before the procedure is completed.

Sample words to use: “sleep medicine” or “surgery sleep medicine”

Words to avoid: “put to sleep” and “gas”

Suggestions: Make sure your child understands that sleeping for surgery is different from sleeping at night. Reassure your child that the anesthesiologist will stop giving anesthesia when surgery is finished and that your child will wake up afterward.

Anesthesiologist or nurse anesthetist: a doctor or nurse who has training to give anesthesia.

Sample words to use: “surgery sleep doctor”

Mask: used when your child receives general anesthesia in gas form. The mask covers the nose and mouth while your child breathes in the anesthesia.

Words to avoid: “gas”

Sample words to use: “sleepy air”

Suggestions: Let your child know that the mask may have a flavoring. This is to improve the smell of the anesthesia when your child breathes it in.

Intravenous (IV) line: a thin flexible tube that is placed in a vein (blood vessel).

Sample words to use: “An IV is used to give your body things it needs, like medicine.”

Suggestions: Let your child know that the letters “I” and “V” stand for “in your vein” and not “ivy” like the plant.

Recovery room: where your child will wake up after surgery. At Salem Hospital it’s called the PACU (postanesthesia care unit).

Sample words to use: “wake-up room”

Suggestions: Let your child know that you will be in the recovery room with him or her, if possible.

Notes

Notes



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