



Big Rapids Hospital
605 Oak Street
Big Rapids, MI 49307

Blodgett Hospital
1840 Wealthy Street SE
Grand Rapids, MI 49506

Butterworth Hospital
100 Michigan Street NE
Grand Rapids, MI 49503

Lake Drive Surgery Center
4069 Lake Drive SE
Grand Rapids, MI 49546

Reed City Hospital
300 North Patterson
Reed City, MI 49677

South Pavilion Surgery Center
80 68th Street SE
Grand Rapids, MI 49548

United Hospital Hendrik & Gezina Meijer Surgery
615 South Bower
Greenville, MI 48838

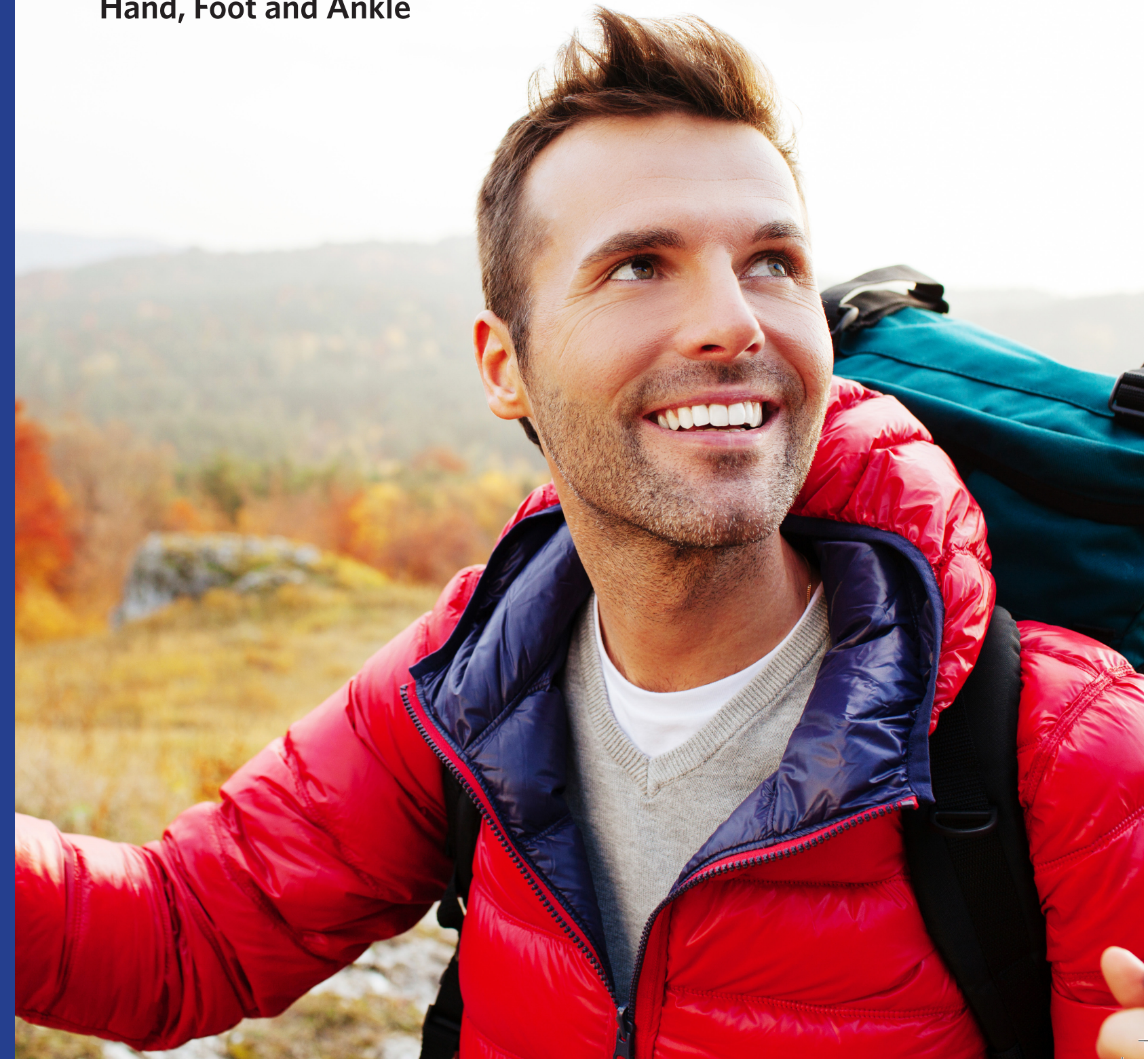
spectrumhealth.org



Orthopedic Surgery

Patient Handbook

General Ortho, Sports Medicine,
Hand, Foot and Ankle



Your Surgery Experience

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

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 feel free to ask your health care team questions at any point along the way.

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- renew prescriptions and track health information
- request appointments
- check test results

from your computer, tablet or smartphone.

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Physical or Occupational Therapy

Many patients will have some type of physical and/or occupational therapy. Many patients can do this at home with exercises your surgeon gives you. Your health care team will tell you when you should begin exercising.

Your surgeon may tell you that you need outpatient physical and/or occupational therapy. A physical therapist, along with your surgeon, will make a therapy plan that is right for you.

Physical and/or occupational therapy is one of the most important parts of your recovery.

Spectrum Health has an excellent physical and occupational therapy department with a full range of services to meet your needs after surgery and provide a seamless approach to your continued recovery. Spectrum Health offers many therapy locations in greater Grand Rapids and throughout the regional areas.

To find a location in your area and to make an appointment, call 616.267.2626 or toll free 877.495.2626.

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Things To Do Before Surgery

	Date Scheduled	See Page
4 Weeks Before Surgery		
<input type="checkbox"/> Schedule your preoperative evaluations with your primary care doctor or specialist care doctor for 15 to 30 days before surgery, as directed by your surgeon.	_____	5
<input type="checkbox"/> Get required blood work or other tests done.	_____	5
<input type="checkbox"/> Get medication instructions from your primary care doctor or specialist care doctor.	_____	7
<input type="checkbox"/> Stop smoking.		
2 to 3 Weeks Before Surgery		
<input type="checkbox"/> Drink less alcohol.	_____	7
<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; ▪ wait at the surgery center during your surgery and talk to the surgeon; ▪ drive you home after surgery. 	_____	8
<input type="checkbox"/> Begin home preparations.	_____	8
<input type="checkbox"/> Order medical equipment you may need after surgery.	_____	9
1 Week Before Surgery		
<input type="checkbox"/> Be ready for a preregistration call.	_____	11
<input type="checkbox"/> Be ready for a pre-procedure planning call.	_____	11
<input type="checkbox"/> Review what to bring to the surgery center.	_____	13

Day Before Your Surgery

Follow the instructions your doctor or registered nurse give you regarding when you should stop eating.

If you are told that you may have clear liquids 2 hours before you arrive, these include:

- Water
- Jell-O® without fruit or toppings
- Sodas (ginger ale, Sprite®, 7UP®, colas)
- Pedialyte®
- Apple, grape or cranberry juice
- Coffee or tea (without cream or sugar)
- Sports drinks

If you do not follow the instructions above or those provided by your physician or you arrive late, your surgery may be canceled.

When to Call Your Surgeon

Call your surgeon if:

- You have chills or a temperature of 101 degrees or higher.
- 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 intravenous (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 3 days.
- You have severe nausea.
- Your surgery site looks blue or feels cool when you touch it.
- Your wound is still draining after 7 days.

Spectrum Health Medical Group Orthopedics - 616.267.8860

Call 911 if:

- You have sudden chest pain or shortness of breath.
- You have sudden facial droop, weakness or numbness on 1 side of your body.
- You have sudden vision changes, trouble speaking, or a sudden severe headache.

Medication

- Regular Medication: Most of your regular medication may be restarted after your surgery. Check with your surgeon when to resume taking them.
- 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. These are over the counter medications which can be bought at any local pharmacy.

Showering

- Talk with your surgeon about when you may begin showering.
- Your dressing must stay clean and dry.

You should not soak in a pool, hot tub, lake or river until your incision has completely healed. This takes about 3 weeks. Soaking in water may increase your risk for wound breakdown and 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. Check with your insurance agent if you are allowed to drive with a cast, splint, or durable medical equipment. It takes time to get back the muscle strength to drive your car safely. Pain medication can slow your reaction time, putting you more at risk for an accident. If you are a passenger for more than 1-2 hours, stop to move around for 5-10 minutes to increase blood flow.

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.

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 clear you for surgery. If you need an evaluation, it must be completed **within 30 days** of surgery.

_____ Primary care doctor

_____ Cardiologist

_____ Pulmonologist

_____ No evaluation needed

Tests

Blood work or other lab tests may be completed when you have your evaluation.

_____ A1c (if diabetic) within 90 days

_____ CBC (Complete Blood Count)

_____ CMP (Comprehensive Metabolic Panel)

_____ PT/PTT (Prothrombin Time/Partial Thromboplastin Time)

_____ UA (Urinalysis)

_____ ECG (Electrocardiogram)

_____ Chest X-ray

_____ 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 to lower the chance of infection or teeth being damaged during anesthesia. Avoid routine dental work for the first few months after 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.¹

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.

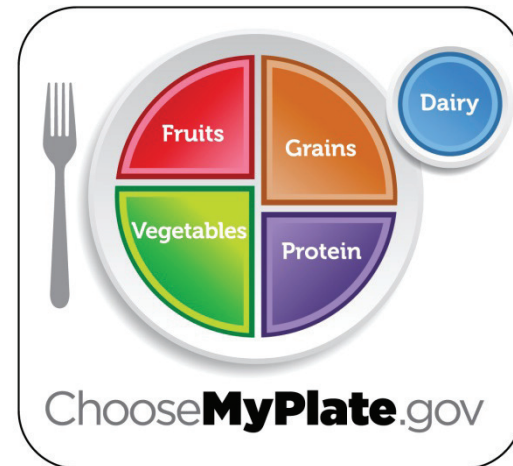
- Choose lean meats and poultry.
- Bake it, broil it or grill it.
- Vary your protein choices with more seafood, beans, peas, nuts and seeds.

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.
- Season with spices and herbs 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.



Section C | Recovering at 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. 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 the use of 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.

Foot Exercises

To help prevent blood clots, it is important to pump 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.

Diet

Most people are able to eat fairly normal meals within a day of surgery. Choose foods that are high in fiber, and drink lots of fluids (6-8 glasses of water daily) to prevent constipation. Do not be surprised if your appetite is not normal for the first couple of weeks after surgery. **Avoid smoking and tobacco products.**

Skin Care

Not moving around can lead to bedsores, especially on pressure areas (e.g., tailbone, heels, elbows). Changing positions every 2 hours can help take pressure off these points. Talk with your health care team about how you should care for your dressing.

Activity Cycle

Balance times of activity with rest periods throughout the day. Both are important for your recovery. Avoid lifting or carrying heavy objects.

Elevation

If instructed by the physician or nurse, keep the operative extremity above the level of your heart to reduce pain and swelling.

¹ Dietary Guidelines for Americans 2010 (www.dietaryguidelines.gov); USDA publication (www.ChooseMyPlate.gov)

Methods

Nerve Block: This is a shot of numbing medication (local anesthetic) near specific nerves to lower your pain in a certain part of your body during and after surgery. You may receive a nerve block in addition to your anesthesia to help control pain after surgery, depending on the type of surgery you have.

If your health care team recommends a nerve block, it may be given as a single one-time shot or given through a pain pump.

ON-Q® Pain Pump: This is a balloon-type pump filled with medication to treat your pain. It blocks the pain in the area where you had surgery, giving you better relief than taking only a narcotic-type medication. The pump is attached to a catheter near your surgery site. The pump is programmed to deliver the medication at a very slow flow rate.

TENS Unit: Your surgeon may recommend a TENS unit for pain control and/or muscle strengthening. TENS stands for Transcutaneous Electrical Nerve Stimulation. With TENS, sticky electrodes are placed on the skin around the painful area. When the TENS unit is turned on, it delivers a light electrical current through the electrodes to the skin and tissues just beneath it.

If your surgeon recommends this pain management method for you, a TENS unit representative will talk with you and give you more details about this device and how it works.

Cryo-Cuff Cooler: Your surgeon may recommend a Cryo-Cuff Cooler for you depending on the type of surgery you have. This device provides compression and cooling therapy to keep swelling down and help lower pain.

Non-medication methods for managing pain at home:

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



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

The nurse who calls for your pre-procedure planning will talk with you about your medications and what to take the morning of surgery.

Over-the-counter Medications

- Aspirin, ibuprofen (Motrin®, Advil®) and naproxen (Aleve®) can thin your blood and should be stopped 1 week before surgery unless your primary care doctor gives you other instructions.
- Acetaminophen (Tylenol®) is OK to take until surgery if less than 4,000 milligrams per day.
- A multivitamin plus iron, as well as calcium and vitamin D, are safe to continue until surgery.

Herbal and Vitamin Supplements

We recommend you stop taking all herbal supplements, dietary supplements and other nonprescription substances used for medicinal purposes at least 1 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.

Nicotine and Alcohol Use

We recommend that you limit alcohol use 2-3 weeks before surgery. We also recommend that you stop smoking at least 4 weeks before surgery. This includes tobacco, chew, e-cigarettes, and vapor. Stopping smoking helps healing, and lowers your risk of infection, wound healing problems, failed fusion surgery, and breathing complications. Talk to your primary care doctor about ways to stop smoking.

Note: If you are not sure whether you should stop or adjust your medication before surgery, ask the doctor who prescribed the medication.

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 how you move while you recover. Consider everyday tasks and how you might do them differently.

- Make a plan for how you will avoid going up and down stairs if necessary.
- Move items used often to heights where they can be reached 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.
 - Table close to your chair
 - Remote controls and phone close by
- Clear your walking paths so you don't trip.
 - Remove decorations and throw rugs.
 - Move electrical cords.
- You may need to be in a specific position for a determined length of time for recovery.

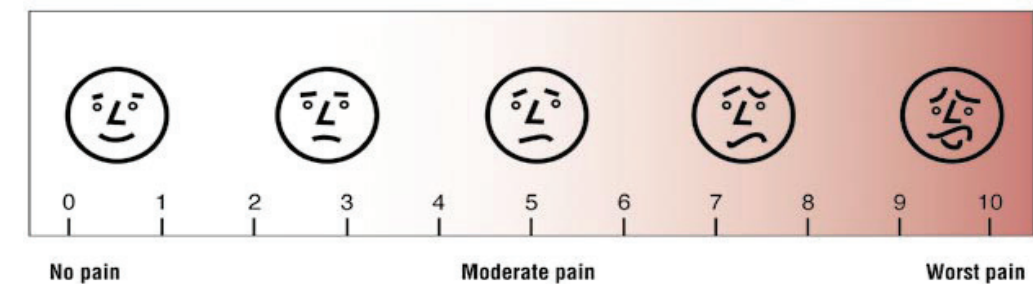
Choose a helper as you get ready for surgery. Your helper will be needed most in the first few days after surgery with things like your personal care, transportation, shopping, child care, pet care or light house cleaning. Your helper should be:

- **Available.** For your safety, someone should be with you for the first 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 car for the first few days after surgery.
- **Willing to help with your personal needs.** You may need help with bathing, toileting or dressing, especially in the first few days after surgery.

Pain Management

Different types of medications and methods will be used to manage your pain. Not every patient has the same pain management needs. Pain management begins while you are at the surgery center. You may need to continue pain management while you are recovering at home.

A pain scale helps you rate 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 don't reduce the pain. Be sure to mention if the pain suddenly increases or changes.²



Note: You will need to take your pain medication 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.

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 your 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®.

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.

Prescriptions: Check with your provider to see when you can resume your normal medications.

Anesthesia Services

Your anesthesiologist is a key 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 1 of 3 kinds of anesthesia during your surgery.²

Monitored Anesthesia Care (MAC)

- MACs are 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 a nerve block)

- These are 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

- A general anesthetic is often used for extensive surgery.
- You will be asleep, and a breathing tube will be placed.
- The anesthetic will 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 risks and complications of anesthesia depend on your overall health. If you are healthy, the risks are low. The risks are higher for patients with diabetes, heart or lung problems. Your anesthesiologist or nurse anesthetist will discuss the risks with you.

Medical Equipment

Depending on the type of surgery you have, you may need certain medical equipment to help you after surgery. Your health care team will tell you what you need. Not every patient has the same needs. You may need to order equipment in advance from a durable medical equipment (DME) provider.

You do not need any medical equipment

You Need	Equipment	Order From DME Provider In Advance	Get From Surgeon In Advance	You Will Get This During Surgery
	Surgical Shoe (Postoperative Shoe) - A flat, stiff shoe that will not bend when walking. It helps to keep the front part of your foot from flexing after surgery.			
	CAM Walker (Walking Cast Boot) - A large, removable boot designed for walking.			
	Splint - A device to keep your foot or other limb from moving immediately after surgery.			
	Sling - A device to keep your arm or shoulder from moving immediately after surgery.			

You Need	Equipment For Range Of Motion Help	Order From DME Provider In Advance	Get From Surgeon In Advance	You Will Get This During Surgery
	CPM Machine (Continuous Passive Motion Machine) - This machine is used for certain types of elbow, knee and hip surgeries.			
	TROM (Total Range of Motion) Brace - A brace for easy-to-use range of motion control, usually for your knee.			
	CYMEDICA (Total Range of Motion) Brace - A brace for easy-to-use range of motion control, usually for you knee.	Company will contact you to get fitted		
	IROM (Integrated Range of Motion) Brace - A brace for fixed or controlled range of motion, usually for your elbow.			
	Hip Brace - A brace to provide protection and support immediately after your hip procedure.			
You Need	Equipment For Weight-Bearing Help	Order From DME Provider In Advance	Get From Surgeon In Advance	You Will Get This During Surgery
	Crutches - A mobility aid that lowers the weight load on one of your legs and makes your support base wider to improve your balance and stability. For your safety, you will be fitted for your crutches and receive instructions on proper use.			
	Walker - A mobility aid that gives more support to keep your balance or stability while walking.			
	Knee Walker - A mobility aid with wheels and handle bar (like a scooter). You put your knee on a cushion to make sure no weight is on the foot or ankle that you had surgery on and push yourself with your other leg.			

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 anesthesia used, and your surgery procedure.

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 groggy, nauseous or lightheaded during either phase of recovery. Your postoperative room stay is variable. The length of recovery time depends on your health progress.

Phase 1 - Post-anesthesia care unit (PACU)

- You will be in the PACU until you are awake, your symptoms are managed and you are ready to go to a postoperative room.
- You will be monitored by a nurse and the anesthesiologist while you are there.
- They will check your pulse, blood pressure and breathing often.

Phase 2 - Postoperative room

- Your health care team will monitor your condition.
- A light meal or snack will be given to you.
- Your health care team will review your discharge instructions with both you and your responsible adult. Discharge instructions provide important information you will need to help manage your care at home.

Note: You may feel groggy or have symptoms for the entire day of surgery therefore make a plan to rest and recover.

Arriving for Surgery

Check in at the registration desk when you arrive at the surgery center. After you register, a member of your health care team will bring you to your admission room 1-2 hours before your surgery begins. Sometimes there may be a delay in your surgery time.

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

- Admission nurse and support associate
- Your surgeon, physician assistant, nurse practitioner, or athletic trainer
- 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 already answered them. 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.
- 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 developing a blood clot.

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.

Note: A responsible adult over the age of 18 must remain on site during and after surgery. If he or she needs to leave the area at any time, he or she must let a member of the nursing team know. It is important that your responsible adult be available to talk to the surgeon after your surgery is done.

Pre-Admission Contacts From Surgery Center

You will receive 2 calls from Spectrum Health within 5 days of your surgery. One call will be from the registration department, and one call will be from a pre-procedure planning nurse. Here is what you should expect:

1. Pre-registration

A Spectrum Health representative will call you for pre-admission registration information. This call takes about 5 minutes. During this call, you will be asked about:

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

2. Pre-procedure planning

A registered nurse from Spectrum Health will call you for pre-procedure planning. 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 surgery history.
- Your medications.
- Your allergies.
- Your surgery time and what time you should arrive.
- Instructions for the day of surgery, including diet restrictions.
- Parking instructions.

3. Urgent Procedures

Your physician's office will instruct you regarding preparation if your surgery has been urgently added to the surgeon's schedule.

We suggest you write all of the above information down in advance so you have all your information ready when the nurse calls. Calls are made Monday through Friday between 8 a.m. and 5 p.m.

Surgery Costs

Your surgery costs may include charges for the following:

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

Contact your insurance company for information about what costs you must pay.

Note: At Spectrum Health, anesthesia services are provided by:

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

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

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

Hours: Monday through 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 1.800.968.0145

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 if this is appropriate for you and your family.

If you already have an Advance Medical Directive (or Durable Power of Attorney for Health Care), bring a copy with you to the surgery center.

For more information about preparing an Advance Medical Directive, call Spectrum Health's MyLife Care Planning center at 616.774.7615.

Section B | Day of Surgery

Before Leaving Home

Getting ready

- Take a shower or bath. It may be 2-3 days before you can take a full shower or bath again.
- Take your medications as directed with a small sip of water.
- Brush your teeth; do not swallow water.
- Do not apply makeup or anything with fragrance.
- Wear loose, comfortable clothing that is easy to put on after surgery.

What to bring with you

- This handbook.
- A responsible adult over the age of 18 to drive you home after your 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.
- Your rescue inhaler or specialty medications (like insulin) if you use any.
- Any medical equipment you need to safely go home after surgery.

What not to bring

- Jewelry, including any body piercings.
- Prescription medications (except for rescue inhalers and specialty medications).

At the surgery center

- Cell phones are allowed in most patient areas.
- Laptops brought in by visitors can access free high-speed wireless Internet service.
- Vending machines and a café (limited hours) are available at all surgery centers. If your surgery is later in the day, family members may want to bring a light meal to eat while they are waiting.