



Surgical services patient handbook



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[81 FR 31465, May 16, 2016; 81 FR 46613, July 18, 2016]

ATENCIÓN: Si usted habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.844.359.1607 (TTY: 711).

إذا كنت تتحدث اللغة العربية، فيمكنك الحصول على المساعدة اللغوية المتاحة مجانًا. اتصل على الرقم 1.844.359.1607 (TTY: 711).

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Notes

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Your surgery experience

Thank you for choosing Spectrum Health for your surgery. Your health care team is here to make sure your surgery experience is exceptional. From the surgeon's office to your recovery, the health care team will work with you and your family each step of the way.

Please speak up if you have questions or concerns during your surgery experience. If you still don't understand, ask again. You have the right to know.

This handbook will serve as your guide through your surgery experience. We want you to be well informed and actively engaged in the process. You will refer to this handbook often, so keep it close. **Please bring this handbook with you on the day of your surgery.**

Download the Spectrum Health app.

Learn more at spectrumhealth.org/shapp

All your care in one place.

Experience the new Spectrum Health app.

The logo for the App Store, featuring a white smartphone icon and the text "Available on the App Store" in a white sans-serif font.

The Google Play logo, featuring a white play button icon and the text "ANDROID APP ON Google Play" in a white sans-serif font.

A white outline of a smartphone with a notch at the top. The screen is a solid green color. In the center of the screen is a white rounded square containing the Spectrum Health logo, which consists of a blue and white pixelated graphic above the text "Spectrum Health" in a white sans-serif font.

Information to remember for your outpatient surgery

- 1. Surgery procedure _____
- 2. Surgeon _____
- 3. Surgeon contact _____
- 4. Surgery date _____
- 5. Location _____
- 6. Arrival time _____
- 7. Do not eat anything after _____
(This includes candy and chewing gum)
- 8. Do not drink anything after _____
- 9. Medications to take the morning of surgery _____
- 10. Pre-assessment appointment, if needed _____
- 11. Pre-assessment appointment location _____
- 12. Postoperative appointment _____
- 13. Postoperative appointment location _____

My notes

Frequently asked questions (FAQs)

Will I be contacted by the surgery center or hospital before the date of my surgery?

Yes. You can expect two calls from Spectrum Health. You will receive these calls within two weeks of your scheduled surgery. One call is from the preregistration area, and one call is from a preadmission testing nurse. If you are scheduled for urgent surgery, you will get a call to confirm your surgery time, but there may not be enough time for the normal preregistration or pre-procedure planning calls.

When do I need to stop taking medications before surgery?

Your doctors will tell you what medications you should stop before surgery, especially if you take blood thinners. The nurse who calls for your pre-procedure planning will also talk with you about your medications and confirm what to take the morning of surgery.

Why do I need to stop smoking?

We recommend that you stop smoking as far in advance as possible before surgery. The longer you can refrain from tobacco and nicotine use the better your outcome will be after surgery. Some elective procedures may require you to stop tobacco and nicotine use prior to your procedure.

Can I eat or drink before surgery?

Do not eat any food (including gum or candy) or drink anything the morning of your surgery unless your surgeon or preadmission testing nurse gives you specific instructions to do otherwise.

Should I arrange a ride to the surgery center or hospital?

Yes. A responsible adult over the age of 18 must be available during and after your surgery. It is important that your responsible adult be available to talk to the surgeon after your surgery is done. Also, your responsible adult will need to drive you home when you are discharged from the surgery center or hospital.

Will my surgery start on time?

Your health care team’s goal is to start your surgery on time. Sometimes there may be an urgent or emergency case that could delay your surgery. We thank you in advance for your patience and understanding.

When to call your surgeon

Call your surgeon if:

- You have chills or a fever. Refer to your discharge instructions for what to do and when to notify your surgeon.
- You have pain that is getting worse or does not go away with your pain medicine.
- You have redness, swelling or drainage from your wound or IV site.
- You have excessive blood/drainage from the dressing.
- You have severe swelling and/or pain in the leg or calf. This could mean you have a deep vein thrombosis (blood clot).
- You have not had a bowel movement in three days.
- You have severe nausea.
- Your surgery site looks blue or feels cool when you touch it.
- Your wound is still draining after seven days.

Call 911 if:

- You have sudden chest pain or shortness of breath.
- You have sudden facial droop, weakness or numbness on one side of your body.
- You have sudden vision changes, trouble speaking or a sudden severe headache.

Thank you for visiting Spectrum Health today.

Your opinion counts

You may receive a survey asking about your experience at Spectrum Health. Help us improve our care by completing this survey about your visit.

Our survey partner, Press Ganey, will hold your information in strict confidence. It will only be used to help improve our quality of care.

From everyone at Spectrum Health, thank you for trusting us with your care.

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Things to do before surgery

	Date scheduled	see page
Four weeks before surgery		
Starting today		
<input type="checkbox"/> Schedule your preoperative evaluations with the Surgical Optimization Center, your primary care doctor or surgeon for 15 to 30 days before surgery, as directed by your surgeon.	_____	7
<input type="checkbox"/> Get required blood work or other tests done.	_____	9
<input type="checkbox"/> Get medication instructions from the Surgical Optimization Center, your primary doctor or surgeon.	_____	11
Two to three weeks before surgery		
<input type="checkbox"/> Drink less alcohol and stop smoking.	_____	11
<input type="checkbox"/> Arrange for a responsible adult over the age of 18 to: <ul style="list-style-type: none">• Drive you to the surgery center or hospital.• Wait at the surgery center or hospital during your surgery and talk to the surgeon.• Drive you home after you are discharged from the surgery center or hospital.	_____	12
<input type="checkbox"/> Begin home preparations.	_____	12
<input type="checkbox"/> Order medical equipment you may need after surgery.	_____	13
One to two weeks before surgery		
<input type="checkbox"/> Be ready for a preregistration call.	_____	14
<input type="checkbox"/> Be ready for a preadmission testing call.	_____	14
<input type="checkbox"/> Review what to bring to the surgery center or hospital.	_____	19
<input type="checkbox"/> Arrange for transportation and for someone to stay with you until the next day after you arrive home from surgery	_____	12

One day before surgery

Eat meals as normal the day before your surgery unless your surgeon or preadmission testing nurse gives you specific instructions to do otherwise.

Day of surgery

Do not eat any food (including gum or candy) or drink anything the morning of your surgery unless your surgeon or preadmission testing nurse gives you specific instructions to do otherwise.

Postoperative phone call

The day after surgery, you will receive a phone call from the location of your surgery. They will ask some generalized questions about your recovery. They can answer your questions but may refer you to your surgeon for additional follow-up.

Signs of infection

General infection symptoms can include:

- Skin redness
- Pain
- Swelling
- Fever. Refer to your discharge instructions for what to do and when to notify your surgeon.
- Feeling ill
- Increasing pain or tenderness at surgical site
- Red streaks, redness or swelling near a surgical site
- Foul-smelling discharge from a surgical incision

If you have any concerns about a possible infection, call your provider.

Nausea symptoms

Nausea and vomiting can occur after a surgery. Things to try at home if experiencing nausea or vomiting:

- Get fresh air
- Listen to music
- Practice deep, slow breaths
- If attempting to eat:
 - Eat small meals
 - Eat bland foods like toast or crackers
 - Avoid greasy foods

If you have nausea and/or vomiting that lasts 24 hours or more, call your provider.

Skin care

Talk with your health care team about how you should care for the dressing on your surgery site. How you care for your surgery site depends on the type of surgery you have.

Not moving around can lead to bedsores, especially on pressure areas like your tailbone, heels or elbows. Changing positions at least every two hours can help take pressure off these points.

Activity cycle

Balance times of activity with rest periods throughout the day. Both are important for your recovery. Avoid lifting or carrying objects that weigh more than 10 pounds. Be sure to follow the instructions your health care team gives you about any activity restrictions.

Medication

- Regular medication: Most of your regular medication may be restarted after your surgery.
- Pain medication: Take your pain medication on a schedule and before your pain becomes severe. If what has been ordered for you does not work well, please contact your surgeon’s office.
- Stool softeners: Pain medication and not moving around can cause constipation. Use a stool softener as needed.

Showering

- Talk with your surgeon about when you may begin showering.
- Your dressing must stay dry.
- You should not soak in a pool, hot tub, lake or river until your incision is healed. This takes about two to three weeks. Soaking in water may increase your risk for wound infection.

Driving

You should not drive a car until your surgeon says you are ready and you have been off your prescription pain medications for 24 hours. It takes time to get back the muscle strength to drive your car safely. Pain medication can slow your reaction time, putting you at higher risk for an accident. If you are a passenger for more than one to two hours, stop to move around for five to 10 minutes to increase blood flow.

Clear liquids

You may be told you can have clear liquids until two hours before your arrival time. If so, you can have:

Water	Apple, grape or cranberry juice
Plain Jell-O® only (No fruit or toppings)	Black coffee or tea (No cream or sugar)
Sodas (ginger ale, Sprite®, 7UP®, colas)	Sports drinks
Pedialyte®	

If you can have clear liquids, we recommend that you drink 16 ounces of water two hours before your scheduled arrival time.

Infant feedings

If your baby is having surgery, you can feed your baby:

- Infant formula until six hours before your scheduled arrival time.
- or
- Breast milk until four hours before your scheduled arrival time.

Light meals

You may be told that you can have a light meal on the day of surgery based on your arrival time. If so, you can eat:

- Pretzels
- Crackers
- Dry toast

NOTE: If you do not follow these instructions or the specific instructions given by your surgeon or preadmission testing registered nurse about food and liquids, your surgery may be delayed or canceled.



Section C | Going home

Care at home after surgery

Before you go home from surgery, your health care team will give you discharge instructions to manage your care at home. After you arrive home, it is not unusual for you to feel groggy, lightheaded and nauseous or have a lack of appetite. Tolerable pain is to be expected.

Here are some things that can also help with your recovery.

Coughing and deep breathing

Not being able to move as much as you usually do and taking pain medication can make it harder to expand and get rid of fluids in your lungs. This puts you at risk for developing pneumonia. By coughing on purpose and deep breathing, you lower the risk. A good goal is to cough and deep breathe 10 times every hour while you are awake.

Walking and foot exercises

Walking soon after surgery can help improve oxygen and blood flow through your body, strengthen muscles and help body functions. You should walk or move from place to place as much as you are able to after your surgery.

If you are not able to walk or move about, try pumping your ankles 10 times every hour while awake. This simply means bending your foot up and then down at the ankle. By doing this, the calf muscles contract, pumping blood through your veins. This can help prevent blood clots.

Positioning

Positioning means how you arrange or place your body. After your surgery, you may need to position your body in a certain way to help you recover. This depends on the type of surgery you have. Sometimes you may need special equipment to help you position your body. Your health care team will give you instructions about positioning your body before you go home.

Diet

You should be able to eat a normal meal within a few days after surgery. However, do not be surprised if your appetite is not normal for the first couple of weeks after surgery. Be sure to follow the diet instructions your health care team gives you. Choose foods that are high in fiber and drink lots of fluid (six to eight glasses of water daily) to prevent constipation. Avoid smoking and tobacco products.



Section A | Preparing for surgery

Medical evaluations

Your surgeon will tell you if you need any of the following evaluations or tests before your surgery. What you need depends on your overall health and the type of procedure you are having.

Evaluations These may be needed for a complete history or to prepare you for surgery. If you need an evaluation, it must be completed **within 30 days** of surgery.

- _____ Primary care doctor
- _____ Cardiologist
- _____ Pulmonologist
- _____ Endocrinologist
- _____ Surgical Optimization Center
- _____ Other _____
- _____ No evaluation needed

Tests Blood work or other lab tests may be completed when you have your evaluation. If you do not need an evaluation, the tests must be completed **within 30 days** of your surgery.

- _____ CBC, also known as Complete Blood Count
- _____ CMP, also known as Comprehensive Metabolic Panel
- _____ PT/PTT, also known as Prothrombin Time/Partial Thromboplastin Time
- _____ UA, also known as Urinalysis
- _____ EKG, also known as Electrocardiogram
- _____ A1C, also known as Blood Sugar Levels
- _____ Other _____
- _____ No Tests Needed

Pain clinic: If you are seeing a pain specialist, talk with your specialist before surgery about how to manage your pain after surgery.

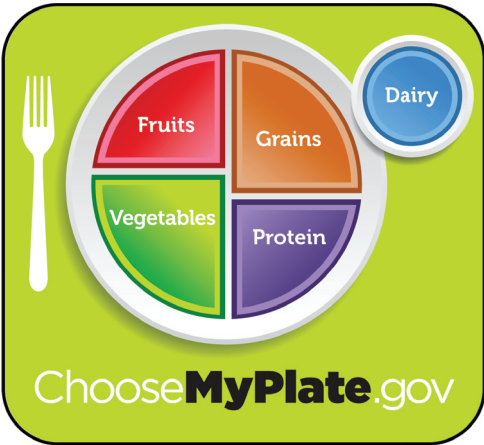
Dentist: If you have any dental problems, they should be taken care of before surgery

Good nutrition

A healthy diet with good nutrients before and after surgery can help you heal. Before you eat, think about what goes on your plate.

Make half your plate fruits and vegetables.

- Focus on fruits. Fruits may be fresh, canned, frozen or dried.
- Vary your veggies. Eat red, orange and dark-green vegetables.



Make half your grains whole.

- Choose 100% whole-grain cereals, breads, crackers, rice and pasta.
- Check the ingredients list on food packages to find whole-grain foods.

Go lean with protein.

- Choose lean meats and poultry.
- Bake it, broil it or grill it.
- Vary your protein choices with more seafood, beans, peas, nuts and seeds.

Get your calcium-rich foods.

- Switch to fat-free or low-fat milk and dairy. They have the same amount of calcium and other essential nutrients as whole milk, but less fat and calories.
- Calcium-fortified soy products are an alternative to dairy foods.

Cut back on foods high in solid fats, added sugars and salt.

- Choose foods and drinks with little or no added sugars.
- Look out for salt (sodium) in foods you buy.
- Use spices and herbs to season when cooking instead of adding salt.
- Switch from solid fats to oils when preparing food.
- Make foods with high saturated fats—like cakes, cookies, ice cream, pizza, cheese, hot dogs—occasional choices, not everyday foods.

Dietary Guidelines for Americans 2010 (www.dietaryguidelines.gov); USDA publication (www.ChooseMyPlate.gov)

Pain management

Different types of medications and methods may be used to manage your pain. Your pain will be assessed on an individual basis and treated to meet your needs. Not every patient has the same pain management needs. Pain management begins while you are at the surgery center or hospital. You may need to continue pain management while you are recovering at home.

A pain scale helps you rate your pain intensity. On the scale, 0 means no pain, and 10 is the worst pain possible. You may feel some pain even with medications. Tell your health care team if medications do not reduce the pain. Be sure to mention if the pain suddenly increases or changes.

Please note: If you are given a pain medication prescription, you will need to take the prescription to a pharmacy to be filled. It is best to do this as soon as you are discharged. Pain medication that you need to take while recovering at home is not given to you by the surgery center or hospital.

Medications

Narcotic medications: These are powerful painkillers used to treat acute (short-term) pain. When used properly, narcotics are safe and can be very effective. These may be given through an IV or in pill form.

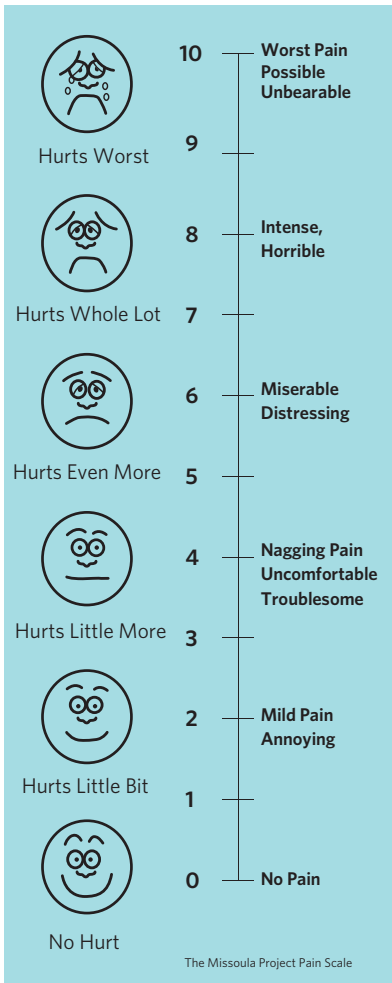
Nonnarcotic medications: These are medications used alone or with narcotic medications for pain relief. Examples of nonnarcotic medications are ibuprofen, Aleve® and Tylenol®. It is important to follow the instructions your health care team gives you about taking nonnarcotic medications. For your safety, there is a limit to how much medication you can take in each 24-hour day.

When you are taking pain medications:

- Stay ahead of your pain. Take your medication on time. Do not wait until your pain is severe and out of control.
- Take only the medication your health care team has told you to take.
- Take medications with some food to avoid an upset stomach.
- Do not drink alcohol while using pain medications.

Non-medication methods for managing pain:

- Elevate the area where you had surgery.
- Use ice packs on the area where you had surgery.
- Change your position often, if possible.
- Relax by doing deep breathing, listening to music or meditating.



Phase 2—Recovery (outpatient surgery)

- Your health care team will continue to monitor your condition in preparation for discharge.
- A beverage and light meal or snack may be given to you.
- Once you have met your recovery goals, you will be discharged home.
- Your health care team will review your discharge instructions with both you and your responsible adult. Discharge instructions give you the information you need to help manage your care at home.
- You may feel sleepy, nauseous or dizzy for the entire day after surgery. Rest will be important after surgery.
- A responsible adult over the age of 18 must be available to drive you home after surgery.

Anesthesia services

Your anesthesiologist is a member of your surgical team. He or she gives you anesthetics (medications to keep you comfortable and lower your awareness of surgery) and monitors your condition to keep you safe during surgery. You will have one of three kinds of anesthesia during your surgery.

Monitored Anesthesia Care (MAC)

- This type of anesthesia is often used for surgery that is short or not too invasive.
- Sedatives (medications to relax you) are given through an IV (intravenous) line.
- The area around the surgical site is usually numbed with a local anesthetic.

Regional anesthesia (sometimes called spinal epidural or Bier block)

- This type of anesthesia is often used for surgery on the arms, legs and abdomen.
- A specific region of your body is numbed by injecting anesthetic near nerves, near your spine or near the site where you are having surgery.
- You may also be given sedatives through an IV line to relax you.
- With regional anesthesia, you may choose to remain awake or sleep lightly.

General anesthesia

- This type of anesthesia is often used for extensive surgery.
- You will be asleep, and a breathing tube is placed.
- The anesthetic may be given as a gas that you breathe and as medications that are injected through an IV line.
- Because you are asleep, you feel no pain and remember nothing of the surgery.
- The nurse who calls for your preadmission planning will talk with you about your medications and what to take the morning of surgery.

Medications and supplements

Daily prescription medications

Review your medications with your primary care doctor or specialist. Some medications may need to be changed or stopped before surgery. Your doctor will decide what is best for you and give specific instructions. Medications your doctor may adjust before surgery include:

• Blood thinners	• Pain medications
• Arthritis drugs (aspirin, NSAIDs, etc.)	• Drugs that affect your immune system
• Diabetic medications	• Some hormones
	• Hypertension medications

The nurse who calls for your preadmission testing will talk with you about your medications and what to take the morning of surgery.

Herbal and vitamin supplements

We recommend you stop taking all herbal, vitamin and dietary supplements at least one week before surgery. They may cause serious interactions with blood thinners or anesthetic agents. This also includes energy drinks, energy bars and any weight loss medications you take.

Examples of herbal and vitamin supplements include St. John’s wort, glucosamine/chondroitin, ginkgo biloba, ginseng, coenzyme Q10, vitamin E, SAM-e, fish oil, flaxseed and many others.

Tobacco use

We recommend that you stop smoking as far in advance as possible before surgery. Stopping smoking helps healing and lowers your risk of infection and breathing complications. Talk to your primary care doctor or surgeon about resources and ways to stop smoking.

Preparing for recovery at home

There are some things you can do before surgery to prepare for your recovery and safety at home. You may have restrictions on activities or how you move while you recover. Consider everyday tasks and how you might do them differently. Some examples are:

- Make a plan for how you will avoid going up and down stairs, strenuous activity like housework or lifting anything that weighs more than 10 pounds.
- Move items used often to heights where you can reach them without bending down or reaching high.
- Prepare or purchase small-portion meals and store for later use.
- Arrange a seating area in advance with the items you will need.
 - Put a table close to your chair
 - Have remote controls and your phone close by
- Clear your walking paths so you don't trip.
 - Remove throw rugs and household decorations
 - Move electrical cords

Your health care team will tell you what your activity restrictions are after surgery and help you with how to do things differently.

Choose a helper as you get ready for surgery. Your helper may be needed most in the first few days after surgery with things like your personal care, transportation, shopping, child care, pet care or light house cleaning. Your helper should be:

- **Available.** For your safety, someone should be with you for the first 24 to 48 hours after surgery while you adjust to your environment and any activity limitations.
- **Physically able to meet your needs.** You may need help getting in and out of your bed, chairs and/or car for the first few days after surgery.
- **Willing to help with your personal needs.** You may need help with bathing, toileting or getting dressed, especially in the first few days after surgery.

- If you are a premenopausal woman, you will be required to have a urine pregnancy test before surgery.
- An intravenous (IV) infusion will be started, and you may receive an antibiotic if needed.
- You may have to wear compression stockings or other compression devices. These are used during and right after surgery to lower the risk of blood clots.

When you first arrive in the operating room, it will seem very bright and feel cool. A nurse will help place you on the operating room table and answer any questions you may have.

The length of time you will be in surgery depends on your procedure. Your surgeon will tell you how long to expect to be in surgery. It is important that your responsible adult be available to talk to the surgeon after your surgery is done.

Going from the operating room to recovery

When your surgery is done, you will go to a recovery room. Recovery has two phases. Not all patients go through both phases. This depends on your health status, the type of surgery you had and how your body responds to that surgery.

Your health care team is available to meet your needs. Make your nurse aware of any concerns you have. Your nurse will do everything possible to make you comfortable.

What to expect:

It is not unusual for you to feel sleepy, nauseous, dizzy or confused during recovery. The length of time in recovery depends on the type of surgery you had and how your body responds to that surgery.

Phase 1—Post-anesthesia care unit (PACU)

- The goal of the PACU is to make sure you are comfortable in terms of pain management and controlling nausea.
- You will be monitored by a nurse and the anesthesiologist while you are there.
- Your pulse, blood pressure and breathing will be checked often.
- Once you have met the PACU recovery goals set by your health care team, you may transition to Phase 2 recovery or be transferred to an inpatient bed where you may stay overnight or longer for continued care and recovery after surgery.

At the surgery center or hospital

- Cell phones are allowed in most patient areas.
- Laptops brought in by visitors can access free high-speed wireless internet service.
- Vending machines and cafés are available at the surgery center or hospital.

Arriving for surgery

Check in at the registration desk when you arrive at the surgery center or hospital. When you check in, your family members will get instructions about where to wait. A responsible adult over the age of 18 must be available during and after your surgery. If he or she needs to leave the surgery waiting area at any time, he or she must let a member of the health care team know. Your responsible adult must be available to talk to the surgeon after your surgery is done.

After you register, a member of your health care team will bring you to your preoperative room before your surgery begins. Sometimes there may be a delay in your surgery time. If you have questions about a delay, please ask your health care team.

You will meet these members of your health care team before surgery:

- Admission nurse and support associate
- Your surgeon, resident and/or physician assistant
- Anesthesiologist and certified anesthetist
- Operating room nurse

When you meet these members of your health care team, each of them may ask you the same questions even if you have answered them already. This is for your safety.

Some things you can expect before you go to the operating room

- You will change into a hospital gown.
- Your height, weight and vital signs will be taken.
- Your medical records will be reviewed, including medications and allergies.
- You will sign consents for your treatment.
- You will be asked to mark with a surgical marker the site where you are having surgery. This is a Spectrum Health policy and is for your safety.
- The area on your body where you are having surgery may be shaved to avoid getting hair in the wound.

Medical equipment

Depending on the type of surgery you have, you may need certain medical equipment to help you after surgery. Medical equipment can help with immobilization, range of motion, weight bearing, mobility and wound healing.

Not every patient has the same needs. Your health care team will tell you what medical equipment you need. They may tell you what you need before you have surgery and whether you need to order equipment in advance from a durable medical equipment provider.

In some cases, your health care team will assess your needs during your hospital stay and tell you where to get the medical equipment you may need when you leave the hospital.

☐ Equipment you need:

☐ You do not need any medical equipment.

Preadmission contacts from Spectrum Health

You will receive two calls from Spectrum Health. You will receive these calls within two weeks of your scheduled surgery. One call will be from the registration department, and one call will be from a preadmission testing nurse. Here is what you should expect:

1. Preregistration

A Spectrum Health representative will call you for preadmission registration information. During this call you will be asked about:

- Your contact information (address, phone numbers, etc.)
- Your insurance information

For your convenience, you can also preregister online through MyChart. MyChart makes it easy to manage and track your health information from one secure online account.

- Go to **mychart.spectrumhealth.org** or the Spectrum Health app on your smart device.
- Click on “Visits” quick link from the heading or icon within the side menu or located on the Health Feed.
- Select the appropriate upcoming visit and choose “eCheck-In” and follow the prompts to update your health information as needed.

2. Preadmission testing

A registered nurse from Spectrum Health will call you for preadmission testing. This call takes 30 minutes or more to complete. The nurse will talk with you about:

- Your health history and any medical conditions you have
- Your surgical history
- Medications you take
- Allergies you have
- Your surgery time and what time you should arrive
- Instructions for the day of surgery, including diet restrictions
- Parking instructions

Section B | Day of surgery

Before leaving home

Getting ready

- Take a full shower or bath unless you were instructed otherwise by your physician or nurse. Your daily routine may be different right after surgery. It may be two or more days before you can take a shower or bath again.
- If you are given instructions to clean your skin, use antibacterial wipes and/or wash. Use these on the day of surgery as directed by your surgeon. This depends on the type of surgery you have. These products could be provided or prescribed by your surgeon and are available at most pharmacies.
- Follow all the instructions you are given about eating and drinking on the day of your surgery.
- You can take your medications as directed with a small sip of water.
- You may brush your teeth; do not swallow water.
- We ask that you do not apply makeup or anything with fragrance.
- Please wear loose, comfortable clothing that is easy to put on after surgery.

What to bring with you

- This handbook needs to be brought with you.
- A responsible adult over the age of 18 to wait at the surgery center or hospital while you are having surgery.
- A copy of your advance medical directive, if you have one.
- Guardianship paperwork, if applicable.
- Reading material and/or music for relaxation.
- Your glasses or contacts and storage case.
- A list of all the medications you take.
- Your rescue inhaler or specialty medications (like insulin) if you use any.
- Any medical equipment you need to be able to go home from surgery.

What not to bring

- Jewelry, including any body piercings, should not be worn. For your safety, we will ask you to remove all jewelry before surgery. This will include your wedding rings. It is best to leave all jewelry at home.
- Do not bring cash or valuables of any kind.
- Do not bring prescription medications (except for rescue inhalers and specialty medications).



You can write information down in advance, so you have all your information ready when the nurse calls. Calls are made Monday to Friday between 8 a.m. and 5 p.m.

Urgent procedures

Sometimes your surgeon may schedule you for an urgent procedure. An urgent procedure may be for the next day. If your surgery is urgent, you will get a call to confirm your surgery time, but there may not be enough time for the normal preregistration or preadmission testing planning calls.

Note: In some cases, you may also get a call from the nurse at your surgeon’s office to talk with you about your procedure and hospital stay.

Surgery costs

Your surgery costs may include charges for the following:

- Facility fees for the surgery center or hospital
- Physician fees from your surgeon
- Physician fees from your anesthesia provider
- Physician fees from your radiologist

Some procedures and surgeries require pre-authorization. A **prior authorization (PA)**, sometimes referred to as a “**pre-authorization**,” is a requirement from your health insurance company that your doctor must request approval before your surgery or procedure. Authorizations allow for maximum coverage with your insurance. The response from your insurance company may take several days. If authorization is not provided by your insurance company, you will be notified, and it may result in the need to reschedule your surgery.

Costs not covered by insurance.

Health care providers, such as Spectrum Health, participate with certain insurance plans for covered services. Additionally, we must notify out-of-network, commercially insured patients in advance and provide a disclosure of the out-of-network charges before delivering care.

To learn more, please visit [spectrumhealth.org/averageprices](https://www.spectrumhealth.org/averageprices).

Note: Spectrum Health has partnered with several anesthesia provider groups. Your billing may come from one of the following:

Anesthesia Medical Consultants
3333 Evergreen Drive NE
Grand Rapids, MI 49525
616.364.4200

North Star Anesthesia
30200 Telegraph Road, Suite 200
Bingham Farms, MI 48025
248.258.5058

Kalamazoo Anesthesiology
900 Peeler Street
Kalamazoo, MI 49008
269.345.8618

Anesthesia Associates of West Michigan
P.O. Box 960
Ludington, MI 49431
231.480.4668

Charges for anesthesia services are billed separately from your hospital bill. You may want to contact your insurance company before your surgery to verify coverage.

Questions about payment options— Spectrum Health Hospitals

To discuss payment options, possible financial assistance or billing concerns about your surgery, please call a Spectrum Health customer satisfaction staff member.

Hours: Monday to Thursday, 7:30 a.m. to 6 p.m., and Friday, 7:30 a.m. to 4 p.m.

Phone: 616.774.1710 or toll free 800.968.0145

Advance medical directive

An advance medical directive or durable power of attorney for health care is a legal document that allows you to identify a patient advocate. Your patient advocate is authorized to make medical decisions for you if you are unable to do so yourself.

The document also lets you put in writing your wishes for medical treatment if you are not able to communicate those wishes to us directly. You are not required to complete an advance medical directive prior to surgery. However, we encourage you to consider whether this is appropriate for you and your family.

If you already have an advance medical directive (or durable power of attorney for health care), please bring a copy with you to the surgery center or hospital.

For more information about preparing an advance medical directive, please call Spectrum Health’s Aligning Care With Patient Priorities Department at 616.774.7615.

Guardianship/custody documentation

If you have guardianship of a child or adult, you will need to show the documents granting that guardianship. This is the only way to prove legal guardianship. Examples of documentation include a copy of your order, letters or affidavit of guardianship.