

WELCOME

1301 N. Rose Drive
Placentia, CA 92870
ucihealth.org



Welcome to UCI Health — Placentia Linda

The purpose of this guide is to provide you with the information you need to know about your upcoming surgery.

You can rest assured your medical care is in the most caring, capable hands. We provide our patients with tremendous expertise, exceptional care and reassurance for a successful recovery. We are here to help you every step of the way.

If you have any questions, you can call **(714) 961-5951** and your call will be returned within 48 hours. The office is staffed **Monday through Friday 8:00 a.m. to 5:00 p.m.**

Let us help you start your healing experience and be on the road to recovery.

Sincerely,
Your Surgical Team at UCI Health — Placentia Linda

TABLE OF CONTENTS

Pre-Surgery

- Pre-Surgery Checklist.....Page 2
- Medication.....Page 2
- Special Preparations for Surgery.....Page 2
- The Week Before Surgery.....Page 3
- The Day Before Surgery.....Page 4
- The Day of Surgery.....Page 4-5

Surgery and Recovery

- Getting Ready For Surgery.....Page 6
- In the Operating Room.....Page 6
- Post Anesthesia Care Unit (Recovery Room).....Page 6
- Pain Tolerance.....Page 7
- Our Commitment to You.....Page 8
- Anesthesia Questionnaire.....Page 9
- Joint Replacement Patient Education.....Page 10
- Map.....Page 11

PRE-SURGERY CHECKLIST

On the day of your surgery, you will enter through the Surgical Pavilion on the south side of the hospital. Look for the Surgical Pavilion sign.

Your surgery has been scheduled for _____.

Time: _____.

Please arrive by _____ a.m./p.m. and report to the registration area in the Surgical Pavilion.

Do not eat or drink anything after _____ a.m./p.m. before your surgery.

- This includes gum, mints, ice chips, water or hard candy.

Please complete and bring your completed Anesthesia Questionnaire (**on page 9 of this packet**).

MEDICATION – Please be sure to check with your physician prior to stopping or starting a new medication.

- Stop Coumadin (as recommended by your physician).
- Stop Plavix 5 to 7 days before on: _____.
- Stop alternative therapy/supplements (i.e. Omega-3 fish oil, herbal medicines, joint movement supplements) 10 days prior to your surgery.
- Stop Aspirin, non-steroidal anti-inflammatory drugs (i.e. Motrin, Ibuprofen), herbal medicines, and Vitamin E for **ONE (1) WEEK** before your procedure. If needed, you may take Tylenol.
- Take the following medicines with a sip of water the morning of surgery:

SPECIAL PREPARATIONS FOR SURGERY

- Make an appointment with your surgeon **ONE (1) WEEK** prior to **surgery** for your History & Physical (H&P) examination and any required testing which may include a blood draw, cardiac testing and chest X-ray. This is to ensure your optimal health before surgery and during anesthesia.
- Review post-procedure instructions (i.e. when patient can return to work; follow-up, etc.)

THE WEEK BEFORE SURGERY

- Arrange to have any laboratory tests, X-Rays, EKG's and other tests requested by your physician done within one week of your scheduled surgery date.
- Please bring the physician's order to the pre-op testing appointment.
- Registration** - To help make your visit as efficient as possible, we recommend that you either pre-register on our web site at placentalinda.com; call our Admitting Department at **(714) 524-4872**; or complete our Pre-Registration form (which you may obtain from your physician). To pre-register on-line, please go to www.placentalinda.com and click on "For Patients/Registration" from the home page.
 1. Please bring your identification card, insurance card(s) and physician orders with you. Placentia-Linda Hospital accepts most insurance plans.
 2. If you have a Durable Power of Attorney and/or Advance Directive, please bring a current copy to the hospital. If the patient is a minor or child, a parent or legal guardian must accompany the patient and have documentation of that fact (if not the parent).
 3. If you have any questions regarding your hospital billing or payment arrangements, you may contact one of our financial counselors at (714) 524-4260.
- Avoid billing surprises by contacting your insurance carrier ahead of time to determine what will be covered and what will be your financial responsibility.
- If your primary care physician is performing your pre-operative History & Physical (H&P) examination and testing before your surgery, please have him/her fax the results (the bullet items listed below) to the hospital at **(714) 524-4810 and also to your surgeon's office.**

<input type="checkbox"/> Laboratory Results	<input type="checkbox"/> EKG and Cardiac Testing
<input type="checkbox"/> History & Physical (H&P)	<input type="checkbox"/> X-Rays , Mammogram(s), Ultrasound(s), MRIs
<input type="checkbox"/> Other pertinent results	<input type="checkbox"/> Joint Replacement Patients: Please bring signed pre-operative education verification (on page 10 of this packet)

If you are having outpatient surgery (home the same day as your surgery), we require that someone drive you home. Also, you must have a responsible adult at home to assist you for the first twenty-four (24) hours after you leave the hospital.

Please arrange this **BEFORE ARRIVING** at the hospital. You will not be permitted to drive yourself home after surgery.

THE DAY BEFORE AND THE DAY OF SURGERY

THE DAY BEFORE SURGERY

- ❑ **Report any symptoms of potential illness such as: a cold, fever, cough, sore throat, vomiting, diarrhea, etc. to your surgeon immediately. Please do not come to the Hospital for surgery if you are ill without contacting your physician first.**
- ❑ Please note that surgery may be cancelled if eating and drinking instructions are not followed exactly. No solid food or liquids (including water, gum or mints) 12 hours prior to your scheduled surgery time unless otherwise instructed by your surgeon.
- ❑ Sleepwear is not needed. You will be given a hospital gown to wear during your surgery and post-surgical recovery.
- ❑ **ACTIVITIES TO STOP:** If you smoke, we ask that you stop smoking at least twenty-four (24) hours before surgery. We offer smoking cessation resources to help you quit smoking. We also ask that you do not use illicit drugs twenty-four (24) hours before surgery and do not drink any alcoholic beverages twelve (12) hours before surgery. If your surgeon has different instructions, please follow them.
- ❑ **DIET:** Your meals should be light and ideally low in fat the day before your surgery. A light meal typically consists of toast and clear liquids. Meals that are fried, fatty or include meat, may prolong the stomach emptying time. Both the amount and type of foods must be considered when determining an appropriate fasting period. If you have specific questions, please call your surgeon.

THE DAY OF SURGERY

- ❑ **Personal Preparation:**
 1. **Do** shower just before arriving at the hospital. This may help reduce the chance of infection.
 2. **Don't** wear make-up, perfume/cologne, hairspray or lotion.
 3. **Do** wear comfortable shoes and clothes that are easy to put on.
 4. **Don't** wear contact lenses. You will be asked to remove them.
 5. **Don't** wear jewelry of any kind. If you do, you will be required to remove it.
 6. If you have dentures, you may wear them the day of surgery. Be prepared to remove them once you are in surgery.
- ❑ **What to bring:**
 1. Your room is equipped with cable TV. You may also wish to bring a book or magazine.
 2. Bring glasses if you use corrective lenses. Contact lenses may not be worn during or after surgery and should be left at home.
 3. **Do not bring jewelry to the hospital. If you decide to bring a cell phone or other technology, Placentia-Linda Hospital cannot be held responsible for loss or damage to your personal property. We recommend that you do not leave valuables in your room. Please utilize our safe to protect your belongings or have them held by the person accompanying you.**

THE DAY OF SURGERY

Arrival:

1. It is important that you arrive at the hospital at least 2 hours before your scheduled surgery time.
 - You will check-in at the reception desk in the Surgical Pavilion. Once you check in, you will be escorted to your room.
 - If your physician has not indicated an exact time for your procedure, please call our **Outpatient Surgery Department** at **(714) 524-4806** for assistance.
 2. A signed consent is required for surgery. If you are having a sterilization procedure, please also bring your sterilization consent.
 3. Please complete and bring your completed Anesthesia Questionnaire **(on page 9 of this packet)**.
 4. Please bring your signed Joint Pre-Op Education verification *(if having Joint Replacement Surgery)*.
- We believe that family and friends provide comfort to our patients. Please designate up to 2 (two) family members to stay with you up to the time you go to the operating room. Once you are taken to surgery, family and friends are asked to wait in the Family Waiting Center for the physician to come out.
- If the patient is a minor, a legal guardian **MUST** plan to stay until the patient is discharged from the Hospital.

Patient Portal Health Records with My Health Rec

Completing a few steps will give you easy access to health records and the ability to manage your account online.

- View your health records
- Send doctors health information
- Pay hospital bills

Sign up for the patient portal in two ways, then you can use your login details to access records from a computer and/or mobile device.

Option 1 – Enroll at Patient Registration

During patient registration, provide your email address.

Option 2 – Patient Portal Self-Enrollment

1. Go to ucihealth.org/patient-portal and complete the form.
2. Confirm the information on the patient match found screen.
3. Complete your patient portal account.

For more details or assistance, ask a patient registration representative or call 888-252-8149. You may also call Ext. 4365 from your room.

GETTING READY FOR SURGERY

GETTING READY TO GO INTO THE OPERATING ROOM

- You will be asked to remove your clothing, including your undergarments, and put on a hospital gown. A nurse will take your vital signs, do a nursing assessment and perform any necessary preparatory scrubs, etc. for your surgery.
- An IV will be started. This will allow your nurses and doctors to give you medicine and fluids. The anesthesia staff may also need to perform additional procedures for monitoring or pain management.
- You will speak to the anesthesiologist and surgeon prior to surgery.
- Our primary concern is preparing you for a safe procedure. Quality time with your family and/or friends is best spent the night before as visitation time may be limited on the morning of surgery.

IN THE OPERATING ROOM

- The anesthesia team will give you medicine that will make you feel relaxed and drowsy. Depending on the procedure and your medical history, you will either receive medicine to put you completely to sleep (general anesthesia), a nerve block or spinal procedure (regional anesthesia) or medicines that will keep you drowsy and pain-free, (MAC/Twilight Anesthesia)
- A special soap will be used to clean the surgical area and can be washed off after surgery.
- Your family and/or friends will wait in the Family Waiting Center area while you are in surgery.
- After your procedure is completed, you will be taken to the Post Anesthesia Care Unit (recovery room), where you will remain until recovered from anesthesia (average recovery time is 1 hour).
- Once in recovery, your surgeon will inform your family and/or friends of the outcome of your surgery.

POST ANESTHESIA CARE UNIT (RECOVERY ROOM)

- A recovery room nurse will take care of you while you recover from anesthesia and will monitor your vital signs and provide any pain management relief, if needed.
- If you are having pain, please tell your nurses immediately so they can administer medication.
- Visitors are not allowed in the recovery room during your recovery time.

If you are staying overnight in the hospital, you will be transferred to the appropriate unit after recovering from anesthesia. Visitors may meet you there about an hour after your surgery is completed.

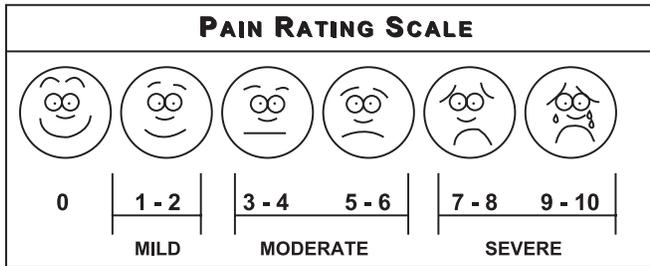
If you are going home the same day, you will return to your outpatient surgery room, where you can see your family and/or friends. At this time you are generally awake, you may start drinking fluids and go to the restroom with assistance. At the time of discharge, we will provide you with instructions for home care and wheelchair transportation to your vehicle.

You will not be permitted to drive yourself home after surgery.

PAIN TOLERANCE

Relieving your pain is a top priority. However, it is normal to expect pain after surgery. The goal is to keep your pain at a level that is tolerable for you and allows you to function as well. We will do everything possible to minimize and control your pain.

To assist us in managing your pain, the nurse will ask you to rate your pain. Pain is rated on a 0-10 scale. Zero is no pain and 10 would be the worst possible pain.



MEDICATION ADMINISTRATION / RELIEF

Pain Medication through IV	Within 5 minutes
Pain Medication through IM (shot)	Within 15 minutes
Pain Medication through oral	Within 30 minutes

At Placentia-Linda Hospital, we believe that your pain tolerance is individual to your circumstances. Management of your pain is your right as a patient. Therefore, it is important that you be involved in your pain management plan. Pain management involves both drug and non-drug treatments. Understanding your treatment plan, and knowing what to expect, will help put you in control of your pain. The nurse will ask you what level would be a tolerable level for you. This would be a level where you could still perform tasks that will help you recover, such as walking, coughing, turning or deep breathing.

YOU CAN EXPECT:

- An initial and reassessment of your pain.
- Information about pain relief measures.
- Our commitment to pain management.
- Your perception of pain will be taken seriously.
- Health care professionals who will respond quickly to your reports of pain.
- We will also discuss any possible side effects of the medication.

NOTES:

OUR COMMITMENT TO YOU

OUR COMMITMENT TO YOUR PATIENT EXPERIENCE

Our mission is quality healthcare with a personal touch—we strive to always treat our patients like family members and are deeply committed to the comfort and satisfaction of all patients and their loved ones.

The service team at Placentia-Linda Hospital is continually striving to enhance the patient experience. We hope you had an excellent experience while being cared for at Placentia-Linda. If for any reason you feel you are not receiving excellent care, please let us know right away while you're here so we can improve our service. After discharge, you can also contact us at (714) 993-2000 or visit our web site at ucihealth.org/contact.

After you leave the hospital, you may receive a telephone call from an outside organization asking how your stay was. We appreciate your feedback.

GIFT SHOP

While at Placentia-Linda Hospital, don't forget to stop in and visit our Gift Shop located in the hospital main lobby. The Gift Shop is staffed by volunteers and all proceeds are used to fund scholarships for students studying a health-related subject.

ANESTHESIA QUESTIONNAIRE

(Please complete and bring on the day of your surgery)

Please indicate the presence of history of the following conditions by checking the appropriate boxes.

Recent Cold	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Sleep Apnea	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Yellow Jaundice	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Asthma	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Hypertension	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Hepatitis	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Pneumonia	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Heart Attack	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Diabetes	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Bronchitis	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Irregular Heart	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Thyroid Disease	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Emphysema	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Chest Pain	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Kidney Failure	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Peptic Ulcer	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Short of Breath	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Abnormal Bleeding	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Nerve Disease	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Hiatal Hernia	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Stroke	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Convulsions	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Muscle Disease	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Dentures	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Broken Bones:			Back Trouble	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Alcohol/Drug Use	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Face	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Gastroesophagal	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Tobacco Use	<input type="checkbox"/> No	<input type="checkbox"/> Yes
Neck	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Reflux	<input type="checkbox"/> No	<input type="checkbox"/> Yes			
Back	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Last Menstrual Period	_____				

Explain: _____

Please List

- 1) Allergies _____

- 2) Current Medications _____

- 3) Prior Surgeries _____
 (Give Dates) _____

Anesthesia History

- 1) Negative reactions to anesthetics No Yes _____

- 2) Family history of negative reaction to anesthetics No Yes _____

Please list any items you would like to discuss with the anesthesiologist.

Signature _____ Date _____ Time _____ am/pm
Patient/Parent/Guardian/Conservator/Responsible Party

Nurse Signature _____ Date _____ Time _____ am/pm



PATIENT ID

JOINT REPLACEMENT PATIENT EDUCATION

UCI Health

Thank you for choosing Placentia-Linda Hospital for your joint replacement surgery. Patient education is an important part of our orthopedics program. Please verify that you have received the joint preoperative education materials prior to your surgery. If you have any questions regarding the materials you've received, please let us know. You may reach us at (714) 961-5951.

By signing below, I verify that I have met the pre-op education requirement for joint replacement surgery at Placentia-Linda Hospital.

- I attended the joint pre-operative class at Placentia-Linda Hospital on _____ (Date)
- I received the surgery pamphlet and handout materials regarding joint replacement surgery

(Print Name)

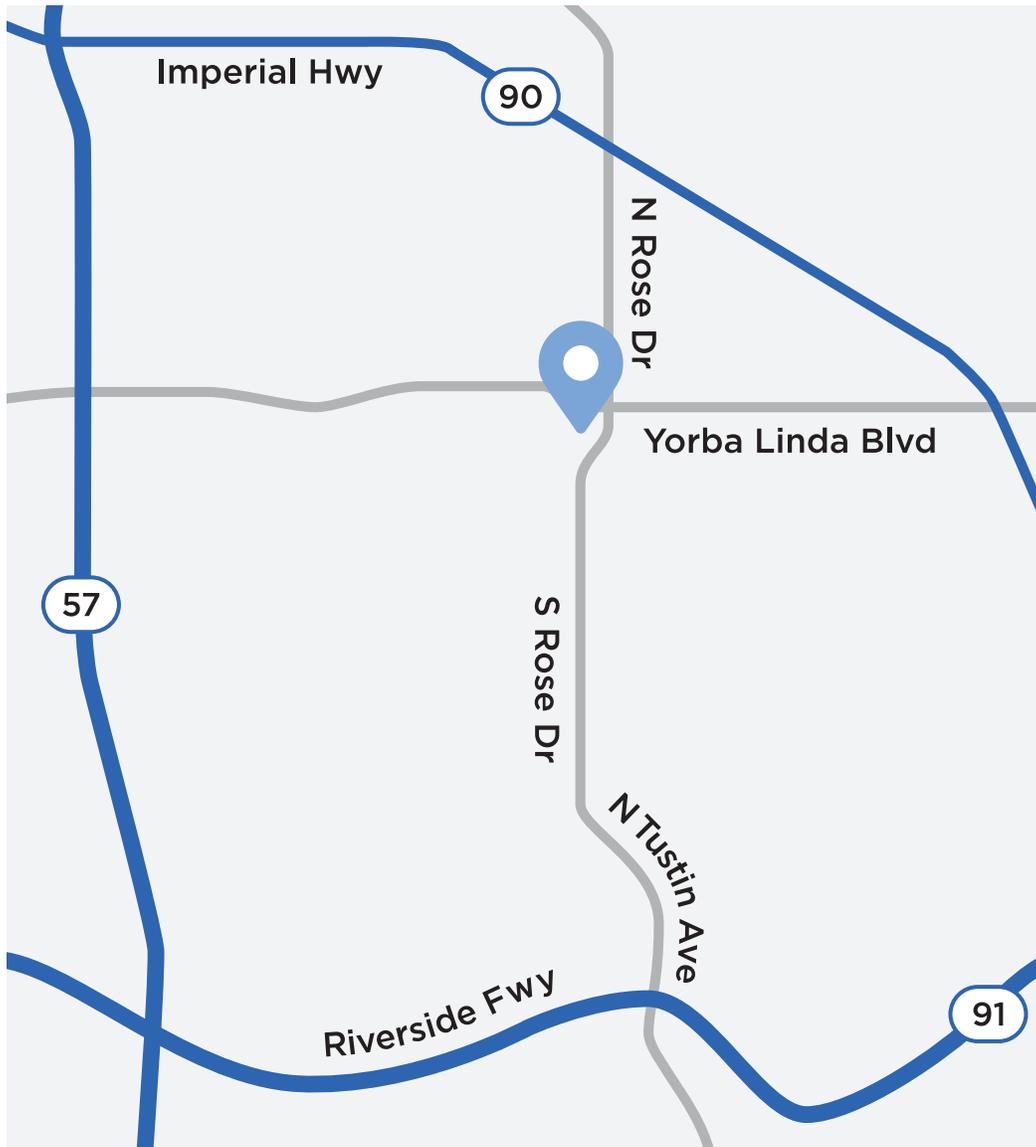
(Signature)

(Date)

NOT PART OF THE PERMANENT MEDICAL RECORD

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