

✝ St. Luke's

Your Step-By-Step Surgery Guide



Thank you for choosing St. Luke's Hospital and entrusting us with your care. Our goal is to support our patients with dignity, quality, and professionalism. We will do all we can to make your surgical experience as comfortable as possible.

This information will help you understand, prepare, and recover from your surgery. By becoming informed and involved, you and your family can contribute to the success of your surgery. If you have any questions prior to surgery, contact us at **(314) 205-6010**.

myStlukes Portal

myStlukes is St. Luke's patient portal. This is an easy, secure way to access your St. Luke's medical information online and communicate with St. Luke's Medical Group providers:

- Schedule in-person and virtual visits
- View test results
- Message your St. Luke's Medical Group provider
- Request prescription refills
- Pay your co-pay or medical bills

For more information about creating a mystlukes portal account or to access your account, visit stlukes-stl.com/patient-portal or snap the QR code.



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Before Surgery

Pre-Surgery Appointments and Testing

Your Surgeon's office will coordinate your pre-surgery appointments and testing, and the pre-admission nurse will call you to discuss information prior to surgery.

Outpatient Lab Services

If you need lab work before your surgery, St. Luke's offers convenient, outpatient walk-in lab services at multiple locations. Visit stlukes-stl.com/services/lab-services or snap the QR code for locations, hours of operation and to schedule an appointment.



EKG Testing

EKG's may be done on a walk-in basis at St. Luke's Desloge Outpatient Center, Building A, and at the East Medical building adjacent to St. Luke's Hospital.

It is essential that you keep these appointments. If you are unable to, please call your surgeon's office immediately to avoid delay or cancellation of your surgery.

Pre-Admission Assessment and Scheduling

Before your surgery, a pre-admission assessment must be completed.

When your procedure is scheduled, you will be given a date and 2 hour time slot for a phone interview with the pre-admission nurse to review your health information, review the surgical process and answer any questions you may have. Some St. Luke's numbers may appear as spam, so be sure to answer to avoid delays or possible cancellation of your procedure. **If you need to contact the pre-admission clinic, please call (314) 205-6649.**

The pre-admission nurse will review your medical history, current medications, and any known allergies. Please have this information ready before the call. If you need help from a family member, please arrange for them to be available at that time.

The assessment helps us determine if you need any further testing or evaluations before surgery. This may include an EKG, blood work or an x-ray.

The pre-admission nurse will let you know if there are any medications to avoid leading up to your surgery. The nurse will also let you know if you need to go without food or drinks the night before to surgery or any additional information.

The pre-operative nurse will provide the time you need to arrive for surgery.

- Arrival time is generally 2 hours before the surgery start time.*
- They will collect any other information they need prior to your surgery.

*** Scheduled surgery times are subject to change and are not final until 9:00 AM one business day prior to surgery. Please follow the time provided by the hospital, not the surgeon's office. Please make sure to also check your voicemail in case a message has been left with the information.**

If you are having outpatient surgery, you will need to provide the name of a responsible adult, age 18 or older, to drive you home and stay with you for the first 24 hours after surgery. This is very important. Your surgery can be cancelled if a driver is not designated prior. No public transportation (bus, taxi or Uber) is allowed unless your responsible adult cannot drive and will accompany you on the ride as a passenger.

Ask Questions

- It is important that you understand what will happen to you before, during and after your surgery.
- You will be asked to sign a procedure consent form to give the doctor permission to proceed with the surgery.

Support

- Your main responsibility after surgery is to focus on recovery.
- Consider arranging for a family member or friend to assist you with household work and other necessary errands during the days immediately following your surgery.

Medications

- Your medications will be discussed with the pre-admission nurse.
- Please make sure your care team is aware of all of your medications, including supplements.
- You will receive specific instructions regarding what to continue taking and what you should stop taking prior to surgery. If you are unclear or have not been given specific instructions regarding medications such as aspirin or other antiplatelet/anticoagulants, please contact your surgeon's office.

Getting Ready for Surgery

Set Yourself Up for Healing

Check in with your other doctors

- It is important to check in with your primary care physician and other specialists, such as your cardiologist, to let them know that you will be having surgery.

Smoking

- Smoking significantly affects wound healing, infection, bleeding risk, ability to come off the ventilator and potential for post-operative pneumonia.
- If you smoke, STOP. It is best to stop smoking for at least four weeks before your surgery.
- Avoid all products that contain nicotine prior to surgery and throughout your recovery.
- Please let us know if you would like help quitting.

Alcohol and Marijuana

- It is best to avoid alcoholic beverages and any type of marijuana for at least 24 hours before surgery.

Exercise

- If you don't exercise regularly, start with brisk walking a few weeks before surgery. Work up to 30 minutes of continuous walking daily.
- If you are currently physically active, continue your current exercise regimen.

Nutrition

- Nutrition is important for wound healing and preventing infection.
- You should eat a well-balanced, healthy diet and take nutritional supplements as recommended.

Diabetes

- It is important to control your blood sugar levels. You will heal faster, prevent complications, and infection.

If You Get Sick Before Your Surgery

Call your surgeon right away if you get sick before surgery. Please tell your doctor if you have any of these:

- Cold, flu, Covid, fever or chills
- Any type of infection, including tooth abscess
- Any non-healing ulcer or skin wound, such as insect bites
- Herpes outbreak
- Skin rash or any kind of “flare-up”

Night Before Surgery

Eating & Drinking

For a certain amount of time before your surgery, you will be “NPO”. That stands for Nothing by Mouth and means you are not allowed to eat or drink anything during that time. This will prevent vomiting during or after surgery.

Generally the guidelines are:

- No Solid Food/Milk/Dairy allowed 8 hours prior to the procedure.
- Clear Liquids are allowed up to 2 hours before the procedure. This includes water, tea or black coffee without cream or milk, clear fruit juices (apple, white cranberry, NO orange juice), clear electrolyte-replenishing drinks, such as Gatorade or PowerAde.
- Gum/Candy- Not allowed as they can stimulate stomach acid production.
- Infants/Children- Breast milk is allowed up to 4 hours before and formula up to 6 hours before the procedure.

Your surgeon or the pre-admission nurse will tell you when to stop eating and drinking and how long you must be **NPO before your surgery. Remember, NPO means no food or drink; no water, no coffee, no toast, nothing.**

You may brush your teeth or rinse your mouth with a little water. **Do NOT swallow the water.**

If you don't follow the NPO guidelines, you are at increased risk of complications and your surgery can be cancelled. If you accidentally consume food or drink before surgery, please let your nurse or doctor know immediately as this may affect the safety of the procedure.

If you were told to take medication on the morning of surgery, please take it with a sip of water only.

Alcohol, Tobacco, Marijuana

- DO NOT smoke, drink alcohol, use marijuana, or chew tobacco 24 hours prior to surgery.

Shower Instruction

Pre-Surgery CHG Body Cleansing:

Instructions

Getting your skin ready for surgery is extremely important! To do this, you must cleanse your skin with CHG. This is a special chemical found in soaps such as Hibiclens and other brands. You may purchase the 4% Hibiclens at any pharmacy (CVS, Walgreens, Walmart, Target, etc.). Prior to your shower, gather clean, freshly laundered washcloths, towels, and clothes for each shower. Before using it, be sure to read all the instructions. Frequency for showering must be once a day, the day prior to surgery, and the morning of surgery for the best results. If an allergic reaction occurs, stop using it.

Steps for showering with the CHG/4% Hibiclens

1. Wash and rinse your hair, face, and body using your normal shampoo and soap.
2. Make sure you rinse off completely.
3. Turn off the shower.
4. Pour a quarter-size amount of liquid CHG/Hibiclens soap onto a wet, clean washcloth, and apply to your entire body FROM THE NECK DOWN. Do NOT use on your face, hair, or genital areas.
5. Rub the soap-filled washcloth over your entire body for 3 minutes; apply more soap as needed (at least 1/2 of the bottle should be used with each of the showers/cleansing). Avoid scrubbing your skin too hard.
6. Turn on the shower and rinse the soap off your body with completely warm water.
7. Do NOT use regular soap after washing with CHG/Hibiclens.
8. Pat your skin dry with a freshly laundered, clean towel after each shower.
9. Dress in freshly laundered clothes after each shower.
10. It is important to sleep with clean bed linens the night before surgery!
11. Do NOT apply any lotions, deodorants, powders, or perfumes to your body.
12. Do NOT shave your legs the night before or the day of surgery. Do NOT remove any body hair below the neck. Facial shaving is the only thing permitted before surgery.
13. Throughout this process, good hand hygiene is a must throughout the entire day, each day. Wash hands with soap and water for the timeframe it takes to sing "Row, row, row your boat" to ensure adequate cleansing.

Before Arrival to the Hospital

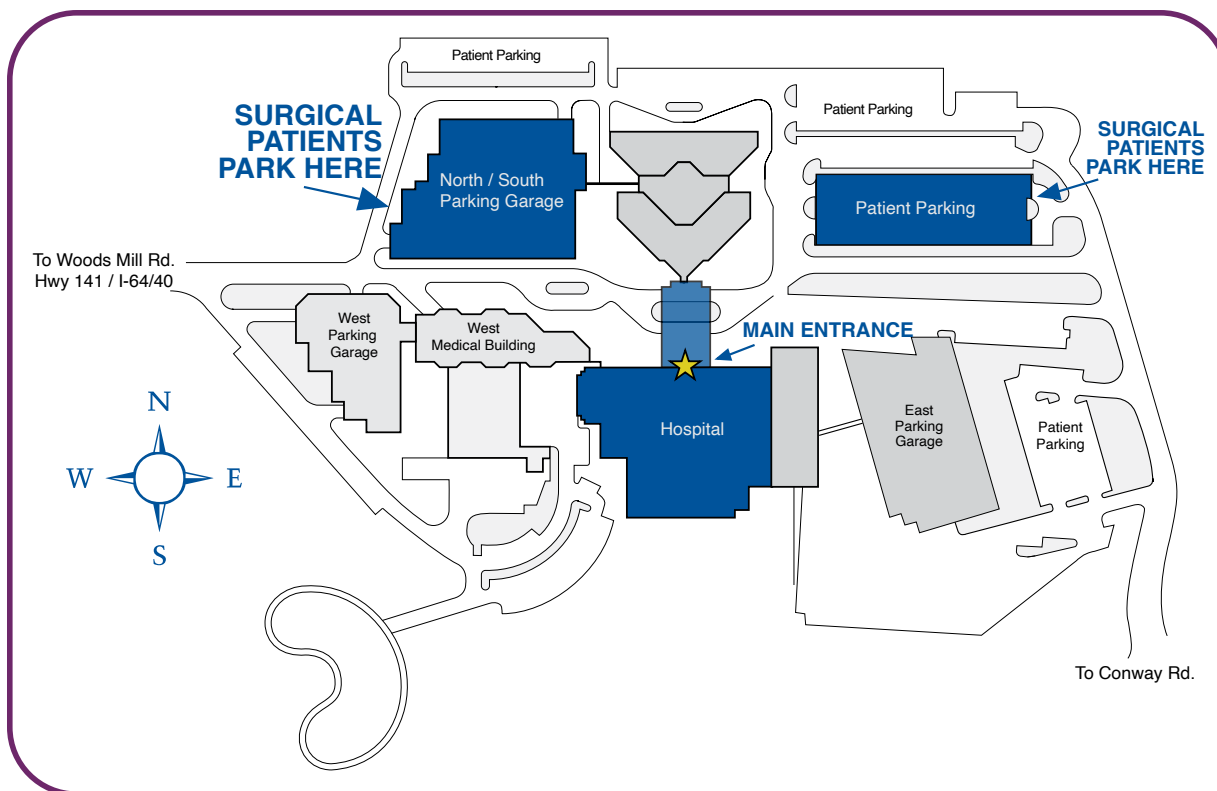
- Repeat the shower instructions on the morning of surgery
- Take your medications as instructed with a **sip** of water
- Wear clean, loose, comfortable clothing and shoes

What to Bring to the Hospital

- Insurance card and photo ID, form of payment for copays and medications
- Glasses, contacts, hearing aids, respiratory/CPAP equipment, wheelchair, cane, stimulator remote, crutches or walker if needed
- Advanced Directive or Power of Attorney paperwork
- If you use home oxygen, please bring your portable oxygen tank with you
- Phone charger
- Do NOT bring medications, valuables, or jewelry

Parking

Park in the North/South garage or the open lot. For guests who have difficulty walking, their driver may drop them off at the main entrance prior to parking.



Check-in

- Enter through the main hospital entrance and follow the signs to Same Day Surgery Check-In. It is on the 3rd floor across from the gift shop.
- After completing some paperwork, you will proceed to our Same Day Surgery Department.

Surgery

What to Expect in Surgery

When you arrive in our Same Day Surgery Department, the pre-operative staff will verify your name, birth date, check your ID bracelet and the procedure you are scheduled for. Consents will be reviewed and signed at this time.

Our staff will also confirm contact information for the person you would like to receive a call or text updates of your status.

You will be asked to change into a hospital gown, vital signs taken, and IV placed before you move to the operating room.

While you are in surgery, your family or loved ones can wait in the Waiting Room.

Anesthesia Care

Anesthesia is a medication that keeps you comfortable or makes you sleep during surgery. It is given by either an Anesthesiologist or a highly trained Certified Registered Nurse Anesthetists (CRNA). You will meet with one of them before surgery to discuss the type of anesthesia that will be used during your surgery. Our primary goal is to provide the safest possible anesthesia by making sure that all of your medical issues have been addressed before your procedure.

It is important to tell the Anesthesia team prior to surgery, if you or anyone in your family has ever had any problems with anesthesia.

General Anesthesia

The goal of general anesthesia is a complete lack of awareness and pain sensation during surgery or procedure. You are given medications to make you unconscious. After you are asleep, we may place a breathing tube connected to a ventilator to help you breathe. The anesthesia team closely monitors your blood pressure, heart rate, oxygen saturation in your blood and your brain activity during the surgery. Once surgery is complete, we remove the breathing tube before you are fully awake. You may notice a sore throat.

Monitored Anesthesia Care (MAC)

This type of anesthesia is referred to as a “twilight” anesthesia. It uses sedatives and pain medications given through an IV to create a relaxing and comfortable sensation during the procedure. The patient is sedated but not unconscious and is breathing on their own. Many patients have experience with this type of anesthesia when they have a colonoscopy.

Regional Anesthesia (Epidural/Spinal)

Regional anesthesia is when the nerve supply to the part of the body where the surgery is being performed is blocked with a local anesthetic, so no pain is felt. This is similar to when a dentist numbs your mouth before a filling. Regional anesthesia includes spinal, epidural, or peripheral nerve blocks. Frequently it is combined with sedative drugs to make you relaxed or sleepy during surgery. For pain relief after surgery, regional anesthesia is sometimes used in addition to general anesthetic.

Nerve Blocks

This type of anesthesia is used to block the feeling of an arm, hand, shoulder, leg or foot. Nerve blocks can be used alone or combined with MAC or a general anesthetic. In addition, they are helpful in providing pain relief after surgery. Nerve blocks are usually done before you go to the operating room, but sometimes are done in the operating room before the start of the surgery. A small ultrasound machine is used to visualize the nerve or group of nerves around which the local anesthesia will be placed. The “blocked” area will remain numb and you will not be able to move your extremity for 12-40 hours depending on how quickly your body eliminates the anesthetic and block wears off.

Local

Local anesthesia is injected into the tissue directly at the surgery site. It is frequently used for minor procedures.

Side Effects

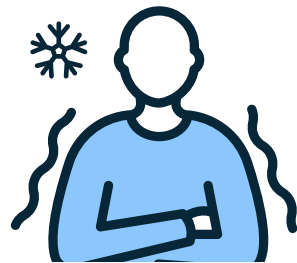
Drowsiness



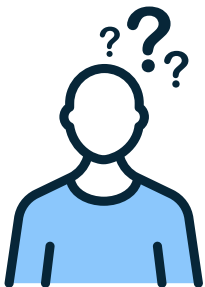
Nausea and /or vomiting



Shivering and feeling cold



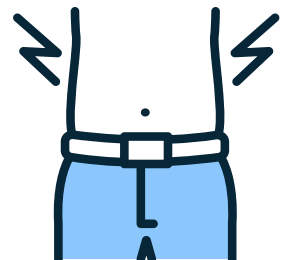
Confusion & memory loss



Dizziness



Difficulty with urination and/or constipation



After surgery

Immediately After Surgery

- The surgeon will update your family with details related to your surgery.
- You will move from the operating room to the recovery room where you will start to wake up.
- It is important to understand that you may experience side effects from receiving anesthesia. These side effects may include but are not limited to; drowsiness, nausea and/or vomiting, shivering and feeling cold, confusion and memory loss, dizziness and difficulty with urination and/or constipation. These side effects may last 24-48 hours.
- You will be in the recovery room until you are ready to go home or to be transferred to a room in the hospital. The average time in the recovery room is approximately 1 hour. No visitors are allowed in the PACU/recovery room.
- It is normal to feel discomfort around your surgical site.
- Each patient responds uniquely to the surgical experience.

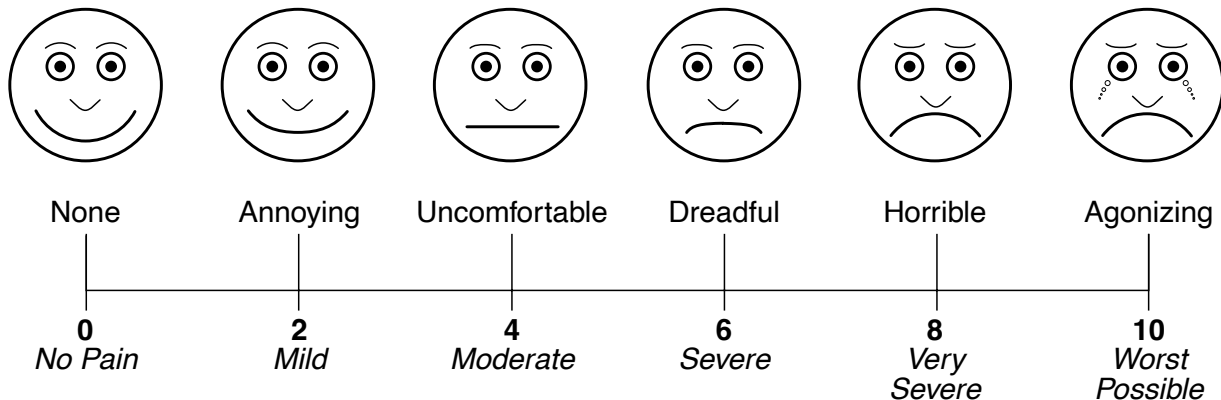
Pain Management

Effective pain management is an important part of your care. Every effort is made to minimize your pain; however, it is normal to experience some discomfort following surgery. Communication of unresolved pain is necessary to make you as comfortable as possible.

You will be asked about your level of pain upon admission, and this will continue throughout your stay. You will be asked to “rate” your pain on a scale from 0-10. “0” being no pain at all, “5” being moderate pain, and “10” being the worst possible pain. This score will be used to select the correct pain medicine to treat your pain. This is done to maximize your pain management. The doctors and nurses will ask you how the pain medicine is working and adjust it as needed.

Wong - Baker Faces Pain Intensity Rating Scale:

0 - 10 Numeric Pain Intensity



Pain Facts

- Pain is different for everyone.
- Treating pain early usually brings quicker and better results.
- Pain affects blood pressure, heart rate, appetite, and general mood.
- Pain may be sharp, dull, stabbing, cramping, throbbing, constant, or on and off.

Expectations and Goals After Surgery

Walking Goal

- You should get out of bed within 4 hours of surgery.
- The nursing staff will help you until you are comfortable getting up on your own. Please ask for help to avoid a fall.
- Walking will reduce pain, the risk of breathing related illnesses, the development of blood clots and muscle aches.

Deep-Breathing

It is important to take frequent deep breaths after surgery to help prevent pneumonia and other lung problems. You should take deep breaths every hour while you are awake. Continue this after surgery or until you are spending most of your time out of bed. You may be taught to use an incentive spirometer, a small device that will help you deep-breathe.

This is how to deep-breathe:

1. Sit up as straight as you can.
2. Breathe in slowly and deeply through your nose. Try to get air down to the bottom of your lungs. You should feel your chest move out as you breathe in.
3. Hold your breath for three seconds.
4. Breathe out slowly and completely through your mouth.
5. Wait a few moments and then take another deep breath in and out.

Coughing

If you have phlegm in your lungs, it is important for you to cough and deep breathe to clear your lungs. You should cough every one to two hours awake. Do this for the first 48 hours after surgery or until you are spending most of your time out of bed.

This is how to cough:

1. Take three deep breaths as explained in the previous section above.
2. On the third deep breath, cough hard and deep several times as you let the air out.
3. Now take three more deep breaths.
4. On the third deep breath, cough hard and deep several times as you let the air out.
5. After coughing, take two more nice and relaxed breaths.

Taking deep breaths and coughing is something you usually do without thinking about it. Deep breathing and coughing help keep your lungs healthy and air tubes clear. After surgery, because of the anesthesia, medications, and discomfort, you tend to take shallow breaths. But after surgery it is more important than ever to fully fill your lungs and get rid of the phlegm. Practice deep breathing and coughing before surgery so you can do it more easily afterwards. Remember - shallow breaths, coughing weakly, and merely clearing your throat will not help. You need to deep-breathe and cough hard to clear your lungs. Modern sutures and techniques make incisions strong. Do not be afraid to deep breathe and cough with force.

Turning

It is important to turn in bed often after surgery to help prevent lung problems and to help air get to all parts of your lungs. Turning also helps your circulation. Your nurse will help you turn until you can do it yourself.

This is how you turn:

1. Splint your incision, if you wish.
2. Move slowly.
3. Reach for the side rail and gently pull yourself over to your side. It makes it easier if you bend your knee and push with your foot.
4. To turn back, gently push away from the side rail.
5. Change positions at least every two hours while you are awake.

Wound Care

If you have a surgical dressing, it should be clean and dry. If it becomes soiled or wet, please let your nurse know.

Exercising Your Legs

To keep your leg muscles strong and help prevent blood clots, it is important to do leg exercises after surgery and until you are spending most of your time out of bed.

Exercise your legs five times every one to two hours while you are awake and whenever you wake up at night. You may exercise both feet at the same time, or one at a time.

This is how to do leg exercises:

Toe Points

1. Point your toes up toward your chin and hold this position for three seconds.
2. Then, point your toes down (like stepping on the gas) and hold this position for three seconds. You should feel your calf muscles tighten.
3. Do the up and down toe points five times every one to two hours.

Foot Circles

1. Circle each foot five times to the right every one to two hours.
2. Then, circle each foot five times to the left every one to two hours.

After surgery you may also have wraps on your feet or legs. These are attached to a pump and help prevent blood clots.

Preventing VTE

What is a Venous Thromboembolism (VTE)?

Venous Thromboembolism (VTE) is a medical term that describes the formation of a blood clot in one of the large, deep veins of the body, usually in the legs. Veins carry the blood back to the heart and the lungs.

What is a Pulmonary Embolism (PE)?

A pulmonary embolism (PE) sometimes occurs as a serious complication of VTE. In a PE, a piece of the blood clot breaks off and travels to the lung. The blood clot can block blood flow to the lung. This can lead to heart failure or sudden death. Shortness of breath and chest pain can be signs of a PE.

VTE Prevention - Why?

Certain risk factors may increase the chances of getting a blood clot. The most common risk factor is decreased mobility (such as lying in bed all the time). Certain illnesses and diseases can also increase the risk, as well as medication, age, or weight.

VTE Prevention Device

Sequential compression devices (SCDs) tighten and release around the calves.

Treating VTE

If your health care providers believe you have an increased risk of developing a blood clot:

- You may have a VTE prevention device placed on your legs or feet to help the blood flow better.
- You may receive a daily injection to thin the blood and help prevent clots.

Tips for Minimizing Your Risk

- Keep pumps in place and in operation at least 18 hours each day.
- Frequently move your ankles, feet, and toes. Take frequent short walks as allowed or with assistance (this keeps the blood flowing and help prevent clots from forming).
- When not walking, keep your legs elevated.

Discharge Planning and Recovering at Home

Decisions regarding your readiness to leave the hospital and the best place for you to continue your recovery can be complex. Discharging from the hospital can be stressful for patients and their families. To reduce stress, we begin the process immediately following surgery. We determine each patient's individual needs.

Please share any concerns or questions you or your family has related to being discharged from the hospital.

Medication Instructions

- You will receive a list of medications to take at home.
- Make sure you understand what they are for, how much to take, when to take them and what the dose effects may be.
- You will be told if there are any home medications you should stop taking.
- You will be given a prescription for any new medications. If you want, you may have them filled by our mobile pharmacy here at St. Luke's before you go home and they will be delivered directly to you.

Managing Your Pain

- To control your pain when you go home after surgery, your surgeon will order multiple medications. Some of the medications are over-the-counter and others will require a prescription. It is important to use the right medication for your pain level.
- Refer to your discharge instructions for your medications.
- Always ask your doctor or nurse which medications you should take or if you are unsure of how to take them.
- It is our goal that patients manage pain using the lowest dose of medication for the shortest length of time. Using a combination of over-the-counter and prescription medications can help patients achieve this goal.
- Never increase the amount of a medication or add a medication without asking your doctor or nurse.
- Call your surgeon's office if your pain is increasing or does not get better with the medications you have been prescribed.

Call Your Surgeon Immediately If You:

- Experience severe pain that does not get better with medication.
- Develop a fever above 101.5 F.
- Experience nausea or vomiting.
- Are unable to urinate after eight hours.
- Have a surgical site that has foul smelling drainage, is red or warm.
- If your incision opens. Lightly press a clean cloth to the incision to control bleeding.
- Experience dizziness, light-headedness or extreme fatigue.

If you cannot reach any of your doctors or if you are having an emergency, please call 911 or go directly to the nearest emergency room.

After you leave the hospital, please call your surgeon's office for all questions and concerns.



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