

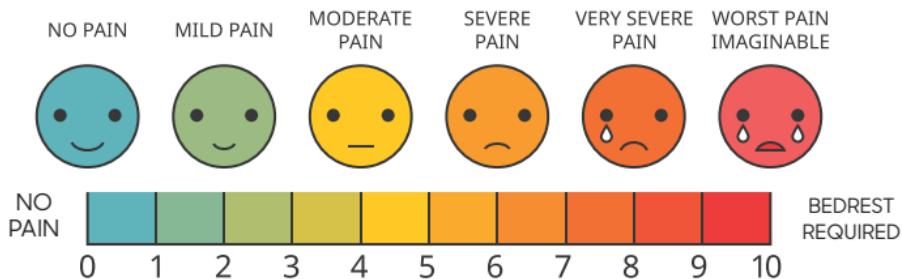
Your Health

Understanding your Post-Operative Needs



Coping with pain

If you have pain after surgery, pain medication will help you feel better. Take it as directed, before pain becomes severe. Also ask your physician or pharmacist about other ways to control pain, such as with heat, ice, and relaxation. Follow any instructions your physician or nurse gives you.



0 - NO PAIN

- 1 - VERY WEAK PAIN: at times you forget you have pain
- 2 - WEAK PAIN: tolerable, you go about your daily activities without noticing any pain
- 3 - NOTICEABLE PAIN: you go about your daily activities but you notice the pain
- 4 - SOMEWHAT STRONG PAIN: it definitely hurts so that you have to take a pain pill to get through the day
- 5 - STRONG PAIN: it slows you down and you think of taking the day off of work or you want to see a doctor

6 - STRONGER PAIN: you show it on your face and in your actions

7 - VERY STRONG PAIN: It catches your breath, brings tears to your eyes, you need to lie down

8 - VERY, VERY STRONG PAIN: you cry out or moan in pain. You are unable to do any work and hardly able to help yourself.

9 - NEAR EMERGENCY PAIN: you can't think of anything but how much it hurts. You sweat, cry, moan and your heart pounds rapidly.

10 - EMERGENCY PAIN: you must see a doctor or you need to go to the hospital.

★ COPING WITH PAIN



To get the best relief possible, remember these points:

- Pain medications can upset your stomach. Taking them with a small amount of food may help.
- Most pain relievers taken by mouth need at least 20-30 minutes to take effect.
- Taking medications on a schedule can help you remember to take it. Try to time your medication so that you can take it before beginning an activity, such as dressing, walking, or sitting down for dinner.
- Constipation is a common side effect of pain medications.
- Increasing fiber and water intake can help prevent constipation.
- Contact your doctor before taking any medications like laxatives or stool softeners to help relieve constipation.

★ TIPS FOR TAKING PAIN MEDICATION



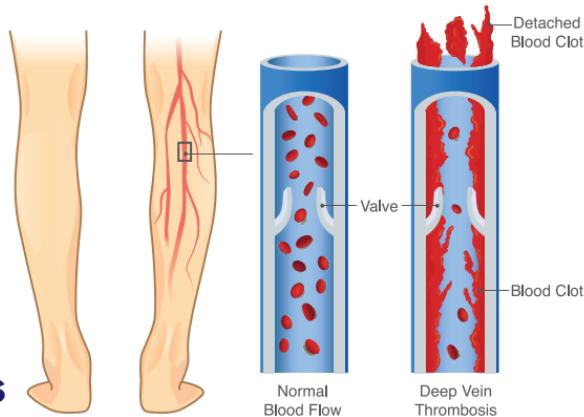
Managing Nausea

Some people have an upset stomach after surgery. This is often due to anesthesia, pain, pain medications, or the stress of surgery. The following tips will help you manage your nausea and get good nutrition as you recover. If you were on a special diet before surgery, ask your physician if you should follow it during recovery.

- Don't push yourself to eat. Your body will tell you what to eat and when.
- Start off with clear liquids and soup. They are easier to digest.
- Progress to semisolids (mashed potatoes, applesauce, and gelatin) as you feel ready.
- Slowly move to solid foods. Don't eat fatty, rich, or spicy foods at first.
- Don't force yourself to have three large meals a day, instead, eat smaller amounts more often.
- Take pain medications with a small amount of solid food, such as crackers or toast, to avoid nausea.

★ MANAGING NAUSEA

Deep Vein Thrombosis



Call your doctor if you have the following symptoms:

- Swelling in affected limb
- Warmth
- Pain or tenderness
- Redness, paleness or other changes in skin color

Call 911 immediately for the following symptoms:

- Chest pain
- Shortness of breath
- Fast heartbeat
- Excessive sweating
- Coughing (may cough up blood)
- Fainting

Preventing Blood Clots after Surgery

In the days and weeks after surgery, you have a higher chance of developing a deep vein thrombosis (DVT). This is a condition in which a blood clot or thrombus develops in a deep vein. They are most common in the leg, but a DVT may develop in your arm or another deep vein in your body. A piece of the clot, called an embolus, can separate from the vein and travel to the lungs. A blood clot in the lung is called a pulmonary embolus (PE). This can cut off the flow of blood to your pulmonary arteries. It is a medical emergency and may cause death.

PREVENTION AND TREATMENT

The following are some general guidelines about DVT prevention:

- Avoid tight clothing around the legs other than compression hose.
- Perform exercises as prescribed (move your feet in a circle or up and down). Do this 10 times an hour to improve circulation.
- Avoid sitting with knees bent or legs crossed for a long time
- Elevate legs when sitting
- Frequently change positions in bed
- Perform deep breathing exercises

★ PREVENTING DEEP VEIN THROMBOSIS AFTER SURGERY



Surgical Site Care

Bleeding: It is not uncommon to experience some minor bleeding after surgery. However, if bleeding is excessive or blood is coming through your dressing, please apply light pressure and call your surgeon's office right away for further instructions. If you feel this is an emergency dial 911 or go to the nearest emergency department.

Infection: Call your surgeon if you experience any signs/ symptoms of infection including: foul smelling or yellow, brown, or green drainage; excessive pain, redness, red streaks, heat, or swelling near the site, and/or fever greater than 100.4.

Good hand hygiene is important during your recovery. Your dressing should remain clean and dry until otherwise instructed by your physician. Follow your physician's instructions regarding bathing, wound, and dressing, care to help prevent infection.

★ SURGICAL SITE CARE

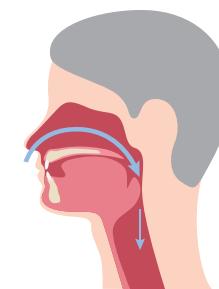
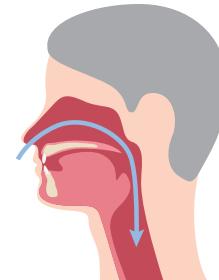
What is Sleep Apnea?

Sleep apnea is a common disorder in which you have one or more pauses in breathing or shallow breaths while you sleep.

Sleep apnea is usually a chronic (ongoing) condition that disrupts your sleep. When your breathing pauses or becomes shallow, you'll often move out of deep sleep and into light sleep.

Breathing pauses can last from a few seconds to minutes, and may occur up to 30 times per hour. The build-up of Carbon Dioxide (CO₂) causes you to wake up and normal breathing typically resumes. Sometimes when this happens, you may notice a loud snort or choking sound.

As a result, the quality of your sleep is poor, which makes you tired during the day. Sleep apnea is a leading cause of excessive daytime sleepiness.



Risk factors:

Common risk factors for sleep apnea include:

Excess weight – Your risk for sleep apnea is higher if you are overweight with a body mass index (BMI) of 25 or more, or obese with a BMI of 30 or higher.

Large neck size – Your risk for sleep apnea is higher if you have a neck size of 17 inches or more for men, or 16 inches or more for women. A large neck has more soft tissue that can block your airway during sleep.

Common symptoms of sleep apnea include:

- Loud or frequent snoring
- Silent pauses in breathing
- Choking or gasping sounds
- Daytime sleepiness or fatigue
- Unrefreshing sleep
- Insomnia
- Morning headaches
- **Nocturia** (*waking during the night to go to the bathroom*)
- Difficulty concentrating
- Memory loss
- Decreased sexual desire
- Irritability

Middle age – Sleep apnea can occur at any age, however, it is more common between young adulthood and middle age.

Male gender – Sleep apnea is more common in men than in women. For women, the risk of sleep apnea increases with menopause.

Hypertension – High blood pressure is extremely common in people who have sleep apnea.

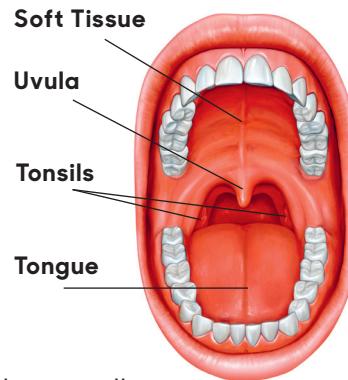
Family History – Sleep apnea is an inheritable condition. This means that you have a higher risk of sleep apnea if a family member also has it. Genetic traits that increase the risk for sleep apnea include obesity and physical features such as recessed jaw. Other common family factors, such as physical activity and eating habits, may also play a role.

How is sleep apnea diagnosed?

Physical exam:

Your doctor will check your mouth, nose, and throat for extra or large tissues. Children who have sleep apnea might have enlarged tonsils. Doctors may require only a physical exam and medical history to diagnose sleep apnea in children.

Adults who have sleep apnea may have an enlarged uvula or soft palate. The uvula is the tissue that hangs from the middle of the back of your mouth. The soft palate is the roof of your mouth in the back of your throat.



Sleep study:

A sleep study is a test that measures how well you sleep and how your body responds to sleep problems. These tests can help your doctor find out whether you have a sleep disorder and how severe it is. Sleep studies are the most accurate tests for diagnosing sleep apnea.

Dangers of Sleep Apnea:

- Acid Reflux or GERD
- High Blood Pressure
- Heart Disease
- Mental Health Issues
- Headaches
- Type 2 Diabetes

Speak with your doctor if you think you may have sleep apnea.



How to Store, Use, and Dispose of Medications.

1. Store in a cool, dry place. Keep medications out of reach of children, pets, and anyone that is not intended to take the medication.
2. Use your medication according to your physician and pharmacist's instructions. Read information received with your medication thoroughly and ask questions.
3. Dispose of your medication in one of 3 ways:
 - a. Take your unused drug to a DEA authorized collector.
 - b. Mix your medications in coffee grounds or kitty litter and place in a container you can close. Scratch out your personal information, before throwing it away in household trash.
 - c. Turn in left over medication at specified locations during "National Prescription Take Back Day" held yearly in April and October.

Consumers can visit the DEA's website for more information about drug disposal, [National Prescription Drug Take-Back Day](#) events, and to locate a **DEA-authorized collector** in their area. Consumers may also call the **DEA Diversion Service** Center at 1-800-882-9539 to find an authorized collector in their community.

Additional information for consumers can be found on [FDA.gov](https://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/default.htm).
<https://www.fda.gov/Drugs/ResourcesForYou/Consumers/BuyingUsingMedicineSafely/EnsuringSafeUseofMedicine/SafeDisposalofMedicines/default.htm>

★ HOW TO STORE, USE, AND DISPOSE OF MEDICATION



Take these steps to prevent a fall

1. Keep your home safe:

- a. Use non-slip rubber mats in the bathtub and shower
- b. Keep your home well lit, replacing lights in hallways, stairwells and bathrooms
- c. Clean up spills when they happen
- d. Clear walkways of clutter, electrical cords, etc.
- e. Use handrails on the stairway and in the bathroom
- f. Get rid of throw rugs or use double-sided tape to secure them
- g. Secure pets in a room or kennel before returning home so the pet does not create a trip hazard or fall situation
- h. Be cautious of uneven flooring

2. Wear appropriate clothing items:

- a. Non-slip socks or rubber-soled shoes when walking
- b. Avoid long clothing that could create a trip hazard or fall situation (i.e. long items that drag on the floor, bathrobes, etc.)
- c. Avoid tight clothing around the surgical site

3. Review medications regularly with your doctor or pharmacist:

- a. Know about any side-effects of medications that could potentially lead to a fall, and take medications only as prescribed.

4. Find a good balance and exercise program:

- a. Exercise to improve strength and coordination. Always check with your doctor before starting a new exercise program.

5. Use a walker or cane, if necessary.

Acetaminophen (Tylenol) can cause liver damage if you take more than the recommended dose. Always take medications as instructed by your healthcare provider.

The patient SHOULD NOT take over the counter (OTC) NSAID's such as aspirin, ibuprofen, Motrin, Advil, naproxen sodium, or ketoprofen without the permission of your surgeon/healthcare provider.

Medicines	What they do	Possible side effects
Non-opioid NSAIDs, aspirin, acetaminophen	Reduce pain chemicals at the site of pain. NSAIDs can reduce joint and soft tissue inflammation.	Nausea, stomach pain, ulcers, indigestion, bleeding, kidney, and liver problems. Certain NSAIDs may increase the risk for cardiovascular disease in some people. Talk with your healthcare provider.
Opioids (morphine and similar medicines often called narcotics)	Reduce feelings or perception of pain. Used for moderate to severe pain.	Nausea, vomiting, itching, drowsiness, constipation, slowed breathing
Other medicines (corticosteroids, antinausea, antidepressant, and antiseizure medicines)	Reduce swelling, burning or tingling pain, or certain side effects of pain medicines, such as nausea or vomiting.	Your health care provider will explain the possible side effects of these medicines.
Anesthetics (local, injected) include lidocaine, benzocaine, and medicines used by anesthesiologists	Stop pain signals from reaching the brain by blocking feeling in the treated area.	Nausea, low blood pressure, fever, slowed breathing, fainting, seizures, heart attack

Signs of Addiction to Prescription Medications

The more you regularly rely on something external to lift you up, relax you, or help you feel better, the closer you move towards addiction. If you decide you are on the path to addiction, take action to change your behavior and find caring people to help you.

PRESCRIPTION OPIOIDS: WHAT YOU NEED TO KNOW

Prescription opioids can be used to help relieve moderate to severe pain and are often prescribed following a surgery or injury, or for certain health conditions. These medications can be an important part of treatment but also come with serious risks. It is important to work with your health care provider to make sure you are getting the safest, most effective care.

WHAT ARE THE RISKS AND SIDE EFFECTS OF OPIOID USE?

- Tolerance – meaning you might need to take more of a medication for the same pain relief.
- Physical dependence – meaning you have symptoms of withdrawal when a medication is stopped; depression
- Increased sensitivity to pain
- Nausea, vomiting, and dry mouth
- Constipation
- Sleepiness and dizziness
- Confusion
- Itching and sweating

RISKS ARE GREATER WITH:

- History of drug misuse, substance use disorder, or overdose
- Mental health conditions (such as depression or anxiety)
- Sleep apnea
- Older age (65 years or older)
- Pregnancy

If you believe you may be struggling with addiction, tell your health care provider and ask for guidance or call SAMHSA's National Helpline at 1-800-662-HELP (4357)

★ SIGNS OF ADDICTION/RESOURCES

Alcoholism: Getting Help

Facing a problem with alcohol can be hard. Once a person decides to get help, it can be found in many places. Below you will find resources that can give you more information. They can also help you find treatment.

- **National Institute of Alcohol Abuse and Addiction**
www.niaaa.nih.gov/alcohol-health
- **National Council on Alcoholism and Drug Dependence, Inc. (NCADD)**
www.ncadd.org
- **Alcoholics Anonymous**
www.aa.org
- **Substance Abuse and Mental Health Services**
- **Administration (SAMHSA)**
www.samhsa.gov/treatment

Getting Support to Stop Smoking

You don't have to go through the process of smoking cessation alone. Tell people you are quitting. The support of friends, coworkers and family members can make a big difference. Face-to-face or phone counseling can also be helpful, as can a stop smoking class or an ex-smoker's group.

- <https://smokefree.gov/talk-to-an-expert>
- **National Cancer Institute Smoking Quitline:**
877-44U-QUIT (7848)

Warning signs of suicide and what you can do:

If you think a person is suicidal, ask: "Have you thought about suicide?". If they say "yes," they may already have a plan for how and when they will attempt it. Find out as much as you can. The more detailed the plan, and the easier it is to carry out, the more immediate danger the person is in.

Know the warning signs:

- Threats or talk of suicide
- Buying a gun or other weapon
- Statements such as "soon, I won't be a problem," or "nothing matters"
- Giving away items they own, making out a will or planning their funeral
- Suddenly being happy or calm after being depressed

What to do:

- Get help – don't try to handle this alone
- In an emergency – call 911
- DON'T keep it a secret – call a mental health clinic

Resources:

- **National Suicide Prevention Lifeline**
800-273-TALK (8255)
www.suicidepreventionlifeline.org
- **National Suicide Hotline**
800-SUICIDE (784-2433)
- **National Institute of Mental Health**
866-615-6464
www.nihm.nih.gov
- **National Alliance on Mental Illness**
800-950-6264
www.nami.org
- **Mental Health America**
800-969-6642
www.nmha.org

★ ADDITIONAL RESOURCES

Roadmap for sensible antibiotic use

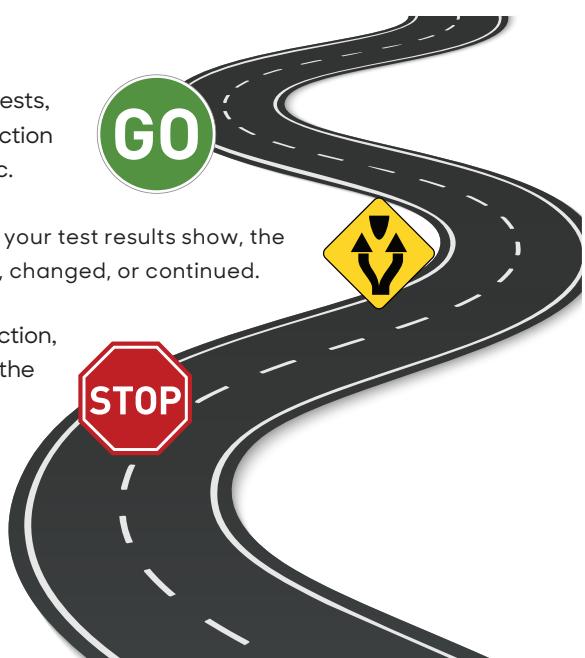
Antibiotics are a powerful weapon in the treatment of infections but using more antibiotics doesn't always mean better healthcare. Understanding the signs along this winding treatment path is important on the road to recovery. After sending some tests to the lab, your healthcare provider may start you on antibiotics based on certain signs and symptoms of possible infection. When test results come back, your healthcare provider may decide to stop, change, or continue the antibiotic treatment path. Bumps along the road, such as side effects, may also alter the treatment path.

Your treatment path may begin with tests, such as blood or urine, to look for infection before you are started on an antibiotic.

Depending on how you feel and what your test results show, the antibiotic you are on may be stopped, changed, or continued.

If your tests show no evidence of infection, your healthcare provider should stop the antibiotic because it will provide no benefit to you.

 If your tests show evidence of infection, your healthcare provider may switch from a "broad-spectrum" antibiotic to a "narrow-spectrum" antibiotic to match the specific bacteria found in your test results.



If your tests show evidence of infection and the antibiotic you are on matches the specific bacteria, your healthcare provider may continue the same drug.

SIDE EFFECTS



SPEED HUMP

Antibiotics are not fun to take if you don't need them! They can have serious side effects such as allergic reactions, diarrhea that can be severe (*Clostridium difficile* infection), nausea and vomiting. Your healthcare provider will try to adjust your antibiotic to reduce the chances of these unwanted effects.

You can help set the course for the sensible use of antibiotics as a patient or caregiver by asking questions:

- What infection is being treated with the antibiotic? Are there ways to treat the symptoms without an antibiotic?
- What tests can help determine the cause of the infection and whether the antibiotic is the right match?
- What are some possible side effects from the antibiotic?
- How long should I take the antibiotic?

★ SENSIBLE ANTIBIOTIC USE

Local Anesthesia

Your physician has used a medication to numb your surgical site. The local will last from a few hours to half a day. As the local begins to wear off the area may begin to feel tingly or numb. Take a dose of prescribed pain medication if these feelings begin or if you have any discomfort. This will give the medication time to begin working before the local has worn off. Waiting until the local has worn off makes it more difficult to achieve an adequate level of pain relief.

Regional Block

The anesthesia team has used a medication to numb the nerve that recognizes pain in the area of your surgery. This numbing sensation will last from 6 hours to a full day. You may not be able to move the arm or leg that is numb. You may not feel someone touching the arm or leg that is numb. *This is completely normal.* If you are not able to move or feel your leg it is very important to support it on pillows or use a sling. Do not try to use the arm or leg until the full feeling and movement has returned. Numb legs or feet can cause you to fall. With numb arms you can drop things or cause injury due to your lack of control. Heat and cold will not feel the same. You need to monitor your skin if ice or hot pads are being used. As the numbness begins to wear off the area may begin to feel tingly or funny. Take a dose of prescribed pain medication if this tingly feeling begins, when you begin to have movement, or if you have any discomfort. This will give the medication time to begin working before the regional block has worn off. Waiting until the regional block has fully worn off makes it more difficult to achieve a good level of pain relief.

IV Sedation

The anesthesia team has used medication in your IV to put you in a light sleep for your procedure. Generally these medications provide pain control and cause amnesia. Usually you have little to no memory of the procedure. You will most likely feel tired the rest of the day. You may sleep more than usual the next 12 to 24 hours. For the next 12 to 24 hours do not go to work, drive, operate machinery, drink alcohol, **or** make important **or** legal decisions. Avoid wet surfaces (tub, shower, spa, sauna, whirlpool, etc.). You may eat and drink as you like. Drinking large amounts of fluids will help flush the medications out of your system.

General Anesthesia

The anesthesia team has used medications in your IV to put you into a deep sleep for your procedure. Generally these medications provide pain control and cause amnesia. Usually you will have little to no memory of the procedure. You will most likely feel tired the rest of the day. You may sleep more than usual the next day or two. It is important **that** you take deep breaths and cough at least once an hour following your surgery. **You cannot be left alone for the 24 hours immediately following your procedure. Do not go to work, drive, operate machinery, drink alcohol, or make important or legal decisions for the next 24 hours. Avoid wet surfaces (tub, shower, spa, sauna, whirlpool, etc.) Nausea after general anesthesia is normal.** We encourage you to avoid milk products, spicy, fatty foods and citrus juices for the next 24 hours. Eating small amounts at a time will lessen the chance of experiencing nausea and vomiting. Drinking large amounts of fluids will help flush the medication out of your system and help replace fluids. You may have a sore or scratchy throat. Sucking on ice-chips, hard candy, or throat lozenges will help ease this discomfort. The sore throat will typically last a day or two.

**We are here for you
before, during, and after
your surgery.
We are just one call away.**

North Central Surgical Center's
Frequently Used Phone Numbers

Main Hospital	214.265.2810
Surgery PreOp and Recovery	214.365.8125
Outpatient Surgery	214.365.8380
Billing/Patient Accounts	866.491.4366
Medical Records	214.365.8108
Pre-Admission Testing	214.365.8381
Post Surgical Unit (24 HRS)	214.365.8350
Emergency Room (24 HRS)	214.365.8150

Notes:

