



Oconee Memorial Hospital

Your Surgery: What to Expect

At Oconee Memorial Hospital, part of Greenville Health System (GHS), it is our goal to speed your recovery. We need you to help us, though. The following information will help you understand some of the things that may take place before and after your surgery.

You will need to sign a surgical consent form prior to going into surgery if you have not already done so. If there is something you do not understand, ask questions. You have a right to be fully informed about your surgery and a responsibility to ask questions if in doubt.

NPO

NPO is an abbreviation of a Latin phrase meaning 'nothing by mouth.' DO NOT eat or drink anything after midnight the night before surgery. DO NOT have anything to drink in the morning. You may take oral medications with a small sip of water only when requested by your doctor. If there is anything at all in your stomach the day of your surgery, the entire procedure may have to be cancelled.

Morning of Surgery

You will dress in a hospital gown. No other garments are permitted. Women must remove all makeup. You also must remove dentures, glasses and contact lenses to ensure nothing is lost or broken, and all metal objects such as hairpins, watches and jewelry to prevent injury. You also will need to empty your bladder.

Operating Room

You will be taken to the operating room on a stretcher. You may wait in a "holding area" before you are rolled into the operating room.

Anesthesia

The anesthesiologist will determine the type of anesthesia you receive. The anesthesiologist and nurse anesthetist will monitor your condition closely throughout the operation.

Recovery Room (PACU)

After your operation is complete, you will move to the recovery room. You may have an oxygen mask over your face and blankets covering you. You will have a special recovery room nurse who is assigned to you, and she/he will be close by as you wake up. Once you are fully awake, you will move back to your room.

Returning to your Room

When you are back in your room, your family will be able to visit you. The nursing staff will continue to monitor your vital signs. As soon as you are able, you should begin deep breathing and coughing exercises (outlined below). Your surgeon and nurse will explain your plan of care.

You should try to change your position in bed regularly to improve your circulation. If you need help, the nurse will help you.

Deep Breathing and Coughing

Deep breathing and coughing are very important to your recovery after surgery. Learning to do these exercises before your surgery will make it easier for you to do them afterward. To reduce the possibility of complications, it is important to perform deep breathing and coughing exercises as soon as you are awake in the recovery room and continue until you are walking around.

A staff nurse will show you how to do the exercises. First, raise the head of your bed, if desired, to help you cough more freely. Flex your knees, which will help you to relax your abdomen muscles. Take a deep, slow breath through your mouth while moving your chest out as far as you can. Breathe slowly so you will not become dizzy.

Next, pucker your lips as if you were blowing out a candle. Breathe out slowly and try to blow all the air out of your lungs. Do this for three or four breaths. If your abdomen pushes out while you breathe in and then pushes in while you breathe out, you are breathing correctly.

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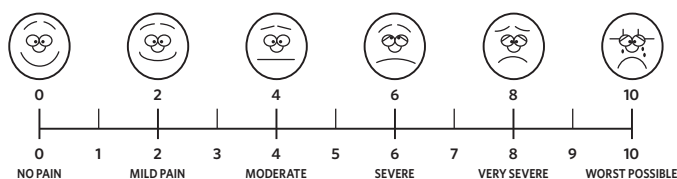
If you have abdominal or chest surgery, holding a pillow against your incision with both hands will make deep breathing and coughing less painful. Deep breathing prevents the collapse of air sacks in your lungs.

To cough, take a slow, deep breath. Hold your breath for a second or two and cough deeply from your abdomen. Do not cough from the back of your throat. One or two good, deep coughs are much better than several shallow ones.

You should perform deep breathing and coughing exercises about every two hours following your surgery. In some cases, special devices called incentive spirometers are used to help you breathe more deeply and cough more effectively.

Pain Scale

To most effectively communicate with your doctors, nurses and other care providers about your pain after surgery, you will use the Wong-Baker Pain Scale. The scale is pictured below. It rates pain from 0 to 10, where 0 means no pain and 10 means the worst possible pain.



Other Activities

Leg and foot exercises are often recommended after surgery to increase circulation, prevent blood clots and maintain muscle strength. Leg exercises may include bending the knee and then extending the leg completely.

After some operations, you will need to wear knee- or thigh-high stockings for several days until you are walking frequently. These support stockings help circulation in the legs and prevent swelling. Some doctors may order automatic pulsating devices to improve circulation.

Diet

Your doctor will determine when you may begin eating. Clear liquids such as broth, tea and gelatin may be introduced first, before you move on to more solid foods.

Walking

Your doctor will determine when you can begin getting out of bed. Walking is helpful in regaining your strength. The nurse must help you the first few times you get out of bed.

Smoking

Smoking is bad for your health and will extend your recovery time. We encourage you to remain smoke free once you are discharged. If you need help quitting, there are many options available. Ask your doctor or nurse if you would like more information.

Conclusion

Your doctor will monitor your progress and direct the care you receive. The hospital staff is dedicated to providing you with high-quality care. Remember, your own efforts make an important difference. Your cooperation and participation are essential in achieving complete recovery.