



TEXAS
SPINE & JOINT
HOSPITAL

www.tsjh.org

Main: 903.525.3300
Toll-free: 866.684.8754



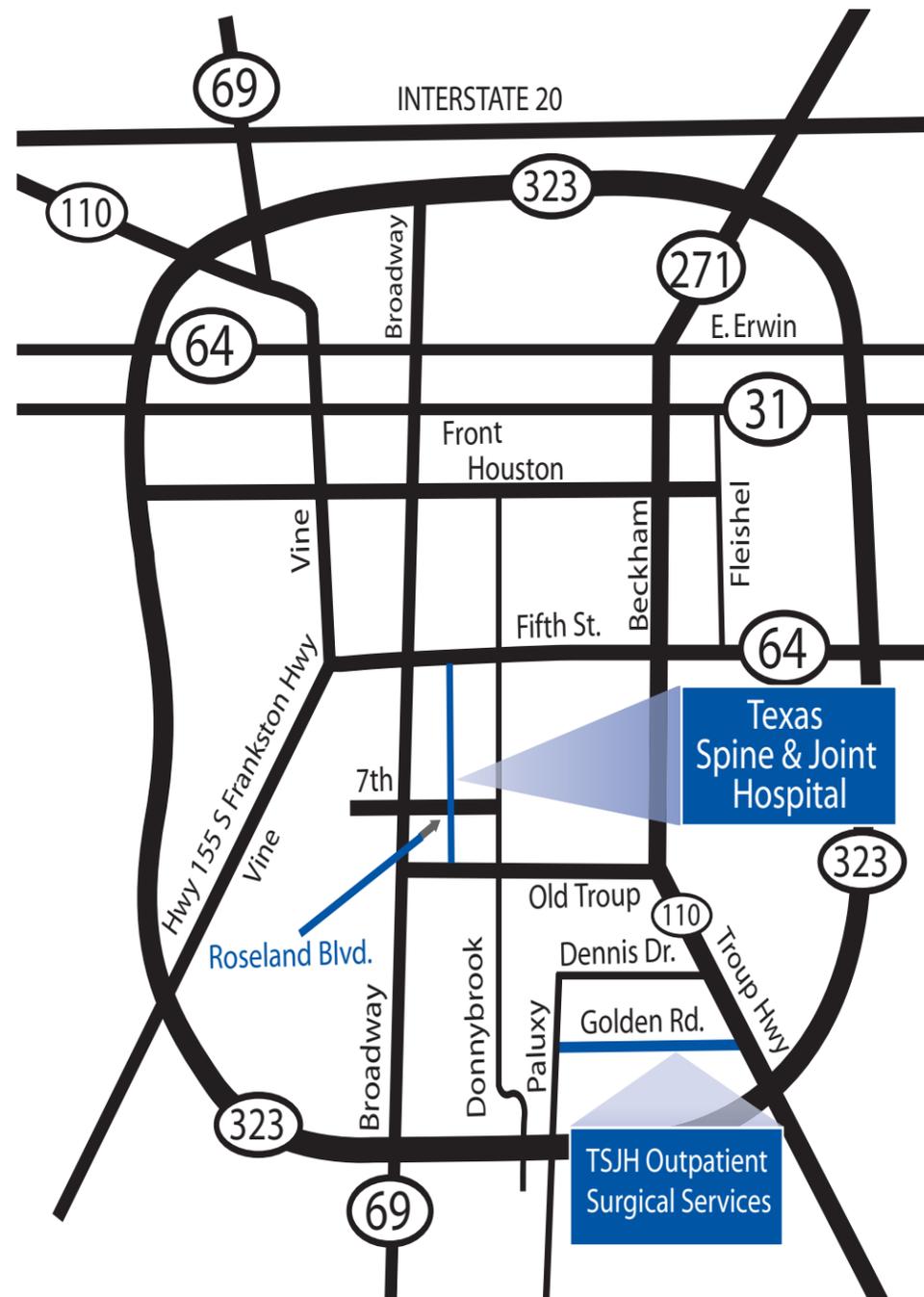
For more information
about your surgery

Texas Spine & Joint Hospital
903.525.3368
1814 Roseland Blvd.
Tyler, TX 75701

TSJH
Outpatient Surgical Services
903.531.6200
3414 Golden Road
Tyler, TX 75701

TSJH
Insurance and Billing Information
903.525.3300

Map of Our Location



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Family matters

It is very important you have a trusted friend or family member with you for your surgery.

Your family member will:

- Communicate with surgery team during your surgery.
- Speak with your surgeon after surgery.
- Drive you home.
- Make sure you have all your discharge instructions.

Preparing for Outpatient Surgery

The night before surgery

Do not eat or drink anything after midnight the night before surgery, including tobacco products, vapor cigarettes, mints, gum, candy, etc. You may brush your teeth but do not swallow water. **If you eat or drink after midnight, your surgery could be cancelled or postponed.**

- Take a bath or shower using the special cleansing instructions in this pamphlet. **Do not shave any part of your surgical area at least 2 days prior to surgery.**

The morning of surgery

- Please plan to arrive two hours before your scheduled surgery time. If you are unsure about your arrival time, please contact your surgeon's office.
- Take a second bath or shower using the special cleansing instructions in this pamphlet. Wear clean, comfortable clothes.
- Take your morning medications as directed in your Surgical Preop Assessment visit, which include: _____

Medications

Bring all medications you are taking in their original containers, labeled with the prescription and your name. You do not need to bring pain medications. Please do not bring "pill planners". Also bring any over-the-counter medications that you regularly take.

DO NOT TAKE THE FOLLOWING MEDICATIONS for at least one week prior to surgery:

- Aspirin
- NSAIDS (Ibuprofen, Motrin, Aleve)
- Mobic
- Omega 3s and Fish Oil
- Vitamins or Herbal Supplements
- Dietary Supplements
- Blood Thinners (Plavix, Coumadin, Effient, Pradaxia, etc.)
- Other Over-the-Counter Medications
- Phentermine (Stop 14 days prior to surgery)

What to Bring to the Hospital

- Comfortable, loose-fitting clothing
- Adult family member or friend to drive you home
- All medications you are currently taking, EXCEPT pain medications
- Driver's license/ID, insurance, Medicare and Medicaid cards

Please Do Not Bring

- Jewelry, watches
- Electrical items
- Pain medication
- Money, other valuables



Prevent Infection

By following these instructions you will help ensure that your skin has decreased amounts of bacteria that can cause infection.

Skin Cleansing

- **The two nights before your surgery**, shower with antibacterial soap (you may be given a special soap to use) and dry off with a fresh, clean towel. Do not shave the surgical incision area.
- **The night before surgery**, one hour after the shower, use one prep cloth to wash the surgical site for at least 3-5 minutes. If your surgery is on the hand or foot, make sure to wash between toes or fingers, nail beds and under nails with the wet cloth.
- Let the area dry for one minute, do not rinse. Skin may feel tacky for several minutes.
- The prep cloth may cause skin irritation such as a temporary itching sensation and/or redness. Showering or shaving right before applying the cloth may make this worse. If itching or redness persists, rinse the area and discontinue use.
- Wear clean, fresh pajamas (or gown) and change personal bed linens the night before surgery.
- **The morning of surgery**, shower again with antibacterial soap (you may be given a special soap to use) and dry off with a fresh, clean towel.
- Now use the second prep cloth to again wash the surgical site using the same procedure as before. Again, do not shave the surgical area.
- Let dry for one minute.
- Wear freshly laundered clothes and underwear to the hospital or surgery center.

Do not use the enclosed prep cloth if surgery involves the face, ears, vaginal or rectal area.

Hand Washing

The most important thing you can do is **wash your hands** frequently and properly by using soap, lukewarm water and washing for at least 30 seconds. Antibacterial soap is ideal, but it isn't absolutely necessary, any soap will do.

Hand washing is the front line of defense against infection. It cannot be stressed enough how important it is to keep your hands clean. This is also true of anyone who may be helping you care for your incision after surgery, even if they wear gloves.



If you have any questions, call:
Susan Orr, BSN, RN,
Infection Control: **903.530.4231**

Verification Stickers — Bring this page when you arrive for surgery.

Place the Prep Check™ stickers from the package on the spaces to the right.



Pain Control and Anesthesia

Pain control during and after surgery is one of the most common concerns of surgery patients. Our goal is to keep you as comfortable as possible.

Anesthesia during surgery

Anesthesia is the loss of sensitivity to pain brought about by various drugs known as anesthetics. There are several types to choose from. Your anesthesiologist will discuss the ones best for you.



- General anesthesia is the most common form of anesthetic and has been used for many years. The patient is put into a deep sleep and will not feel any sensation.
- Spinal or epidural anesthesia targets a specific area, like a joint, and totally numbs it. Although you are awake, you do not have pain. Typically with these anesthetics, the patient is given other medications to produce relaxation or a light sleep. You may not remember the surgery.
- Nerve or regional blocks are another effective method of pain control. The anesthetic medication is injected into the nerve closest to the surgical site. This blocks the pain signals from reaching the brain, so no pain is felt.



Post-op pain control

After surgery, there are several different types of pain control to keep you comfortable and allow you to be up soon after surgery. Your surgeon and anesthesiologist will choose the best method for you based on your medical history, the amount of pain you are having, and your phase of recovery. *Besides medication, there are other pain control methods that can be used such as relaxation, cold therapy, repositioning and deep breathing.*

After surgery, you will experience some pain. Our goal is to keep you comfortable.

Prevent the pain cycle

Pain has a cycle which begins and increases until medication interrupts it. The aim of good pain control is to stop it before it becomes intolerable. If you begin to feel the pain increasing, such as a 4 on the pain scale, call the nurse and request medication. This is one time that you do not want to tough it out. If the pain cycle is not stopped, it will be harder to control.

The Pain scale

You will be asked to use a pain scale to help describe your pain level. If "0" means no pain and "10" is the worst pain possible, how would you rate your pain level? To relieve your pain most effectively, your healthcare team needs to know how well pain relief measures are working for you. Your nurse will assess your pain several times a day and after giving pain medications. The medications can be adjusted to meet your needs.

Numeric Pain Intensity Scale



Regardless of the type of pain management being used, it is important for you to communicate with your healthcare team if the pain medication:

- Is not sufficient
- If you are feeling nauseous
- If you are not as alert as you feel you should be
- If you have any unusual symptoms from the medications

Adjustments can be made to make you feel more comfortable.

Remember, you will experience some pain from the surgery, but our goal is to keep you as comfortable as possible.

