

WELCOME TO MONROE SURGICAL HOSPITAL

Employees, Physicians, and Administration at Monroe Surgical Hospital are committed to promoting excellence and innovation in healthcare services: one patient at a time.

Monroe Surgical Hospital is a 10-bed facility providing a comprehensive array of quality surgical and diagnostic healthcare services in a caring environment for our patients and physicians. We operate in an ethical and cost effective manner consistent with our purpose of providing quality care for the benefit of patients in our community -- North Louisiana, Mississippi, and southern Arkansas.



Visit our Web site at www.monroesurgical.com



Preparing for Anesthesia and Surgery

Pre-anesthetic Interview/Testing:

You've met with your surgeon, gotten a second opinion if desired, and are now scheduled to have the operation. The next appointment will likely be scheduled the week before surgery for preoperative learning and possibly some testing. This is your chance to ask questions about preparing for the surgery and to discuss any special needs you might have. It is important that you are an active partner in your care and wellness.

A nurse or an anesthesia provider may do the pre-anesthetic interview. The goal of the interview is to identify potential risks to you before you are given anesthesia and to discuss the type of anesthetic you'll receive. A history and physical will be completed. Testing may be requested (blood testing, chest x-ray, electrocardiogram, respiratory testing) depending on your age and physical condition. In some cases, as indicated by your overall health and the type of surgery, no testing may be needed.

It's very important to share information about your medical history. Bring a list of all medications and current dosages you're taking. This list should include prescription and nonprescription medications as well as herbal or vitamin supplements. Be honest about any use of street drugs which can react dangerously with some anesthesia drugs. If you have a history of heart or lung trouble, your regular cardiologist or internist may be asked to give a medical recommendation regarding your health before the anesthesia is given. The goal is for your health to be at its best before you are given anesthesia.

If you take medications regularly, you should be told which medicines to take before surgery. This information should be provided to you in writing to prevent any confusion. If you are diabetic, you will need special dosing instructions on your insulin or oral medications in preparation for the surgery.

At the end of this appointment you should feel confident about how to prepare for the day of surgery, know what to generally expect when you arrive at the facility for the procedures, and have an understanding of what physical things you will do before returning home. In some cases you may discuss your anesthesia and surgical preparation by a phone call instead of a visit to the facility.



What to Expect on the Day of Surgery:

It's understandable to be a little anxious the day of surgery. It is important to report to your nurse any unusual feelings or illness you're experiencing. Remind us of any special needs such as bladder or bowel control issues or use of any assistive devices like hearing aids or dentures. If employees don't introduce themselves, ask them to please do so. You have a right to know who's involved in your care.

You will need to have a driver on the day of surgery for the trip home and should not stay alone after surgery. Transportation and personal arrangements must be made in advance, and driver's name with contact number or location should be given to the admitting nurse for later use.

You must not eat or drink as per your instructions. If you have been instructed to take medications the day of surgery, they may be taken with a small sip of water. You may brush your teeth and spit out any rinse water. Please leave all valuables at home. Come bathed and showered. Remove all body-piercing jewelry before coming to the facility. Bring any inhaler you use to help with breathing. The anesthesia care provider will explain inhaler use. Bring all medications that you presently take to include over-the-counter, vitamins, minerals and/or any other supplement.



Preoperative Area:

The surgical area is adjacent to the operating rooms and postoperative area. While in the surgery area, there is a nurse responsible for your care at all times. You will be escorted to a changing area and asked to remove all clothing and jewelry. A hospital gown will be given to you.

You may then lie down on a stretcher and become comfortable. A nurse will interview you and do a nursing assessment, answer any questions you may have, and provide any teaching you may need at this time, if desired. Our staff will secure your belongings for safekeeping. You will be asked to empty your bladder if you haven't already done so. An intravenous line may be started so that fluids may be given to you through your vein.

Sometimes an unavoidable delay occurs when an emergency case is put ahead of yours or a patient before you has a longer than planned surgery. It is never easy to wait, so try to distract yourself by reading or using relaxation techniques. Your understanding will always be appreciated when there is an unavoidable delay. We do allow family to visit during these times and will make you as comfortable as possible.

An anesthesia doctor will interview you and plan your care with you. You may or may not be given some intravenous sedation to relax you in the pre-op area. You will be taken by stretcher into the operating room. Once in the operating room, your anesthetist will not leave you for any reason, you will be monitored constantly throughout the operation.



What to Expect in the Operating Room:

The physical layout varies only slightly from one facility to another, but once you arrive in the operating suite an overwhelming feeling may encompass you secondary to the activity and the attire of the personnel in the area. Do not be alarmed! A lot of activity will occur simultaneously to your arrival.

By now you have met the anesthesia provider and your operating room nurse who will accompany you to the operating room. The same questions asked of you throughout your preparation will be asked once more – allergies, when you last ate or drank, type of procedure. As you are wheeled on a stretcher to the operating room, your nurse will address any questions or concerns you may have and offer reassurance. You may notice bright lights, instruments, equipment, and an environment that is so clean we call it “sterile”. You will notice the operating room team members putting on face masks as they enter the operating room to maintain the sterile environment. As you settle into the environment of the operating room, warm blankets will be provided to offset the cool temperature of the operating room.

The anesthesia provider will remain in proximity to your head and airway, monitoring your vital signs throughout the surgery. The anesthesia provider will begin giving medications through your intravenous line to relax you and make you comfortable. The surgeon will perform the surgery, with the assistance of a scrub nurse/technician while a circulating nurse oversees your entire care to ensure overall safety. With the advances in new technology many surgical procedures have become less invasive.

While you are in surgery your family will receive updates on the length or progress of your surgery. Once your surgery is complete, the surgeon will speak to your family. The anesthesia provider will see that you awaken safely and take you by stretcher to the post anesthesia care unit.

What to Expect in the Post anesthesia Care Unit:

When your surgery is over you will be observed for a period of time in an area known as the Post anesthesia Care Unit (PACU), also known as the Recovery Room. Your anesthesia provider will bring you to the PACU on a stretcher and give a report to your perianesthesia registered nurse. The type of anesthesia you have received will determine your length of stay and overall postoperative course. During your stay in PACU, the nursing staff will monitor your vital signs closely, ensuring that you are able to cough and swallow and are awake enough to sit up without being dizzy and responding appropriately. The nurse will address your needs so that you have only minimal discomfort. Once you achieve set criteria specific to your type of surgery and anesthesia you will be evaluated for discharge from this area.



Admission to our Facility:

When an overnight or extended stay is necessary, after a period of observation you will be taken to your room from the recovery area or the Post anesthesia Care Unit to your room. Your family and friends may wait in the room until your surgery is complete. Any personal belongings stored by hospital staff will then be brought to your room.

When you arrive in the room you should meet your new nurse and be shown how to contact that nurse for assistance. You will be taught how to use any necessary electronic equipment. Appropriate diet and activity levels, available medications for you (for pain, nausea, sleeping) and any prescribed medicines like antibiotics will be explained to you.

As always, you remain a partner in your care and recovery. Ask questions when you have them and give feedback that will aid in your recovery and discharge to home.

Outpatient Surgery:

When surgery is over you'll be observed for a period of time. The type of anesthesia given and your procedure will largely determine your postoperative course. Your nurse will work with you to treat any physical concerns and to plan your discharge to home. Very few people need to stay overnight when outpatient surgery is planned. Focus on returning home as you had planned.

Your activity level will be steadily increased and you will be offered something to drink. You may be required to urinate before discharge for some surgical procedures or with a spinal anesthesia, or you may be discharged with instructions on what to do if you cannot urinate within a given time range.

You will be given take-home printed instructions for self-care. Instructions should include wound care, any activity restrictions, diet, a follow-up appointment plan, and any signs to watch for and to report, and an emergency contact number for your doctor. Use of medication for pain control should be addressed and discussed with you.

If you will need medication you should get either the actual medication or a prescription to be filled at your pharmacy. Your nurse or pharmacist should discuss potential side effects or special dose instructions of all prescribed medications with you. Always follow the dosing instructions to prevent complications from occurring and report any unusual reactions if they should happen. If you have stopped any medications in preparation for surgery, ask your nurse or physician about resuming any medications.

You will need a driver on the day of surgery for the trip home and should not stay alone after surgery. Transportation and personal arrangements must be made in advance, and driver's name with contact number or location should be given to the admitting nurse for later use.

What to Expect if You are going Home the day of Surgery:

Once you have been discharged from the PACU, you will either be admitted to an inpatient bed or returned to the area that will discharge you to home. Discharge from this area is at the discretion of the surgeon in conjunction with the anesthesia provider. Before leaving you will receive verbal as well as corresponding written instructions. Included in this information will be general instructions regarding diet, medications, bathing and activity restrictions, as well as those specific to your procedure. A member of the nursing staff will telephone you at home after your surgery to follow your progress and assist you with whatever questions you or your family may have. An emergency contact number for your doctor should be given to you in the event care is needed before the nurses' follow-up telephone call. Home readiness rather than street fitness is the goal of ambulatory surgery. This means that you are ready for discharge to home for further recuperation. You should not resume normal recreational or professional activities immediately. Follow your physician's instructions.

Pain Management:

The management of postoperative pain should begin in the preoperative period while you are being prepared for surgery. Various factors must be considered such as anxiety, fear of surgery, experience and anticipation of pain. A thorough history which includes your current medications, a pain assessment, and education on the use of a pain scale will provide a basis for your plan for pain management. A pain scale is a measurement tool the staff uses to assess your comfort level. The more detailed and accurate the information, the most adequate pain relief you can expect. At Monroe Surgical Hospital we use the numerical pain scale as shown below of 0-10: "0" – no pain at all; "10" – the worst pain you could imagine. Depending on whether you are going home the same day, staying overnight or for a few days following your surgery, there are various options for pain management. These methods take into account the extent of your surgery, type of anesthesia, and past medical history and include local infiltration at the site, oral, intramuscular, intravenous and epidural. A pain management plan will be designed specifically to meet your needs.

