

PATIENT HANDBOOK AND JOURNAL

DAY OF SURGERY

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PREPARING YOUR SKIN BEFORE SURGERY



PRE-OP HIBICLENS® BATHING INSTRUCTIONS:

General Information:

- » Because the skin is not sterile, it is important to make sure that your skin is as free of germs as possible before surgery. You can reduce the number of germs on your skin by carefully washing before surgery.
- » Chlorhexidine gluconate (CHG) is a special soap that is often used to cleanse the skin before surgery. One common brand is Hibiclens®. If you are allergic to Chlorhexidine use _____ for your shower or bath.

Bathing Instructions:

- » Shower or bathe with Hibiclens® the night before your surgery and the morning of your surgery. (A total of 2 showers or 2 baths with Hibiclens®)
- » Do not shave the area of your body where your surgery will be performed.
- » With each shower or bath, wash your hair as usual with your normal shampoo.
- » Rinse your hair and body thoroughly after you shampoo to remove all shampoo residues.
- » Apply the Hibiclens® soap to your entire body ONLY FROM THE NECK DOWN.
- » Do not use Hibiclens® near your eyes or ears to avoid permanent injury to those areas.
- » Wash thoroughly, paying special attention to the area (as specified by the nurse) where your surgery will be performed.
- » Turn the water off to prevent rinsing the soap off too soon.
- » Wash your body gently for 5 minutes. Do not scrub your skin too hard.
- » Do not wash with your regular soap after Hibiclens® is used.
- » Turn the water back on and rinse your body thoroughly.
- » Pat yourself dry with a clean, soft towel.
- » Do not use lotion, cream, or powder.
- » Wear clean clothes.

Where to get Hibiclens®:

- » Your Preferred Pharmacy
- » Hospital may provide at your Pre-Op Appointment

PRE-OP



You have completed the Hibiclens® at home prior to arriving for surgery.

After arriving at your facility for surgery you will be taken to the pre-op area and the nurse will help you prepare for surgery.

Sage Wipes may be given to you by your nurse.

Do not allow this product to come in contact with your eyes, ears, mouth and mucous membranes.

- » Remove two cloths at a time with the foam holder and place onto a clean table.
- » Use one clean cloth to prep each area of the body in order as shown in steps 1 through 6 below. Wipe each area in a back-and-forth motion. Be sure to wipe each area thoroughly. Assistance may be required. Use all cloths in the packages. Pay special attention to the area you will be having surgery on.
 1. Wipe your neck and chest.
 2. Wipe both arms, starting with the shoulder and ending at the fingertips. Be sure to thoroughly wipe the armpit areas.
 3. Wipe your right and left hip followed by your groin. Be sure to wipe folds in the abdominal and groin areas.
 4. Wipe both legs, starting at the thigh and ending at the toes. Be sure to thoroughly wipe behind your knees.
 5. Wipe your back starting at the base of your neck and ending at your waistline. Cover as much area as possible. Assistance may be required.
 6. Wipe the buttocks.
- » Do not rinse or apply any lotions, moisturizers or makeup after prepping.
- » Discard cloths in trashcan.
- » Allow your skin to air dry.
- » Put your hospital gown on and tie it in the back.
- » You will remove dentures, contact lenses/glasses and jewelry.

Journal entries and questions regarding your skin preparation before surgery:

PRE-OP AT THE FACILITY WHERE YOU ARE HAVING SURGERY

- » Your vital signs (temperature, pulse, blood pressure) will be taken.
- » An IV will be started to hydrate your body.
- » The nurse will review your medical/surgical history and medications as well as the results of your pre-surgery testing. Additional testing might be required at this time if ordered by your physician.
- » You will be greeted by the OR staff and transported to the Pre-Op Holding Area. At this time your family/friends will be escorted to the Surgical Waiting Area. They will be asked to sign in at the reception desk. If your family and/or friends decide to leave the surgical waiting area, they should tell the receptionist how they can be reached.

PRE-OP HOLDING AREA

- » The Pre-Op holding area is where you will meet and talk with your surgical team.
- » The nurse in this area will go over your medical history with you and give you any additional instructions.
- » You will meet your Operating Room (OR) nurses.
- » Your surgeon will be there to answer any last minute questions. Then with your assistance, the surgeon will mark the body part on which they will be operating.
- » An anesthesiologist will speak to you about your anesthesia options.
- » Then to help you relax you will be given medication and then you will be transported into the operating room.

OPERATING ROOM (OR)

- » You will be prepared for surgery by the anesthesiologist and OR nurses.
- » It is not unusual for surgery to be delayed or changed due to emergencies or cancellations. You and your family will be updated by the hospital staff when these changes occur.

Journal entries and questions regarding the Pre-Op preparations:



DAY OF SURGERY

The following “clinical pathway” has been developed to help outline the usual course of events as you recover from your lumbar spinal fusion surgery. Depending on your individual needs and progress following your particular type of surgery, you may meet your goals sooner or later than noted along the pathway. We will review your progress daily to help you reach your goals as soon as possible. As always, let us know if you have any questions or concerns about your hospitalization, medications, treatment or recovery time.

ACTIVITY AND DIET:

- » As you begin your recovery your surgeon may have you sit on the edge of your bed. He may even have you get up, with the assistance of your nurse, to walk the night of surgery. Your nurse or Care Coach can help you get into the most comfortable positions with pillows while positioning yourself in bed. You may lay on your back, side, or abdomen. You should reposition yourself every hour while you are awake.
- » It is important that you let your nurse know if you become nauseated as you are started on a clear liquid diet. You will progress to a regular diet as you are ready.

PAIN MANAGEMENT:

We want you to be as comfortable as possible. Your nurse will ask about your pain level to assist with this process. Medications and muscle relaxants can have side effects that may have you breathe less deeply and become too sleepy. The nurse will monitor this and will take your temperature, check your respiratory rate, blood pressure, and oxygen levels regularly.

Measures you can take to help control your pain include:

- » IV pain medications will be started first and as soon as you are tolerating solid food, you can start taking oral pain medications and muscle relaxants.
- » Be sure to let your nurse know what pain medications and muscle relaxants have worked best for you in the past.
- » It is important for you to concentrate on deep breathing throughout your position changes. Do not hold your breath.
- » It is ok to request ice to decrease swelling. Use ice for 20 minutes on, 20 minutes off.
- » Work with your Care Coach to distract you from your pain.

OPTIONAL ITEMS IF REQUIRED FOR YOUR CARE MAY INCLUDE:

- » An IV for fluids and other ordered medications.
- » Controlled Analgesia (PCA) pump for IV pain medication that you control.
- » A Hemovac (a drain) that helps prevent blood clots near your wound.
- » A Foley Catheter to drain your bladder.
- » Oxygen in your nose to assist your recovery from anesthesia and related medications.
- » Leg “wraps” while in bed (SCDs) and support stocking (TEDs) to help prevent blood clots.
- » You may be asked to use an Incentive Spirometer hourly to help exercise your lungs. This helps prevent complications such as pneumonia.

