

YOUR GUIDE TO SURGERY

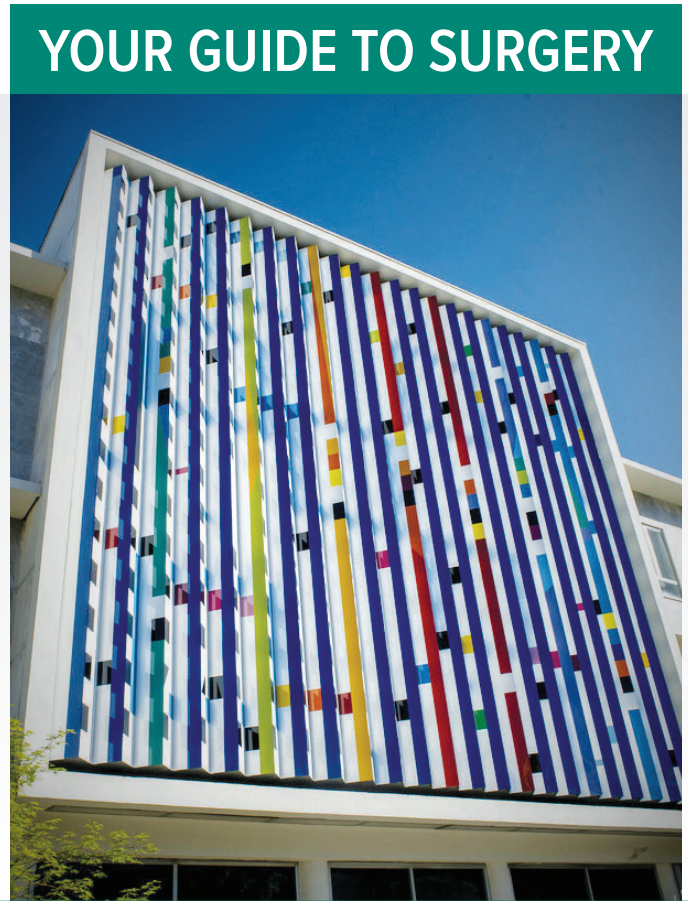




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YOUR GUIDE TO SURGERY AT UAB

WELCOME!



Thank you for choosing UAB Callahan Eye Hospital for your medical care. For 60 years, Callahan has continued to build on our reputation as one of the nation's leaders in patient experience and excellent surgical outcomes. Our dedicated team of physicians, nurses, and health care staff take great pride in delivering the safest, highest-quality medical care while also providing the best possible patient and visitor experience throughout your visit with us.

This guide was created to prepare you for your upcoming hospital visit and contains important information, including services we offer and answers to common questions. We hope you will find it to be a valuable resource and encourage you to refer to it throughout your stay.

If you have any questions about our facility, services, policies, or other information regarding your visit, please call us at 205-325-8100.

Thank you again for choosing UAB Callahan Eye Hospital.




Rett Grover
CEO, UAB Callahan Eye

SURGICAL CARE TEAM



PHYSICIAN TEAM

- **Surgeon** – the doctor who oversees your care and performs your surgery
- **Anesthesiologist** – the doctor who puts you to sleep and addresses your pain
- **Fellow** – a doctor receiving focused training for a specialty
- **Resident** – a doctor who is completing training

ADVANCED PRACTICE PROVIDERS

- **Physician assistant (PA)** – an advanced practice provider who works closely with your surgical physician
- **Nurse practitioner (NP)** – an advanced practice nurse who works closely with your surgical physicians and anesthesiologist
- **Nurse anesthetist (CRNA)** – an advanced practice nurse who works closely with your anesthesiologist

NURSING TEAM

- **Pre-op nurse** – the nurse who helps you prepare for surgery
- **Operating room nurse** – the nurse who cares for you during surgery
- **Recovery room/Post-Anesthesia Care Unit (PACU) nurse** – the nurse who cares for you after surgery
- **Nurse manager** – the nurse responsible for overseeing surgical services
- **Surgery Clearance Clinic (SCC) nurse** – the nurse who will call you from the SCC

SUPPORT TEAM

- **Patient care associate (PCA)** – a person who assists your nurse with your care
- **Operating surgical technician** – a person who assists the surgeon in the operating room

SURGERY CLEARANCE CLINIC

PRE-OPERATIVE ANESTHESIA & TREATMENT CONSULTATION

Prior to surgery and throughout the post-operative recovery, the anesthesiologists at UAB Callahan Eye serve as part of the team of experts responsible for your health and well-being. The Surgery Clearance Clinic provides you with compassionate preparation and education for your surgery.

You should expect to receive a phone call from a member of our Surgical Clearance team 24-72 hours prior to your surgery.

During this phone call, we will:

- Ask for a list of all medications you are currently taking and any medicines you are allergic to
- Ask about your medical and surgical history
- Order any additional tests needed for surgery
- Review your medications and tell you what to take or discontinue before surgery
- Answer questions you may have about anesthesia and how your pain will be managed
- Assist you with admission paperwork to save time on the day of surgery

What to have available during the phone call:

- A current list of all your medicines, including over-the-counter medicines, supplements, herbs, and vitamins
- A list of all medications you are allergic to
- A list of any past surgeries you've had and the date you had them
- A copy of the ID card for your cardiac stent, pacemaker, or defibrillator, if you have one
- Results of any test done outside of UAB, such as electrocardiogram (EKG), stress test, cardiac catheterization, blood tests, etc.

Your arrival time will be scheduled in advance before the day of surgery. You will need to arrive for surgery at the assigned time given by your surgeon's office.

We will review all of this information again on the day of your surgery.



DEPARTMENT OF ANESTHESIOLOGY

UAB CALLAHAN EYE NPO GUIDELINES

These guidelines apply to patients scheduled for elective procedures that require anesthesia of any type (including IV sedation or blocks). These guidelines do not apply to emergency cases.

- Patients must be strictly NPO (nothing by mouth), except medications with a sip of water, for at least two (2) hours prior to the start of anesthesia.
- Clear liquids may be consumed up to two (2) hours prior to the start of anesthesia. Patients having an outpatient procedure may drink clear liquids until two (2) hours before arrival at the hospital. Surgeon instructions may differ from routine outpatient NPO instructions in certain cases, such as surgery for certain gastrointestinal diseases.
- No solids or non-clear liquids for a minimum of seven (7) hours prior to the start of anesthesia. Solids and non-clear liquids are considered to be the same. Patients having an outpatient procedure should be instructed not to take any solids or non-clear liquids after midnight, to ensure at least seven (7) hours prior to the start of anesthesia.
- Chewing gum pre-operatively is permitted, as long as the gum is spit out prior to going to the operating room. Smokeless tobacco (chew, snuff, dip), if swallowed, is considered a non-clear liquid.

TYPE OF ORAL INTAKE	ORAL
Clear liquids**	2 hours
Solids or non-clear liquids	7 hours

Clear liquids include water, coffee, or tea *without cream or artificial creamer*, or other liquids that are transparent and fat-free, such as apple juice, 7-up, and Sprite. Orange juice without pulp is also acceptable. Note that adding cream to coffee or tea makes them non-clear liquids. These liquids must not include alcohol.



UVA MEDICINE
DR. SONG
Hosang Song, M.D., PhD
Assistant Professor
Department of Surgery

UVA MEDICINE
DR. MARTINDALE
Edward Martindale, M.D.
Assistant Professor
Department of Surgery

THE DAY OF SURGERY

WHAT TO BRING

- Photo identification card (photo ID)
- Insurance card
- Medications in original containers with labels
- Copy of your advance directive, if you have one
- A responsible adult to stay with you during surgery, drive you home, and stay with you. Any visitor under age 12 must be accompanied by an adult during visitation. The responsible attending adult cannot be the patient.
- Loose clothing

PLEASE REMOVE

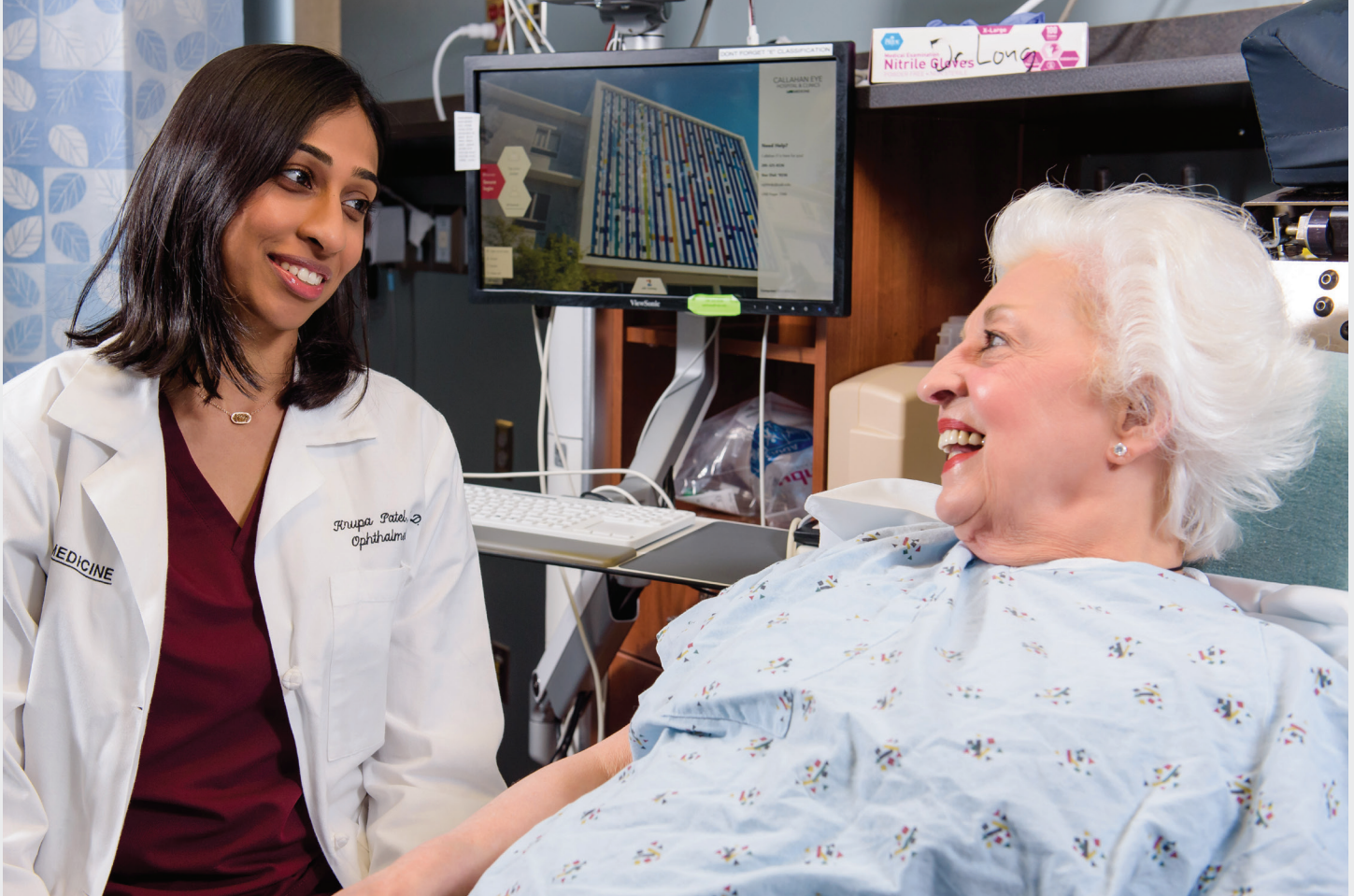
- All makeup, including false eyelashes
- Nail polish
- Hairspray and body lotion
- All piercings
- All jewelry, hair pins, and accessories
- Dentures, partials, contact lenses, and glasses will be removed in the pre-op holding area and left with your care partner during surgery.

IMPORTANT FACTS

- There is a limit of one family member at the bedside during your pre-operative and post-operative time.
- Please shower on the day of your surgery. You may also use deodorant and brush your teeth.
- Do not shave the surgical area the day of or the day before surgery.
- You will have to disrobe and change into a hospital gown prior to your surgery.



CARE PARTNER AGREEMENT



Your appointed care partner will be the designated person who will assist you in the pre-operative area, be updated by the physician during your procedure, and serve as your support for care and transportation after surgery.

By appointing my care partner, I authorize the disclosure of my protected health information (PHI). This authorization includes any information relating to drug and/or alcohol abuse/treatment, communication with psychiatrists or psychologists, and sexually transmitted diseases. Once this information has been disclosed, it may be subject to re-disclosure and is no longer protected by federal privacy regulations.

Chosen Support Person (Print)



PATIENT STATUS TRACKING

A screen will provide you with real-time tracking of your loved one before, during, and after their surgical experience.

Surgery preparation and recovery times vary with each patient. The health care team should update you of any changes.

PRE-OPERATIVE HOLDING

- This is where you meet your pre-op nurse, patient care associate (PCA), anesthesiologist, nurse anesthetist, and operating room nurse.
- Your care team will obtain vital signs, perform your physical assessment, place your IV, and complete your final surgical paperwork.

OPERATING ROOM

- Your health care team will take you to the operating room.
- The room temperature may be cool. We will warm you with blankets or other warming devices.
- Family members will be asked to wait in the designated waiting area so they can be contacted by the surgical team if needed.
- If your family needs to step away from the waiting area, please remind them to check in with the receptionist.
- After surgery, there may be a short delay between the time your surgeon speaks with the family and the time you enter the recovery room.

RECOVERY ROOM

After surgery, you will be taken to the Post-Anesthesia Care Unit (PACU) or recovery room. You will be observed carefully by a registered nurse. Also, as you recover from anesthesia, your pain will be monitored and managed. Updates will be given to your family periodically. You will stay here until you are ready to be discharged home or move to the next level of care.

WHAT IS SEPSIS



WHAT IS SEPSIS

- Sepsis is a complication caused by the body's overwhelming and life-threatening response to infection, which can lead to tissue damage, organ failure, and death.
- Sepsis is difficult to diagnose, because it happens quickly and can be confused with other conditions.
- Sepsis is a medical emergency and is deadly when it is not quickly recognized and treated.

THINGS THAT MAY PUT YOU AT HIGHER RISK FOR DEVELOPING INFECTION AND SEPSIS:

- **Recent surgery** – Surgery is stressful to the body and may weaken your body's ability to fight infection and sepsis.
- **Other diseases** – Diseases like diabetes, heart disease, COPD, and cancer may put you at higher risk for developing infection and sepsis.
- **Certain medications** – Medications that weaken your immune system may put you at higher risk for developing infection and sepsis.
- **Life stage** – Adults over age 65 are at higher risk for developing infections and sepsis.

SIGNS OF INFECTION & SEPSIS

I recently had a procedure: _____

Surgery can put you at increased risk for developing infection and sepsis. After surgery, patients and caregivers should watch for the signs and symptoms.

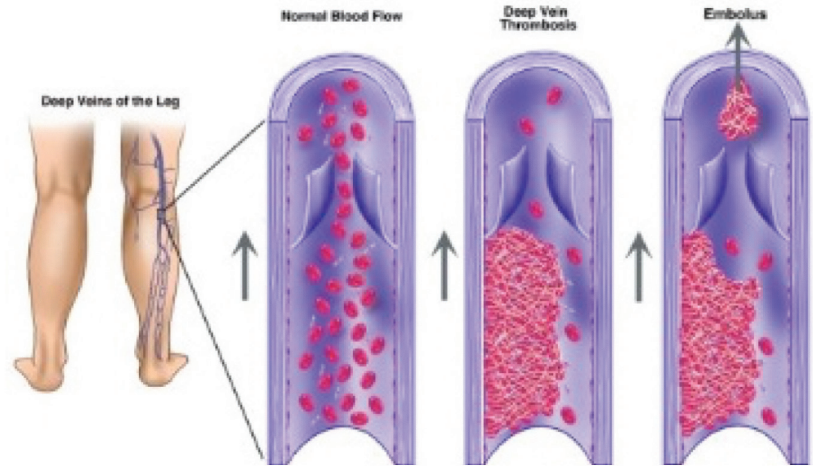
GREEN ZONE	<ul style="list-style-type: none"> • My heartbeat is as usual. Breathing is normal for me • I have not had a fever in the past 24 hours and I am not taking medicine for a fever • I do not feel chilled • My energy level is as usual • My thinking is clear • I feel well • I have taken my antibiotics as prescribed • My wound or IV site is not painful, red, draining pus or smelling bad 	<p>DOING GREAT!</p> <p>No action is needed.</p>
YELLOW ZONE	<ul style="list-style-type: none"> • My heartbeat is faster than usual • My breathing is a bit more difficult and faster than usual • I have a fever between 100.5°F to 101.2°F • I feel chilled and cannot get warm. I am shivering or my teeth are chattering • I am too tired to do most of my usual activities • I feel confused or I am not thinking clearly • I do not feel well • I have a bad cough or my cough has changed • How often I urinate has changed. When I do urinate, it burns, is cloudy or smells bad • My wound or IV site has changed 	<p>TAKE ACTION TODAY!</p> <p>Call your doctor's office.</p> <p>_____</p> <p>(Phone number)</p>
RED ZONE	<ul style="list-style-type: none"> • My heartbeat is very fast • My breathing is very fast and more difficult • My temperature is below 96.8°F. My skin or fingernails are pale or blue • My fever is 101.2°F or more • I have not urinated for 5 or more hours • I am very tired. I cannot do any of my usual activities • My caregivers tell me I am not making sense • I feel sick • My cough is much worse • My wound or IV site is painful, red, smells bad or has pus 	<p>TAKE ACTION NOW!</p> <p>Go to the Emergency Room AND Call your doctor's office.</p> <p>_____</p> <p>(Phone number)</p>

DEEP VEIN THROMBOSIS/PULMONARY EMBOLISM

Deep vein thrombosis (DVT) is a blood clot that usually occurs in a deep, larger vein of the lower leg or arm. It can lead to serious and even life-threatening problems if the clot travels to the lungs, which is known as a pulmonary embolism.

Anyone who has surgery is at an increased risk of a blood clot. Before any surgery, talk to your doctor about blood clots and remind him/her if you have any of these risk factors:

- Obesity (overweight)
- Age 40 or older
- Smoking
- Hormone therapy
- High cholesterol
- Cancer
- Diabetes
- Vein problem
- High blood pressure
- Personal or family history of a clot



What you can do to help prevent a blood clot:

- Drink lots of water.
- Take your medication as directed.
- Wear loose clothing.
- If you smoke, try to quit.
- Don't sit for long periods, and move every 2 hours.

What to expect before and after surgery (as directed by your surgeon):

- Injection of clot-preventing medication during pre-op
- Air-filled sleeves that squeeze your legs to keep blood moving (known as sequential compression devices)
- You may be prescribed injectable or oral medications after surgery.



Signs/symptoms of a blood clot:

- Swelling, redness, or pain in one arm or leg
- Chest pain, shortness of breath, or difficulty breathing

IF YOU EXPERIENCE SYMPTOMS OF A CLOT, SEE YOUR DOCTOR OR LOCAL EMERGENCY DEPARTMENT AS SOON AS POSSIBLE OR CALL 911 IMMEDIATELY. BLOOD CLOTS ARE TREATABLE BY YOUR DOCTOR BUT CAN BE A MEDICAL EMERGENCY.

PAIN MANAGEMENT AFTER SURGERY

GOALS

At UAB Callahan Eye, we have two main goals for treating your pain:

- **Help you heal quicker by lowering your pain and making you comfortable enough to do everyday things.** When pain is really bad it can affect your healing. It can cause worry, sadness, and make it hard to sleep. Measuring and lowering your pain is the right thing to do.
- **Create a pain plan that helps lower your pain and keeps you safe.** Many pain medicines have side effects that can make the healing process hard and slower. A type of pain medicine called opioids can slow down your breathing so much that it could put your life in danger. However, we can prevent most of these side effects before they happen with a pain plan called “multi-modal analgesia.”

This is helpful because:

- It uses different kinds of pain medicines, which stop the pain in the many ways your body feels it. When taken together, these medicines can lower the amount of pain you feel.
- It makes you more comfortable while using smaller doses of each medicine. This helps lower the risk of side effects.

NOTE: If you are on opioid pain medicine at home, a multi-modal approach may be part of your hospital pain plan and can be used in addition to your home medicines. Your doctor will work with you to determine the best plan and ensure that you have the right medicines and pain therapy. Please let your doctor and nurse know if you take opioid pain medicine at home. We want to make sure you are well taken care of in the hospital and that we meet your and your body’s needs.

PAIN EXPECTATIONS

- You can expect your care team to ask about your pain when you get to your room, at least every day, and when something changes with your pain.
- If you take pain medication at home, you are expected to let your nurse and doctor know, so that we can ensure that you receive the medication needed.
- If you are having surgery, your doctor will likely expect you to move on the day of surgery. You can sit at the side of your bed or sit up in a chair. A member of your hospital team will help you.
- You should expect the communication board in your room to have your movement goals, pain goals (also known as comfort goals), and medicine times, which can help you be part of your care.
- You are expected to help with your pain plan and tell us what makes your pain better or worse.
- You can expect to be told about your medicines and side effects. Tell your doctor or nurse if you have any of these side effects: feeling dizzy or sleepy, itching, upset stomach, stomach pain, constipation, or throwing up.
- You are expected to be open and tell the truth about the pain you feel. This will help us create a better pain plan for you.

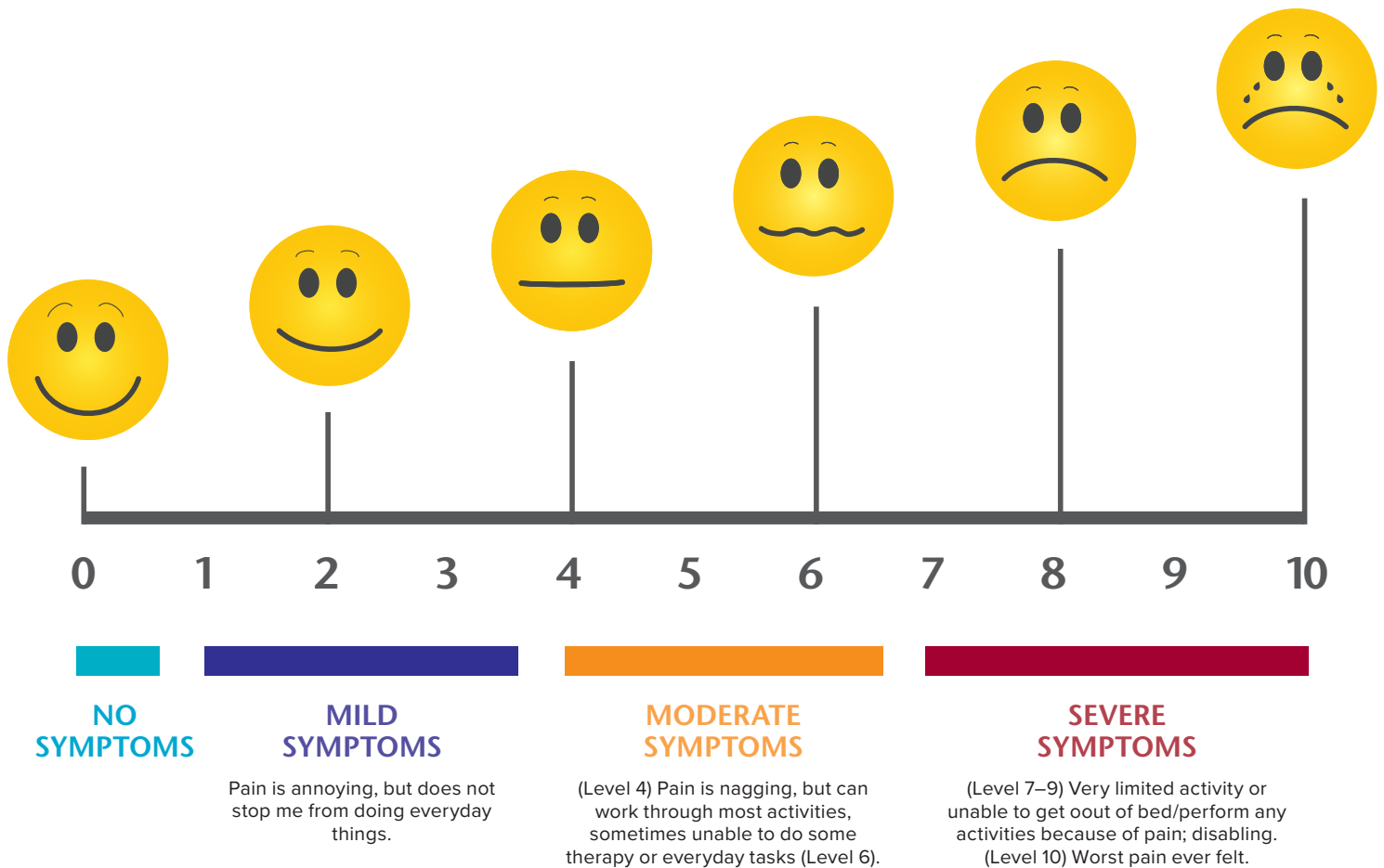
PAIN MANAGEMENT AFTER SURGERY

PAIN ASSESSMENT

- Pain after surgery or with some illnesses can be normal.
- Your pain will be measured often and may decrease with different pain medicines and non-medicine therapies. Ask your nurse or doctor when you get to your hospital room about what can be used to help lower your pain and make you comfortable.
- You will be asked to rate your pain on a scale of 0 (no pain) to 10 (the worst pain ever). This will help your doctors and nurses know how well your pain is controlled and how well your pain plan is working.



We ask you to use this scale to tell us about your pain. 0 means you are in no pain, 5 means you are having moderate pain, and 10 is severe pain.



TYPES OF PAIN THERAPY

Your care team will work with you to decide which therapies will be used to manage and control your pain. Together, these therapies are called a “multi-modal” approach. Here are some things you can do:

DIFFERENT TYPES OF PAIN THERAPY

1. Ask for things other than medicine to help with your pain first. If one thing does not work, try something different.

Keep your mind busy and focused on something other than pain. Things that can help are asking for:

- **Arts in Medicine** – visual arts (painting, drawing, coloring), dance, and story-telling
- **C.A.R.E. channels on your TV** – ask your care team for more information
- **Distraction** – games (crosswords, puzzle books, playing cards)
- **Ice packs or heat packs**
- **Music therapy** – using music to lower pain, discomfort, and anxiety
- **Pet therapy may also be available** – ask your nurse if available and right for you
- **Spiritual therapy** – talk to a chaplain or other member of our Pastoral Care team
- **Visit with friends and family** – this can help even by talking to them on the phone.

2. SAFELY move around. Staying in bed can make you stiffer and cause more pain.

We want you to be safe, so do not get up without help, call your nurse for help.

- Work with physical therapy (PT). Your doctor may place an order for PT to work with you, which will speed up your healing and help with your pain.
- Change positions in the bed often.
- Sit up in the chair when you eat, watch TV, or visit with friends and family.
- Walk around in your room or in the hall.

3. Ask about and take non-opioid medicine to help with your pain.

Non-opioid medicines can lower your pain and lower the amount of opioids you need.

- These medicines can include: acetaminophen (Tylenol), ibuprofen (Advil), and naproxen (Aleve).

4. Learn about opioids. Understand the risks, benefits, and side effects prior to taking them.

See Next Page

PAIN MANAGEMENT AFTER SURGERY

COMMON OPIOID SIDE EFFECTS



CONFUSION



CONSTIPATION



DIZZINESS



DRY MOUTH



ITCHING



NAUSEA/VOMITING



SLEEPINESS/SEDATION



SLOW BREATHING

ABOUT OPIOIDS

- Opioids are strong medicines used to treat pain. Opioids have risks but can be an important part of your care. Opioids are often given together with other medications to reduce the amount of medicine you need while lowering your pain. You and your doctors and nurses will work together to come up with the best pain plan for you.
- Only use your opioids for the reason the doctor wants you to. As your pain from your hospital visit gets better, use fewer opioids.

NOTE: If you have a chronic pain condition and were on opioid medicines before your hospital visit, do not stop your chronic pain medications. Talk to your pain doctor before making any changes to your chronic pain medicine, and always follow your pain doctor's instructions. This information is only for your acute pain medicine, which is medicine given to you for pain experienced in the hospital following surgery or illness that lasts for days to weeks.

COMMON NAMES FOR OPIOIDS INCLUDE:

- Hydrocodone (Norco, Lortab, Vicodin)
- Morphine (MS Contin, Kadian, Embeda)
- Fentanyl (Duragesic, Actiq)
- Oxycodone (Percocet, OxyContin, Roxicodone)
- Codeine (Tylenol #3, Tylenol with codeine)
- Methadone (Dolophine, Methadose)
- Tramadol (Ultram)
- Hydromorphone (Dilaudid)
- Oxymorphone (Opana)
- Buprenorphine (Suboxone, Subutex, Butrans, Bunavail, Zubsolv)

KNOW THE FACTS ABOUT OPIOIDS

According to the Centers for Disease Control and Prevention (CDC):

- Every day, about 41 people die from overdoses on prescription medications.
- Opioids can change the way your brain works, and you cannot know how you will react to opioids before taking them. This can make your body want and need more opioids over time, which can cause an addiction. Anyone can become addicted to opioids.
- Opioids affect the part of the brain that controls breathing. If you take more opioids than your body can handle, it can slow your breathing and cause death.
- Combining opioids with alcohol and other medications, like sleeping pills or cough medicine, can increase the chance of breathing problems and death.
- For the latest information, please visit cdc.gov/drugoverdose/data/index.html.

MYTHS & MISCONCEPTIONS ABOUT PAIN & PAIN MEDICATION

TRUE	FALSE
Pain medicines are used to reduce your pain, to allow you to move around and be active while you heal.	Pain medicines will relieve all of my pain.
There are ways to lower pain other than medicine. These include heat or ice, movement, music therapy, pet therapy, calming exercises, and keeping your mind busy.	Only pain medicine can help relieve pain.
All patients will have their pain evaluated every day, even when other therapies and interventions are used.	Having a nerve block, using non-medicine therapies, or using non-opioid medicine means that I am less likely to have my pain evaluated.
Acetaminophen (Tylenol) and non-steroidal anti-inflammatory drugs (Advil or Aleve) work differently in the body than opioids. Together these medicines can lower pain more than any one medicine alone.	Over-the-counter pain medicine will not work for my pain.
Combining lower doses of different medicines (non-opioids and opioids) often help more and are safer than opioids alone. Your nurses and doctors will work with you to come up with the best pain plan, using many different pain therapies.	Opioids alone are the best way to control acute pain.

DRIVING DIRECTIONS

- **From I-65 South**

Exit onto 4th Avenue South (Exit 259B). Proceed to 18th Street South and turn right. Proceed to 8th Avenue South/University Boulevard and turn right. The entrance to our parking deck will be on the right and is designated with an overhead sign.

- **From I-65 North**

Exit onto University Boulevard (Exit 259). Continue East through the UAB campus. UAB Callahan Eye Hospital is on the corner of 18th Street and 8th Avenue South/University Boulevard on the left. Our parking deck will be on the left, before the 18th Street intersection and is designated with an overhead sign.

- **From US 280 West**

Follow Highway 280 West until it merges with Highway 31 North to Birmingham and becomes the Red Mountain Expressway. Proceed north and exit onto University Boulevard. Merge right onto 8th Avenue South/University Boulevard. UAB Callahan Eye Hospital is on the corner of 18th Street and 8th Avenue/University Boulevard. The entrance to our parking deck will be on the right and is designated with an overhead sign.

- **From I-20/59 North**

Follow I-20/59 to the junction of I-65. Take I-65 South to 4th Avenue South (Exit 259B). Proceed to 18th Street South and turn right. Proceed to 8th Avenue South/University Boulevard and turn right. The entrance to our parking deck will be on the right and is designated with an overhead sign.

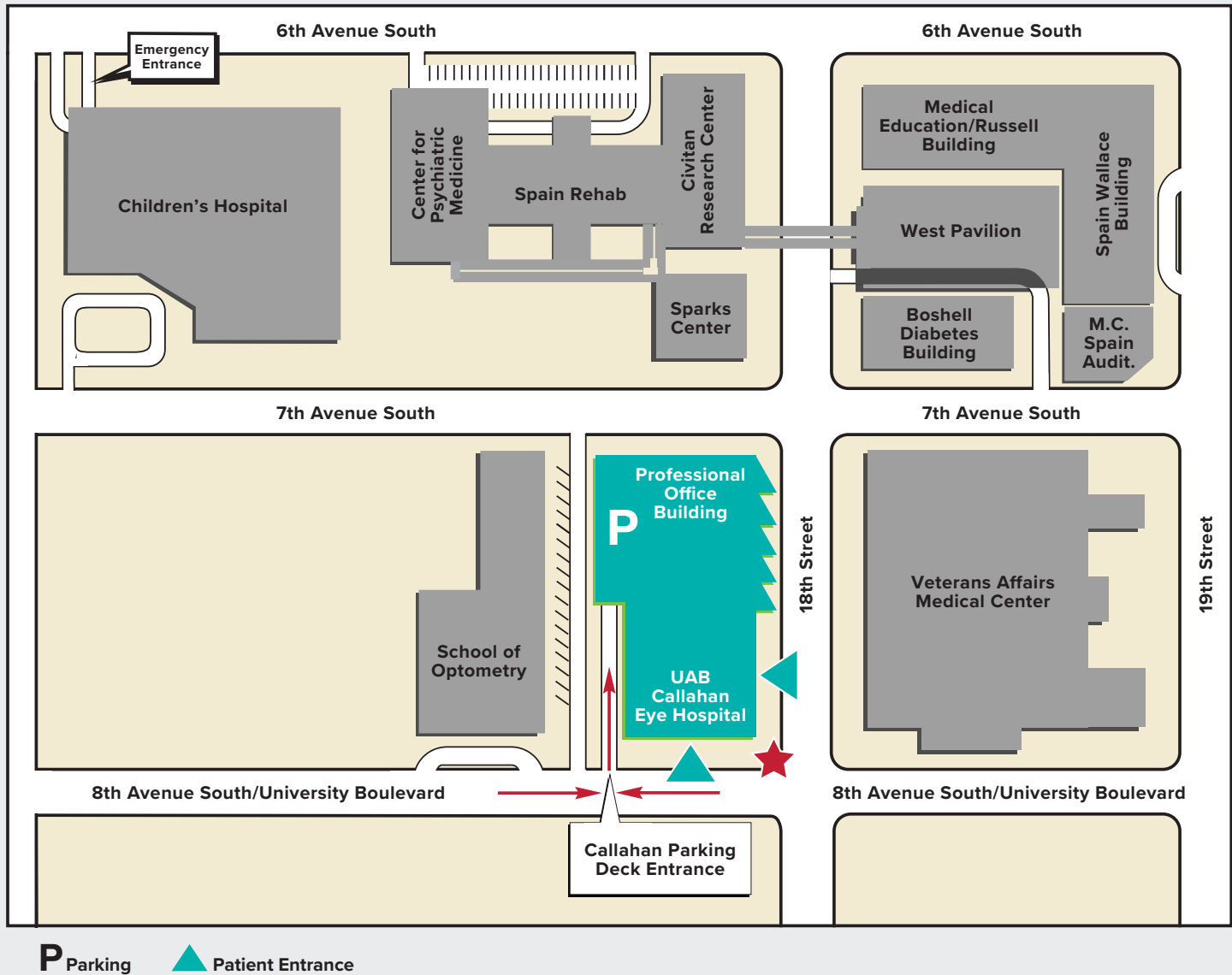
- **From I-20/59 South**

Follow I-20 to the junction of I-65. Take I-65 South to 4th Avenue South (Exit 259B). Proceed to 18th Street South and turn right. Proceed to 8th Avenue South/University Boulevard and turn right. The entrance to our parking deck will be on the right and is designated with an overhead sign.

- **From US 31 North**

Follow Highway 31 through Homewood until it becomes the Red Mountain Expressway. Proceed north and exit onto University Boulevard. Merge right onto 8th Avenue South/University Boulevard. UAB Callahan Eye Hospital is on the corner of 18th Street and 8th Avenue/University Boulevard. The entrance to our parking deck will be on the right and is designated with an overhead sign.

PARKING INSTRUCTIONS



Patient Drop off and Pick-up Area

Our patient drop off and pick-up area in the parking deck is located on Level 1 (red level) for your convenience.

Patients with Limitations

Accessible parking is located on Levels 1, 2, 3, and 6 of the parking deck.



