Daycare Surgery

Island Health Surgery Resources

About This Booklet

This booklet was developed with input from doctors and healthcare providers. It provides general information to help you prepare for your surgery and recovery.

Please read this booklet as soon as you get it!

If your surgeon or nurse gives you information that is different than what is in this booklet, please follow their directions.

Please note that the information in this booklet is current as of the date printed on it.

island health

Getting Ready for Surgery

Informed Consent

Before agreeing to undergo surgery, your surgeon will thoroughly explain the procedure to you and give you the opportunity to ask any questions that you might have. This discussion includes the reason for surgery, the benefits and risks involved, alternatives to surgery and what you can expect after the surgery.

If, after this discussion, you would like to move forward with surgery, you will be asked to sign an informed consent form when you come to the hospital. The informed consent form includes the name of your surgeon, the surgery you are having, and the side of the body on which the surgery will be done, if applicable.

Depending on your surgery, you might be asked to sign a consent for blood products and/or a consent for implant tracking. Please read the consent form carefully before signing it and ask your surgeon or the nurses witnessing your signature if you have any further questions or need more information.

MOST (Medical Orders for Scope of Treatment)

We do everything we can to make sure that your surgery is safe; however, in an emergency or urgent situation when you cannot make decisions for yourself, a Medical Orders for Scope of Treatment, or MOST, will help to make sure your healthcare treatment matches your wishes.

A MOST is created when you are well enough to share your wishes and helps ensure that the care you receive reflects what you want.

What is MOST?

MOST stands for **M**edical **O**rders for **S**cope of **T**reatment and helps ensure your healthcare treatment aligns with your wishes if you become critically ill the treatments you do or do not want doctors to use.

A MOST:

- is written by your doctor, based on conversations with you, about the types of treatments you would agree to in a medical emergency,
- reflects your wishes, and guides your healthcare team, if you are not able to speak for yourself, and
- is written after you have had a conversation with your healthcare provider about your wishes and understand your options.

Who should have a MOST?

MOSTs are for all adults (19 years of age and older) where appropriate. They are especially important for adults who have advancing illnesses or chronic conditions that are life-limiting or life-threatening.

How is a MOST determined?

The content of a MOST is based on conversations with you, your health care providers, family and loves ones about:

- advanced care planning; your wishes and goals of care for future health care,
- current and future treatment options available to you, and
- your health conditions and how your condition will progress.

After these conversations, your doctor will complete a MOST to guide healthcare team members if there is an emergency.

What might my healthcare provider discuss with me?

You and your healthcare provider might discuss:

- what is important to you (your goals of care),
- your health and what it might look like in the future,
- your options for care and medical treatments (including CPR and critical care admission),
- end-of-life care, and/or
- who will speak for you if you cannot speak for yourself (your “substitute decision-maker”).

What should I do?

Speak with your healthcare team, family, and loved ones about your healthcare wishes and instructions.

Conversations about a MOST might be started by your surgeon, anesthesiologist, or another member of your care team, depending on your situation. If you have specific preferences about the kind of care you would or would not want, you can speak directly with your surgeon or anesthesiologist.

If you're not sure who to talk to, let anyone on your healthcare team know; they can help connect you with the right person.

Daycare Surgery

Before Your Surgery

Please be on time the day of your surgery.

Sometimes your surgery might be earlier or later than planned. Sometimes surgery dates and times need to change. If this happens you will be given as much notice as possible, and your surgery will be rebooked.

If your symptoms change or get worse at any time during your waiting period:

- Call your primary care provider, **or**
- Ask someone to take you to the nearest Emergency Department, **or**
- Call 911.

Going Home

You should be ready to go home 2 to 3 **hours** after your surgery. You might stay longer or go home sooner.

Your nurse will help you get ready to go home.

You must have a responsible person take you home (by car or in a taxi). You cannot drive yourself or go home alone in a taxi or on the bus. **If you go home the same day of your surgery, you should have a responsible adult stay with you at home overnight.**

Surgery Details

Name of surgery: _____

Date of surgery: _____

Hospital: _____

Admission (check-in) time: _____

Time of my surgery: _____

My likely length of time in hospital is _____ days. I might go home earlier or later, depending on my recovery.

Daycare Surgery Checklist

Before Surgery I Will:

- ☐ Attend the Preadmission Clinic (PAC) appointment (if required).
- ☐ Continue taking all prescription medications as usual, unless told not to by my Anesthesiologist, Surgeon, Preadmission Nurse or other specialist.
- ☐ Stop taking other medications if my Anesthesiologist, Surgeon, Preadmission Nurse or specialist told me to.
- ☐ Make arrangements for someone to:
  - Bring me to the hospital the day of surgery
  - Take care of my personal items (e.g., IPAD, wallet) while I am in surgery.
  - Take me home (by car or taxi) when I am discharged.
  - Stay with me overnight, for at least 1 night, after my surgery.
  - Help with household chores (grocery shopping, laundry, etc.)
  - Help with pets, if needed.
- ☐ Prepare my home for after surgery (groceries, equipment or supplies I might need).
- ☐ Stop eating and drinking as directed.
- ☐ Wash my hair and body the evening before surgery and the morning of surgery.
- ☐ Wear loose-fitting clothing that is easy to get on and off, and low-heeled, sturdy shoes.
- ☐ Arrive at the hospital at the time that the hospital or my surgeon’s office has told me.

What to Bring:

- ☐ BC Services Card or proof of substitute Medical Insurance Plan, or another form of personal ID.
- ☐ An interpreter, if I do not understand English. Please note that interpreting services might be available at the hospital; please check at the Pre-Admission Clinic or with your surgeon.
- ☐ A list of current medications I am taking, and the dosage.
- ☐ Any immobilizers, air casts, splints or other devices that I have been told by my surgeon that I will need to have put on in the operating room.
- ☐ Any crutches, canes, braces, walker or other equipment that I have been told by my surgeon that I will need, labelled with my name.

What NOT to Bring:

- ☐ **DO NOT BRING** personal items, such as wallets, purses, money, valuables and credit cards.
- ☐ **DO NOT BRING** prohibited items, such as illegal drugs, weapons (such as firearms and knives), alcohol and lighters.
- ☐ **DO NOT BRING** large electrical appliances, such as portable stereos or fans.

What NOT to Wear to the Hospital

☐ **DO NOT WEAR** jewelry and body piercing items.

☐ **DO NOT WEAR** make-up, false eyelashes, hairpins, deodorant or talcum powder.

- It is ok to wear face cream and acrylic nails.

☐ **DO NOT WEAR** perfume, aftershave or other scented products. Dark-coloured or metallic nail polish.

- If you are having surgery to an arm or leg, nail polish must be removed from that limb before coming to the hospital.

Pre-Admission Clinic

The purpose of the Pre-Admission Clinic (PAC) is to make sure you are prepared for surgery before you are admitted to the hospital. You will either be asked to attend a PAC appointment in person, or you will receive a phone call the week before your surgery date.

If you do not understand English, please bring an interpreter. Please note that interpreting services might be available at the hospital; please check at the Pre-Admission Clinic or with your surgeon.

The PAC helps make sure that you:

- Are medically fit for surgery.
- Are aware of the instructions to follow to prepare for surgery.
- Have made all the needed plans for your recovery.
- Are informed about what to expect before and after surgery.

Blood Work and Tests

You might need to have blood tests or other tests done. It is helpful to have all your tests done at an Island Health Lab. This makes it easier and faster for the hospital to get the results. If you have your blood work done at another lab, get a printed copy of it, and if you have a PAC appointment bring it with you.

Appointments with Other Specialists

Some people need to see specialists (e.g., diabetes doctor, heart doctor) before surgery; other people are asked to take part in research.

If either of these apply to you, your surgeon, primary care provider, or hospital will make arrangements and let you know.

You will want to take a list of your allergies, medications (including vitamins, and herbal supplements), copies of recent test results, and any special protocols you might have regarding your health care needs.

Appointment with: _____

Date and time: _____

Location: _____

Appointment with: _____

Date and time: _____

Location: _____

Appointment with: _____

Date and time: _____

Location: _____

Medications Before Your Surgery

It is important to tell your surgical team (surgeon, anesthesiologist, nurse, and/or pre-admission clinic pharmacist) what medications you are taking, including prescription drugs, vitamins, and herbs.

The surgeon or anesthesiologist will tell you if you need to adjust or stop any of your medications before the date of your surgery.

If you have an appointment at the Preadmission Clinic at the hospital, you might get more directions about stopping medications there.

If you are asked to pause your birth control medication before surgery, use an alternative method during that time. After surgery, continue to use an alternative method of birth control for at least one week after restarting your birth control medication. Talk to your healthcare team for more information.

Medications You Might Need to Adjust Before Surgery

If you are taking any of the medications on the list below, or if you have a coronary stent in your heart, the surgeon or anesthesiologist will give you specific instructions before your surgery.

Type of medication	**Instructions**
Insulin	
Anticoagulants (e.g., Coumadin [warfarin], Heparin, dabigatran [Pradax®], rivaroxaban [Xaralto®], apixaban (Eliquis))	
Antiplatelet medication (e.g., clopidogrel [Plavix®], ticagrelor (Ticlid®), prasugrel, acetylsalicylic acid ([ASA, Aspirin®])	
Birth control pills and Hormone Replacement Therapy (HRT)	
GLP-1 Agonists for weight loss OR diabetes (e.g. Monjaro ®, semiglutide (Ozempic ®), Wegovy ®)	
SGLT-2 Inhibitors for diabetes (e.g. canagliflozin, dapaglifozin, Jardiance ®,	
Contrave	
Naltrexone	

Medications You Need to Stop Taking 7 Days Before Your Surgery

Seven days before your surgery date stop taking vitamins and all natural health products and herbal remedies (e.g., garlic supplements, gingko, kava, St. John's wort, ginseng, dong quai, glucosamine, papaya, etc.).

If you are prescribed vitamins by your doctor such as iron, calcium, vitamin D, please continue to take them.

Medications You Can Take Up to and Including the Day of Your Surgery

The surgeon or anesthesiologist will tell you which medications you can take as usual, up to and including the day of surgery.

- If you need to take something for pain before surgery, you can take Acetaminophen (e.g., Tylenol®).

You can take allowed medications with sips of water, up to 1 hour before your surgery.

Medications I need to take before my surgery	Dose	Time

Medications After Your Surgery

The surgeon or anesthesiologist will tell you when you should start taking your medications again after surgery. Most medications can be safely restarted as usual once you are eating and drinking normally. If you have had blood thinning medication or aspirin stopped before surgery, your surgeon must tell you when it is safe to restart this.

If You Are Not Feeling Well Before Surgery

In the week before your surgery, phone your surgeon's office if you

- are not feeling well,
- have a cough, cold or fever,
- have a scratch, pimple or open area on the skin around the surgical area,
- have an infection or open area around the surgical area, or
- have had a recent infection, including dental (teeth or mouth), bladder, or skin infection.

Cleaning Your Skin

Cleaning your skin before surgery helps to remove germs on the skin and prevent infection. It also helps incisions heal.

- **Do not** remove any hair from the surgical area for at least 1 week before the surgery. If hair removal is needed, it will be done after you check-in.
- If you are having a procedure where you will NOT have a skin incision (e.g., eye, inner ear or dental surgery), shower or bathe and wash your hair the evening before or the morning of surgery using your usual soap and shampoo.
- If you are having any other type of surgery, buy 2 antibacterial CHG (Chlorhexidine) 4% body sponges and follow the directions on the next page.
  - If you are allergic to CHG or have extensive psoriasis or eczema, follow the directions below using regular soap and water.
  - You can buy CHG 4% sponges at most hospital gift shops and at most pharmacies.

Showering/Bathing Instructions if You Are Having Surgery That Requires an Incision

The Evening Before Your Surgery

1. Wash hair with usual shampoo, and rinse.
2. If showering, wet all of the body then move the showerhead to the side to minimize soap loss during lathering with CHG sponge.
3. If bathing, place a minimum amount of water in the tub so that the body can be soaped with the CHG sponge without washing away the suds. Sit down in the bath and be careful not to slip.
4. Open one CHG sponge and wet with a little water. Squeeze repeatedly to produce suds.
5. Wash body from neck to feet using the sponge. Avoid contact with the eyes, inside of the ears, and mouth. If CHG gets into the eyes, rinse well with water.
6. Carefully wash the surgical area, armpits, navel, feet and in between toes (be careful not to slip) and back. Finish with genital and anal areas. Do not rinse until your entire body has been washed and lather has been on skin for at least 2 minutes.
7. Throw the sponge away in the garbage.
8. Rinse the body thoroughly under the shower or in the bath.
9. Use a fresh, clean dry towel to dry the skin from head to toe, finishing with the genital and anal areas.
10. Do not apply deodorant, body lotion, cosmetics or powder afterwards. Dress in clean clothes. Do not put on any jewelry.

The Morning of Your Surgery

1. The morning of surgery, repeat steps 2-10 from the night before.

Eating and Drinking Before Surgery

For safety reasons it is important to have an empty stomach before surgery.

If your stomach is not empty you might vomit (throw up) during surgery. This can make you choke, or vomit might go into your lungs. If vomit gets into your lungs (called *aspiration*), it can be deadly

If your surgeon does not give you instructions for eating and drinking before surgery, follow the instructions below.

Eating and drinking properly before surgery will:

- help your body get ready for surgery,
- keep your body hydrated,
- help you recover faster because your body will have energy, and
- help prevent aspiration during surgery.

If you do not follow these instructions, your surgery might be cancelled or delayed.

Midnight the Night Before Your Surgery

- Stop eating solid food and drinking non-clear fluids at midnight the night before your surgery.
  - **Do not** eat any solid food after midnight; this includes chewing gum and sucking on hard candies.
  - See the list of fluids that you *can* and ***can not*** drink after midnight the night before your surgery, below.
- Up until midnight, drink plenty of clear fluids to stay well-hydrated.
- You can continue to drink **clear fluids** after midnight.
- See the list of fluids that you *can* and ***can not*** drink after midnight the night before your surgery, below.

1 Hour Before Your Scheduled Hospital Arrival

- Stop drinking clear fluids 1 hour before your scheduled hospital arrival time.
  - For example, if you are scheduled to arrive at the hospital at 6 a.m., stop drinking at 5 a.m.

Clear fluids you are encouraged to continue to drink until 1 hour before your scheduled hospital arrival:	**Fluids you must stop drinking at midnight the night before surgery:**
✓ Water ✓ Apple juice (unless you are diabetic) ✓ Cranberry cocktail (unless you are diabetic) ✓ Black coffee (no milk, milk substitutes or creamer of any type) ✓ Clear tea (no milk, milk substitutes, loose leaves or creamer of any kind)	✗ Soup or bone broth ✗ Protein supplemented beverages ✗ Milk/dairy or dairy substitute products/creamer ✗ Gelatin/Jell-O ✗ Citrus juices (such as orange juice) ✗ Juices containing pulp ✗ Smoothies ✗ Popsicles made from cream based or smoothie-based products ✗ Thickened fluids

Carbohydrate Loading

Drinking fluids that are high in carbohydrates is called *carbohydrate loading*.

Drinking extra carbohydrates before surgery will

- help you stay hydrated before surgery,
- put less stress on your body during surgery, because your body will use this energy, rather than your body's energy stores,
- makes you feel better when you wake up after surgery, and
- help you recover faster.

Apple juice and cranberry juice are recommended to drink before surgery because they are high in carbohydrates. If you are diabetic, DO NOT drink apple or cranberry juice.

Alcohol, Drugs and Smoking

Alcohol, cigarettes, cannabis, and other non-prescribed substances can affect and interact with medications used during surgery and increase your risk of complications.

It is best to not drink alcohol, use cannabis or any other non-prescribed substance before surgery. Please read each section below for details. If intoxicated on the day of your surgery, your surgery might be rescheduled or deferred.

If you have any questions about the use of alcohol, cannabis or other non-prescribed substances, please contact your primary care provider, community Opiate Agonist Therapy (OAT) prescriber, community case manager, or substance use services support team.

Alcohol

It is best to avoid drinking alcohol for at least **one week before surgery to reduce risks such as reflux (which can lead to aspiration), delayed wound healing, and increased bleeding**.

- If you can, it is best to not drink alcohol for longer than one week before surgery (2-4 weeks is ideal), to lower surgical complications.

If you regularly consume alcohol and stopping suddenly causes withdrawal symptoms, this can be extremely dangerous. If you consume alcohol daily you should talk to your anesthesiologist or primary care provider before surgery. They can help create a safe tapering plan for you.

Non-Prescribed Substances (e.g., Street Drugs or Illegal Drugs) & Opioid Agonist Therapy (OAT)

If you have used substances recently or are intoxicated on the day of surgery, your procedure might need to be delayed or rescheduled.

- This decision is made by your anesthesiologist based on your current condition, the urgency of the surgery, and your overall safety.
- Letting your healthcare team know about any recent use helps them plan the safest possible care for you.

If you can, it is best to not use, or at least reduce the use of, non-prescribed substances (e.g., drugs, street drugs, illegal substances) at least **48 hours before surgery**.

- The use of **stimulant drugs such as methamphetamine or cocaine** put you at higher risk during anesthesia and surgery. **It is best to not use** these drugs for as long as possible before surgery.

- Different drugs might affect your anesthetic in a variety of ways. It is important to talk about your drug use with your anesthesiologist, as it might affect your safety and the timing of your surgery.

Please tell someone on your healthcare team if you cannot stop using substances or if you have questions about stopping before your surgery. Your anesthesiologist will then help provide a plan specifically for you.

- If you have a **primary care provider, community Opioid Agonist Therapy (OAT) prescriber, case manager (if applicable), or substance use support team** they can also be a great resource and support in substance use before surgery.

If you are taking OAT medications (such as **methadone, Suboxone, or Kadian®**):

- Continue taking your prescribed medication as directed, including on the **day of surgery**.
- Meet with your community prescriber **before surgery** to discuss any necessary dosage changes.
- If you are being admitted to the hospital early in the morning, tell your prescriber in advance and arrange for a **"carry" or "to-go" dose** to prevent missing your morning dose and experiencing opioid withdrawal.

If you are taking Naltrexone or Contrave, you need special instructions on when to stop these medications before surgery. Speak to your healthcare team for guidance.

Smoking, Vaping & Tobacco

- Smoking increases the risk of infection, breathing problems, and other complications during and after surgery.
- It is best to stop smoking at least 48 hours before surgery. Even cutting down can help reduce risks.
- If you need help quitting, talk to your primary care provider or a pharmacist. If you are trying to quit, Nicoderm® patches are a safer option than smoking.
- Do not smoke or vape on the day of surgery.

Cannabis

- Heavy cannabis use puts you at high risk of heart attacks, nausea and vomiting and difficulty with pain control after surgery.
- If you use cannabis more than 4 days a week, or smoke more than 1.5 g per day, you might feel unwell if you stop suddenly. It is better to use a smaller amount every day for 1-2 weeks, with the goal of stopping 72 hours before surgery.
- Heavy cannabis use puts you at high risk of heart attacks, nausea and vomiting and difficulty with pain control after surgery.
- It is best to not use cannabis for at least **72 hours before surgery.**
- If intoxicated on the day of surgery, your surgery might be rescheduled or deferred.
- Topical CBD (such as for arthritis pain) is okay to continue using.

Admission to Hospital

Check in at the admitting desk or front desk. You will have a hospital ID band put on your wrist. You will wear the ID wrist band during your stay; please do not remove it.

You will be directed to the surgical admission area.

Surgical Admission Area

In the surgical admission area, you will be

- asked to change into a hospital gown,
- asked to sign your Consent form (if you have not already done so), and
- given pre-operative medications and have an intravenous (IV) started, if ordered.

If you need medication to help you relax before surgery, tell your nurse when you are admitted.

Your family member or friend will be asked to keep your belongings while you are in surgery. If you are alone, we will make a reasonable effort to keep your belongings safe.

Recovery After General Anesthesia

You might have general anesthesia or local anesthesia, depending on your surgery.

If you have general anesthesia, you might feel some minor side effects. These can include sore throat, hoarseness, nausea, vomiting, headache, sleepiness, lack of appetite or muscle aches and pains. You might also have memory or concentration issues. This is normal for many patients. If you are concerned about this, talk to your doctor or nurse.

You might need to ask the nurses and doctor to speak slowly and clearly, until the anesthesia is out of your system. Some patients might find it easier to write things down using pen and paper.

Memory and concentration issues almost always go away in 24 to 48 hours. Call your doctor for advice if they do not settle down.

Anesthetic drugs, including intravenous (IV) sedation, might stay in the body for up to 24 hours after your surgery. During this time, you might be impaired. Therefore, for 24 hours after anesthetic or IV sedation, it is recommended that you:

- **DO NOT** make important decisions, sign important papers, or go to work.
- **DO NOT** drive a car or work with machinery.
- **DO NOT** do any dangerous activities, like riding bikes, swimming, or climbing ladders.
- **DO NOT** travel alone by public transportation (e.g., bus).
- **DO NOT** drink alcohol.
- **DO NOT** take tranquilizers, sedatives, or sleeping pills.
- **DO NOT** have the main responsibility for care of another person (e.g., baby, small child, elderly person who needs help).
- **AVOID** posting on social media.

When You Get Home

Follow the instructions given to you. Fill any prescribed medications and take them as directed.

Hang your post-op instructions, and any other details you think might be helpful to your caregiver, on your fridge door.

Follow-Up Appointments

Make/keep follow-up appointments with your surgeon and/or doctor.

Appointment with: _____

Date and time: _____

Location: _____

Appointment with: _____

Date and time: _____

Location: _____

Appointment with: _____

Date and time: _____

Location: _____

Driving

Anesthetic drugs, including intravenous (IV) sedation, might stay in the body for up to 24 hours after your operation. During this time, you might be impaired. Therefore, for 24 hours after anesthetic or intravenous sedation it is recommended that you DO NOT drive a car or work with machinery.

Ask your surgeon or nurse when you will be able to drive after your surgery.

Activity

Plan your day to allow for both rest and activity. Continue with your deep breathing and coughing exercises. Begin taking short walks. Gradually increase how far you walk.

Going to the Bathroom

Changes in food and activity levels can cause constipation (hard bowel movements). As well, most pain pills can cause constipation. You can help avoid constipation by:

- Being as active as possible within limits of your surgery.
- Drinking lots of fluids.
- Eating high-fibre foods such as fresh fruits, vegetables, whole grain breads and cereals, or bran.
- Taking a mild laxative when needed. Ask your pharmacist or doctor to suggest one.

Pain

If you have pain when you get home from the hospital, follow your doctor's orders and take any medications they tell you to take. You can also try these simple relaxation techniques:

- Deep breathing.
- Covering yourself with warm blankets.
- Listening to music you enjoy.

Being positive about your recovery and taking an active role in it will also help how fast you feel better.

Pain BC has a booklet to help you develop a personal toolbox of pain solutions. *Treatment Options for Pain: Beyond Medications, Surgery and Injections* (https://painbc.ca/sites/default/files/inline-files/PainBC-PainToolbox-2016-Digital.pdf). Ask your doctor where to get a copy if you do not have access to a computer.

Eating and Drinking

Depending on your surgery, you might have to eat a special diet. Someone will review your diet with you before you leave the hospital. If you have questions, you can call 811 (HealthLink BC) any time and ask to speak to a Dietitian.

It might take some time before your appetite returns to normal. To heal, your body will need extra calories, nutrients and especially protein. Here are some tips to eating well after surgery:

- Drink at least 6-8 glasses of water each day (1 glass equals 250 mL, or 1 cup), or as directed by your doctor.
- Eat foods high in protein, such as chicken, beef, fish, eggs, tofu and dairy.
- Try to eat 5-6 small meals per day, rather than 3 big meals. If you are not able to eat enough food each day, you can drink 1 or 2 liquid protein drinks each day.

Managing Stress

Take the time to heal. Rest often, eat well, and generally take good care of yourself. This will help your recovery.

Going Back to Work

Ask your surgeon when you can go back to work.

When you go back to work depends on the type of work you do and the type of surgery you had.

Sports

Ask your surgeon when it is safe for you to play contact sports, such as hockey or football.

Alcohol

It is best to avoid alcohol for at least 24 hours after surgery.

Sexual Activity

Some people find they do not have the same interest in sex as they had before surgery. This is normal; interest usually increases as you feel stronger. You can resume sexual activity when your surgeon tells you it is okay to do so, you have enough strength, and your pain is under control.

Incisions, Dressings and Drains

Incisions are closed with stitches (sutures), clips (staples) or dissolvable stitches. Your surgeon will decide which is best for you. You might have a bandage over your incision that will be changed as needed. Ask the surgeon or nurse how often you need to change the bandage, once you get home. Sometimes your surgeon needs to put a drain near the incision to help remove excess fluid. If this applies to you, your surgeon will explain this before surgery.

Showering/Bathing

Check with your surgeon or nurse to see when you can shower or bathe after surgery. There are different instructions for bathing after certain types of surgeries.

If your surgeon or nurse tells you that you can shower daily when you get home, but does not give you specific direction, follow these instructions:

- Wash your hands and remove any dressing before showering. It is okay to get the incision wet and to wash the area gently with mild, unscented soap.
- Avoid aiming the showerhead at your incision.
- After showering, check your incision to ensure that there are no signs of infection. Gently pat the incision with a clean towel; do not rub the area.
- Apply a new dressing only if the incision is draining, or if you want to protect the wound from rubbing on your clothing.
- Avoid soaking your incision in a bath, hot tub or swimming pool for 2 weeks after surgery, or until it is completely healed.
- If it will make you feel more comfortable, you might want to have someone stay in the washroom while you shower.

Health Concerns

Call 911 if You Have:

- Chest discomfort with sweating, nausea, faintness or shortness of breath.
- Shortness of breath that gets worse and is not relieved by resting.
- Fainting spells.
- Bright red blood in stool or urine, or when you cough.
- Sudden problems with speaking, walking or coordination.

Call your Surgeon if You Have:

- Bleeding – enough to soak through a tissue.
- Drainage from your incision that is persistent or changes in appearance or colour (e.g., yellow or green).
- Increased tenderness, redness or warmth around the surgery site.
- Irritation or blisters from your dressing or tape.
- Pain that is not relieved by your medication.
- A fever spike (greater than or equal to 39^0 Celsius/102.2^0 Fahrenheit) with or without shakes and body chills.
- A high-grade fever (38.5^0 Celsius/101.3^0 Fahrenheit and over) for 2 days or more.
- Your calves (lower portion of your legs) become swollen and painful.

If You Cannot Reach Your Surgeon:

- Call your primary care provider, **or**
- Go to a walk-in medical clinic, **or**
- If it is after clinic hours, go to a hospital emergency department.

For Non-Emergency Health Information and Services:

Contact HealthLinkBC – a free-of-charge health information and advice hone line available in British Columbia.

HealthLinkBC

- **Phone**: 8.1.1 from anywhere in BC.
  7.1.1 for deaf and hearing-impaired assistance (TTY)
- **Webiste**: www.healthlinkbc.ca

Translation services are available in over 130 languages.

Compliments, Complaints and Concerns

Quality care is important to all of us. You have the right to give feedback about your care and know you will be treated fairly. Your feedback gives us an opportunity to improve the care and services we provide.

If you have a compliment, complaint or concern, you can speak directly to the person providing your care, or you can contact the:

Patient Care Quality Office, Royal Jubilee Hospital
1952 Bay Street Victoria, BC V8R 1J8
Memorial Pavilion, Watson Wing, Rm 315

- **Phone:** 250.370.8323; **Toll-free:** 1.877.977.5797
- **Email:** patientcarequalityoffice@viha.ca
- **Website:** https://www.islandhealth.ca/patients-visitors/patient-care-quality-office

Resources

Other Island Health surgery resources you might find helpful:

- Meeting your surgeon
- Improving your health before surgery
- Getting ready for and recovering from surgery

Available at *Island Health Surgery Resources*: www.islandhealth.ca/learn-about-health/surgery/getting-ready-surgery


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