

Grabe Peachey  
DOB 3/3/01  
DOS 11/8/22

④ Knee arthroscopy  
ACL repair

## Evangelical Ambulatory Surgical Center

An Affiliate of Evangelical Community Hospital

### PATIENT PRE-OP INSTRUCTION SHEET

- ① Please do not eat after midnight. Please refer to the additional pre-op fasting instructions.
- ② No chewing gum, breath mints, chewing tobacco or candy after midnight. Do not smoke for at least 24 hours prior to surgery.
- ③ Do not consume alcohol for at least 24 hours prior to surgery.
- ④ Medications: Take the following medications in the morning with a sip of water

*[Signature]*

- Do not take your water pill or oral diabetic medications the morning of your surgery, unless otherwise directed by your doctor.
  - If you use inhalers, keep them on your regular schedule and bring them with you.
  - Do not take anti-inflammatory medications such as Motrin, Ibuprofen, Advil, or Aleve for 7 days prior to your surgery unless otherwise instructed by your doctor.
  - Your doctor will instruct you regarding other blood thinners. \_\_\_\_\_
  - Tylenol can be taken for pain.
  - Stop all herbal preparations 2 weeks prior to surgery. \_\_\_\_\_
  - Please bring a list of your medications and any forms you were asked to complete.
  - If you have sleep apnea and use a CPAP machine, bring it with you on the day of your surgery.
- ⑤ Please report any cold or flu symptoms and temperature elevations to Pre-admission at 570-522-2733.
  - ⑥ Wear loose fitting comfortable clothing. Please do not wear flip flops. Do not wear contact lenses. Please bring a glasses case as well as your hearing aids, if applicable. Please remove all jewelry and body piercings; they must be removed for your safety. Leave valuables and jewelry at home. If you wear dentures do not use denture paste on day of surgery.
  - ⑦ Please bathe the morning of surgery with antibacterial soap. *DIAL*
  - ⑧ Do not shave the surgical site the night before or day of surgery.
  - ⑨ Bring any medical insurance cards, workers compensation or auto insurance information along with a photo ID the day of your procedure.
  - ⑩ The Surgical Center uses an automatic method for arrival times. You will receive a call between 2-4pm. If you do not receive a call by 4pm, please call 570-768-3300.

**To ensure safety and confidentiality we do not routinely allow family members in our recovery room.**

**Your driver must be available when you are ready to go home.** If your driver is leaving the building, please have him/her check with the receptionist for the approximate time to return. They must provide the receptionist with a number to contact should the facility need to reach them. A responsible adult should be with you in your home for the first 24 hours.

Nurse's signature *Hinda Zimmerman* Date \_\_\_\_\_

Signature of Patient/Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Grabe Peachey  
DOS 11/8/22  
DOB 5/31/01



## Pre-Operative Fasting Instruction Sheet

*To prevent complications during surgery, we ask that you fast for a specific period of time before surgery so that your stomach is empty. If you do not follow our fasting requirements, your surgery may be cancelled or delayed.*

**As you prepare for surgery at Evangelical Community Hospital please follow these instructions:**

- ① No solid food after midnight.
- ② No chewing gum, breath mints, chewing tobacco or candy after midnight.
- ③ Do not smoke or consume alcohol for at least 24 hours before surgery.

*Although we ask that you have no solid food after midnight, it will help with your recovery to drink fluids as instructed below.*

### **Instructions for clear liquids:**

- ~~X~~ Please drink a carbohydrate rich beverage (8-10ozs of Gatorade – not red) at bedtime.
- ~~X~~ You may have clear liquids until 2 hours prior to your hospital **ARRIVAL TIME**.

### **Acceptable clear liquids include:**

Water, Apple Juice, Tea, Black coffee, and Gatorade (not red).

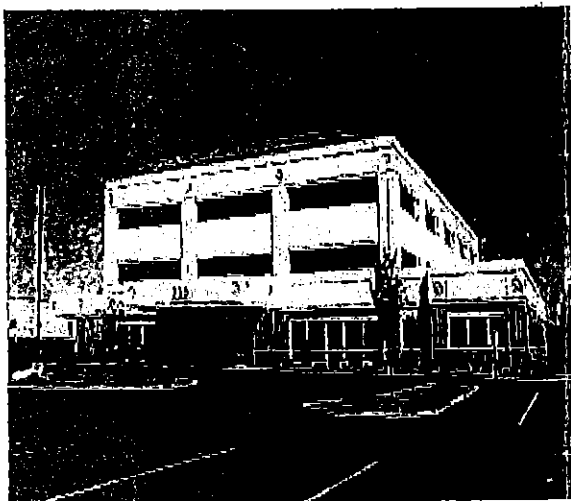
Nurse signature Hadi Zimmerman Date 11/7/22

Patient signature \_\_\_\_\_ Date \_\_\_\_\_

# EVANGELICAL<sup>TM</sup>

## AMBULATORY SURGICAL CENTER

An affiliate of Evangelical Community Hospital



210 JPM Rd., Suite 100  
Lewisburg, Pa. 17837  
570-768-3300

### Expectations for Day of Surgery

We would like to thank you for deciding to have your procedure at the Evangelical Ambulatory Surgical Center.

So that you might have the most pleasant experience possible, we have developed this handout to help prepare you for your surgical day.

Remember that the information presented is provided as a guideline so that you can better plan your day for a less stressful event.

#### Prior to your Arrival to the Surgery Center:

- Please review all directions provided to you by your surgeon/physician in preparation for your surgery/procedure
- Please review all directions provided to you by the Pre-Admission nurse or surgeon's office with regards to eating and drinking, medications you should take, medications you should not take, what to wear, and what to bring with you.
- You are required to have a licensed adult drive for you. Please make arrangements for a driver prior to your day of surgery. *We ask that your driver remain within the facility while you are receiving care.* If your driver must leave, we request that they are capable of returning within 15 minutes of being notified of your discharge.
- Bring a glass case if you wear glasses.
- Bring crutches, braces, or other items requested by surgeon.
- Please arrive at your scheduled arrival time.

### After your Arrival to the Surgery

#### Center:

*This process may require up to two and one half hours prior to your surgical start time.*

- Please **check in** at the desk where you will be asked to complete any paperwork needed prior to your surgery/procedure.
- You will be escorted to the Pre-op holding area where you will be asked to change into a surgical gown. Your clothing will be placed in a clothing bag that will follow you to the recovery area.
- Your nurse will ask questions regarding your name, birthdate, planned surgery, and allergies. For your safety, you will be asked to verify this information numerous times throughout your stay.
- You may have an IV (intravenous) placed so that you may receive medications and fluids.
- An anesthesiologist may assess you, discuss your anesthesia care for the planned surgery/procedure, and sign your anesthesia consent form with you. This is your opportunity to ask any questions regarding your anesthesia care and immediate postoperative pain control.
- Your surgeon will identify you, mark your surgical site, and sign your surgical consent form with you. This is your opportunity to ask any remaining questions regarding your surgery/procedure and immediate postoperative care.
- If you are receiving a numbing block, your anesthesiologist will perform that prior to your going to the operating room.

### Upon Arrival to the Operating Room:

*Your surgeon will inform you of the anticipated duration of your surgery. Please remember to add an additional 45 minutes for the anesthesia and surgical preparation.*

- You will be asked to verify your name, date of birth, planned surgery, and allergies. (You may be sedated prior to this occurring)
- You will be monitored for your safety throughout the procedure.
- When the procedure is completed, your surgeon will contact your appointed contact person if you have had anesthesia.
- When you are awake and comfortable, you will be transferred to the recovery area.

### Recovery Room Stay:

*Your length of stay in our recovery area is dependent on the type of procedure you have undergone and how well you are recovering. Usual stays range from 30 minutes-2 hours.*

- You will be monitored until you are ready to be discharged.
- You will be given pain medications as needed. Please let your nurse know if you are experiencing pain.
- Your nurse will be reviewing your discharge instructions with you.  
*If you feel that you may be incapable of understanding these instructions, please request that your authorized person join you for these instructions.*
- You will be discharged into the care of your licensed adult driver.

Our goal for your care is to provide you with a safe surgical experience in the most efficient way possible.

You should expect to be in our facility for a minimum of *four* hours.

Despite our best efforts to minimize delays in the schedule, on occasion they do occur. If this should occur, we ask that you be understanding and know that your surgeon is taking the thorough care of a fellow patient, just as he/she will with you.

We ask that the person accompanying you please stay within the facility, if possible, that way when you are ready to be discharged, you may leave promptly.

If, at any time prior to your surgical day, you have any questions or concerns regarding your procedure, anesthesia, or anything else related to your procedure, please feel welcome to contact the surgery center and we will try our best to assist you.

  
**EVANGELICAL**  
AMBULATORY SURGICAL CENTER  
210 JPM Rd., Suite 100  
Lewisburg, Pa. 17837  
570-768-3300

# Handwashing and Hand Sanitizer Use

## at Home, at Play, and Out and About



Germes are everywhere! They can get onto hands and items we touch during daily activities and make you sick. Cleaning hands at key times with soap and water or hand sanitizer is one of the most important steps you can take to avoid getting sick and spreading germs to those around you.

There are important differences between washing hands with soap and water and cleaning them with hand sanitizer. For example, alcohol-based hand sanitizers don't kill ALL types of germs, such as a stomach bug called norovirus, some parasites, and *Clostridium difficile*, which causes severe diarrhea. Hand sanitizers also may not remove harmful chemicals, such as pesticides and heavy metals like lead. Handwashing reduces the amounts of all types of germs, pesticides, and metals on hands. Knowing when to clean your hands and which method to use will give you the best chance of preventing sickness.

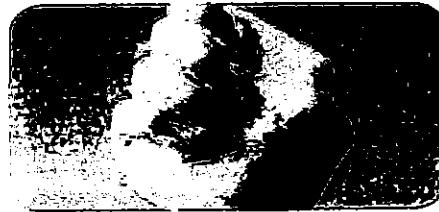
### When should I use?

#### Soap and Water

- Before, during, and after preparing food
- Before eating food
- Before and after caring for someone who is sick
- Before and after treating a cut or wound
- After using the bathroom, changing diapers, or cleaning up a child who has used the bathroom
- After blowing your nose, coughing, or sneezing
- After touching an animal, animal food or treats, animal cages, or animal waste
- After touching garbage
- If your hands are visibly dirty or greasy

#### Alcohol-Based Hand Sanitizer

- Before and after visiting a friend or a loved one in a hospital or nursing home, unless the person is sick with *Clostridium difficile* (if so, use soap and water to wash hands)
  - If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol, and wash with soap and water as soon as you can.
- \* Do NOT use hand sanitizer if your hands are visibly dirty or greasy; for example, after gardening, playing outdoors, or after fishing or camping (unless a handwashing station is not available). Wash your hands with soap and water instead.



CDC

U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

## How should I use?

### Soap and Water

- Wet your hands with clean running water (warm or cold) and apply soap.
- Lather your hands by rubbing them together with the soap.
- Scrub all surfaces of your hands, including the palms, backs, fingers, between your fingers, and under your nails. Keep scrubbing for 20 seconds. Need a timer? Hum the "Happy Birthday" song twice.
- Rinse your hands under clean, running water.
- Dry your hands using a clean towel or air dry them.

### Alcohol-Based Hand Sanitizer

Use an alcohol-based hand sanitizer that contains at least 60% alcohol. Supervise young children when they use hand sanitizer to prevent swallowing alcohol, especially in schools and childcare facilities.

- Apply: Put enough product on hands to cover all surfaces.
- Rub hands together until hands feel dry. This should take around 20 seconds.

**Note:** Do not rinse or wipe off the hand sanitizer before it dries; it may not work as well against germs.



For more information, visit the CDC handwashing website: [www.cdc.gov/handwashing](http://www.cdc.gov/handwashing).

## Corneal Abrasion Patient Education

During Surgery and Anesthesia patients are at risk for developing a corneal abrasion. This document will provide you with information that will help you to understand what symptoms you may experience and how it may be treated.

### What is a Corneal Abrasion?

A corneal abrasion is a scratch, scrape on the surface or your cornea. Fingernails, makeup brushes and tree branches are common causes of corneal abrasions. Some other causes are rubbing your eye and having very dry eyes.

### How will I know if I have a Corneal Abrasion?

- You may feel like you have something stuck in your eye
- Your eye may become reddened, painful and/or watery
- Your vision may become blurry or hazy
- Your eyes may be extra sensitive to light

### What should I do if I experience any of the above symptoms?

- If you are in the hospital make your care providers aware of your symptoms
- If you are at home, you should contact your family doctor or your eye doctor to determine if your need to schedule an appointment

### How are Corneal Abrasions Treated?

If you think you have something in your eye, don't rub it because that can make the abrasion worse. If you are wearing contact lenses, take them out as soon as possible.

If your eye is still uncomfortable, see your healthcare provider or an eye care professional for an exam.


He or She will examine your eye and may prescribe antibiotic ointment to prevent infection or anti-inflammatory eye drops to decrease inflammation. Take any medications exactly as prescribed.

You should not wear contact lenses or use eye makeup until your eye is healed. Avoid driving if your vision is blurry. Taking acetaminophen or ibuprofen can help with the pain if you are able to take these medications. Wear sunglasses to help relieve pain from light sensitivity. After a day of treatment, follow up with your healthcare provider. Mild corneal abrasions usually heal within 2 to 3 days.

# POST OPERATIVE PAIN SCALE

Controlled	0		No Pain
	<b>Minor</b> (annoying, irritating, bothersome)	1	<b>Minimal</b> – Hardly noticeable (like a mosquito bite)
		2	<b>Mild</b> – Minor pain, noticeable when not distracted. (like a pinch)
		3	<b>Tolerable</b> – Pain is noticeable, troubling but can be ignored. (like a doctor giving you an injection)
		4	<b>Uncomfortable</b> – Annoying or distracting pain. (like a toothache, bee sting, stubbed toe)
		5	<b>Distracting</b> – Strong, deep, or piercing pain that can only be ignored for short periods of time. (like sprained ankle)
Not Controlled	<b>Severe</b> (numb, overwhelming, unbearable, agonizing)	6	<b>Distressing</b> – Strong, deep, or piercing pain that is barely tolerable, can ignore it for any length of time. (like headache, back pain, several bee stings)
		7	<b>Intense</b> – Pain is becoming unmanageable, can think of nothing else (like migraine)
		8	<b>Very Intense</b> – Pain is making it hard to concentrate or to hold a conversation (like childbirth, kidney stone)
		9	<b>Severe</b> – Intolerable pain, crying, moaning, unable to speak
		10	<b>Immobilizing</b> – Pain so intense that you are unable to move, causes you to pass out. Worst imaginable pain.





## Guide to Postoperative Pain Scale

You and your doctor have decided that surgery is the next step in your medical care. So what should you expect with regards to pain?

With any surgery or procedure, you should expect to have some pain and discomfort. The goal is to keep your pain at a controlled level during your post-operative stay.

### Our role:

- Quickly respond to your pain control needs
- Use a combination of therapies to help control your pain
  - Narcotic pain medication
  - Non-narcotic / anti-inflammatory pain medication
  - Nerve block
  - Ice and elevation
- Achieve an acceptable level of pain control (5 or less) for discharge from the facility.
- Review your pain management and recovery goals with you before leaving the facility.

### Your role:

- Prior to your surgery, review the pain scale found on the other side of this page, so you may report your pain accurately
- Be prepared that increasing movement may cause pain and discomfort
- Tell your nurse when pain is increasing beyond uncomfortable

# Preventing Infection After Your Surgery

## Who is at risk for developing an infection after surgery?

- Elderly
- Overweight
- Malnourished
- Surgery lasting two hours or longer
- Weakened immunity (illness, cancer)
- People who smoke
- Diabetic
- Poor hygiene

## What can you do to promote healing?

- Rest
- Keep warm
- Stay hydrated
- Eat a healthy diet to promote healing, choosing a variety of the following foods:

Proteins - meats, eggs, and dairy products  
Vitamin C - fruits and vegetables  
Calcium - yogurt, spinach, dairy products  
Vitamin D - fish, orange juice, cheese

## What can you do to prevent an infection?

- Wash your hands regularly
- Do not use a razor to shave around the surgical area before surgery
- Tell your surgeon if your skin has any open areas or infections
- Stop smoking. Nicotine and chemicals prevent blood flow to healthy tissue slowing the healing process
- Diabetics keep blood sugar levels below 160. Uncontrolled diabetes delays healing
- Encourage visitors who are ill to stay away
- Cough and deep breathe every hour prevents lung infections. Slowly “smell the roses” and “blow out the candles” ten times, then cough twice

## Watch for signs and symptoms of infection at your surgical incision:

- Increased redness
- Hot-to-touch
- Swelling
- Drainage
- Increased tenderness
- Fever

It is important to follow your discharge instructions. Finish all antibiotics, if prescribed after your surgery. Remove your surgical dressing when instructed (washing your hands before and after). Keep incision(s) covered with gauze or band aids, using a plastic bag or waterproof band aids when showering, until your follow-up appointment with your surgeon

## References:

1. Brophy, R., Bansal, A., Rogalski, B., Rizzo, M., Weiner, E., Wolff, B., & Goldfarb, C. (n.d.). Surgical Site Infections After Ambulatory Orthopedic Surgery. *J AM Acad Ortho Surg*. 27(20), 029-034. Retrieved from [https://www.medscape.com/viewarticle/919676\\_3](https://www.medscape.com/viewarticle/919676_3)
2. Patient Safety: What You Can Do To Be a Safe Patient (2019, November 6). Retrieved from: <https://www.cdc.gov/hai/patientsafety/patient-safety.html>
3. Surgical Site Infections (n.d.). Retrieved from: <https://www.hopkinsmedicine.org/health/conditions-and-diseases/surgical-site-infections?amp=true>

- **Pregnancy.** Increased hormone levels during pregnancy make the blood prone to clotting. Pregnancy also decreases blood flow to the lower legs, increasing the risk of DVT. The risk of developing a DVT remains elevated in the first 6 weeks after birth.
- **Estrogen use, including the use of oral contraceptives (birth control pills).** Hormone therapy treatment and birth control pills both increase the risk of blood clots and DVTs. Smoking further increases this risk. (That's why birth control pills are not recommended for women who smoke.)
- **Cancer.** Researchers and clinicians have long noticed a link between certain types of cancers and blood clots. People with cancers of the brain, ovaries, pancreas, colon, stomach, lung, kidney, or liver are at increased risk of developing DVTs. Lymphoma and leukemia, two types of blood cancer, also increase the risk of DVT.
- **Advanced age.** Most DVTs occur in people over the age of 60, though they can occur at any age.
- **Obesity.** People who are obese face more than twice the risk of developing a DVT or PE than people who are not obese. Women who are obese and take birth control pills have an even higher risk of DVT.
- **A history of blood clots (DVT) or (PE).** A previous DVT or PE dramatically increases the risk of a subsequent DVT.
- **Smoking.** Smoking increases the risk of forming clots by causing the platelets to stick together. Smoking also causes damage to the blood vessels which can cause clots to form.

## How can blood clots be prevented?

- **Stay active.** Immobility increases the risk of developing clots. If you've been sitting for a long period of time (such as long-distance travel) stop and take a break to stretch your legs.
- **Maintain an ideal body weight.**
- **Know your risk factors** for developing a clot (above) and discuss these with your doctor.
- **Know your family medical history.** Make sure your doctor knows about any history of blood clots.
- **If you are hospitalized or planning for surgery, ask your doctor:** 'What will be done to prevent blood clots?' You may be given a blood-thinning medication (anticoagulant) or special stockings designed to prevent blood clots.
- These blood clot prevention measures are called '**DVT prophylaxis**'.

## Measures taken the day of surgery:

A Sequential Compression Device, or **SCD** for short, are sleeves that will be placed on your leg/legs before surgery. The sleeves wrap around the legs and inflate with air one at a time to improve blood flow. The SCD is used to help to prevent blood clots.

[https://foundation.chestnet.org/  
www.clotconnect.org](https://foundation.chestnet.org/www.clotconnect.org)

## **Deep Vein Thrombosis (DVT) & Pulmonary Embolism (PE)**

Surgical Procedures can increase the risk of developing a blood clot in the legs or the lungs.

### **What are blood clots?**

When a clot forms in the deep veins of the body, it is called **deep vein thrombosis**, often referred to as **DVT** for short. DVT occurs most commonly in the leg; although it can occur anywhere in the body, such as the veins in the arm, abdomen, or around the brain.

A potentially life-threatening complication of deep vein thrombosis (DVT) is **pulmonary embolism**, often referred to as **PE** for short. A PE occurs when a blood clot breaks off, travels through the blood stream and lodges in the lung.

### **Symptoms of Deep Vein Thrombosis (DVT):**

- Pain
- Swelling
- Discoloration (bluish, purplish or reddish skin color)
- Warmth

### **Symptoms of Pulmonary Embolism (PE):**

- Shortness of breath
- Chest pain (which may be worse with deep breath)
- Unexplained cough (may cough up blood)
- Unexplained rapid heart rate

### **What causes blood clots?**

Many different things can cause DVTs. Some of the most common causes and contributing factors include:

- **Sitting for long periods of time, such as during long-distance travel or prolonged bed rest.** When your body remains in one position for a long time, blood is more likely to pool and clot.
- **Inheriting a blood-clotting disorder.** Sometimes tendency to clot excessively runs in families. Factor V Leiden thrombophilia is an example of a disorder that increases the likelihood of developing harmful blood clots and DVTs.
- **Injury or surgery.** Anytime the inside lining of a blood vessel is damaged, blood is more likely to clot.