



23 Sunnybrook Rd.
Raleigh, NC 27610
(919)322-4800

COMPLEX SPINE PATIENT REFERENCE GUIDE LAMINECTOMY/ DISCECTOMY/ FUSION



This Facility Achieved



Advanced Orthopaedic Certification

Surgical Checklist

This page intentionally has blanks to give you space to fill in during phone conversation with Pre-admission nurse.

Date of Surgery: _____ Time of Surgery: _____

Time to Arrive at Surgical Center: _____

Date to stop specified Medications/ Supplements: _____

Medications to Stop: _____

Stop nonsteroidal anti-inflammatory (ibuprofen, naproxen, Advil, Aleve, Motrin), Aspirin, and supplements such as fish oil, omegas, turmeric

Medication (s) to take the day of your Surgery: _____

- Complete the skin preparation based on the instructions. See page 31

Do not have anything to eat after midnight before surgery, to include gum or mints.

You may have clear liquids until 2 hours prior to your instructed arrival time.

Clear liquids include: water, sports drinks, apple/cranberry juice, coffee/ tea without cream/milk

Items to Bring:

- ☐ ID card, Insurance card
- ☐ Copy of Living Will/ Power of Attorney
- ☐ List of Current Medications
- ☐ Case For Glasses/ Contact Lenses
- ☐ Hearing aids
- ☐ Denture cup and cleaning tablets, if applicable
- ☐ Medical Equipment
 - Back Brace
 - Walker/ Cane

Do Not Bring These Items:

- Opioid pain medications (oxycodone, hydrocodone, Percocet, ext.)
- Jewelry or other valuable items

Contact Information

Capital City Surgery Center
23 Sunnybrook Rd.
Raleigh NC, 27610
(919) 322-4800

Orthopedic Navigator: ext.
1059

Physician Office Contact Information

The Bone and Joint Surgery
Clinic
3801 Wake Forest Road, Suite
220
Raleigh, NC 27609
(919) 322-8619
Cary Idler, MD
Gary Fleischer, MD

Wake Orthopedics
3009 New Bern Ave.
Raleigh, NC 27610
(919) 232-5020
Gurvinder Deol, MD
Connor Regan, MD
Ryan Gentry, MD

For urgent issues please follow the telephone prompts for each office.

Please attempt to contact your surgeon before going to an emergency room, but do not delay medical attention for emergency care.

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Notes/ Questions

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Questions:

#1: _____

Answer:

#2: _____

Answer:

#3: _____

Answer:

#4: _____

Answer: _____

#5: _____

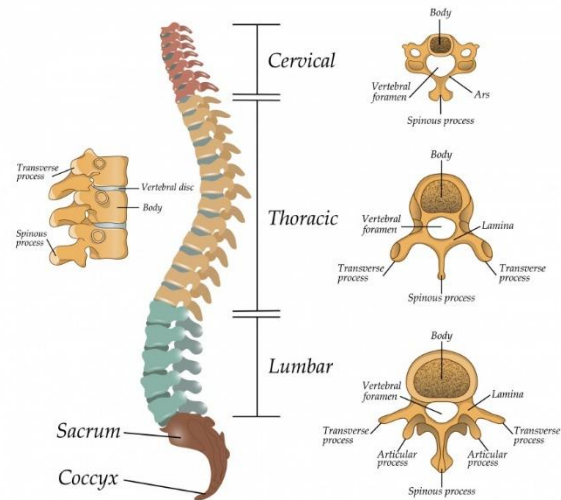
Answer: _____

Common Spine Surgeries

The structure of the segments of the spine

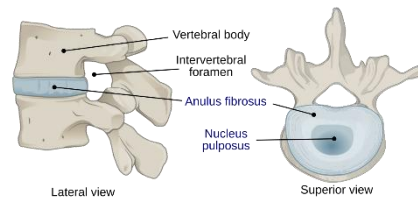
Basic Spine Anatomy

- Protects spinal cord and nerve roots
- Supports balance and movement
- 4 sections:
 - Cervical (7 vertebrae)
 - Thoracic (12 Vertebrae)
 - Lumbar (5 Vertebrae)
 - Sacral (5 Fused vertebrae)



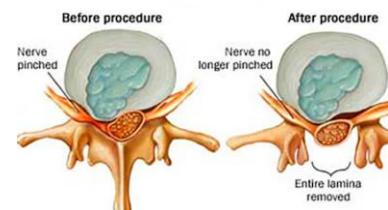
Vertebral Disk

Between each vertebra is an intervertebral disk. The disks are filled with a gelatinous substance, called the nucleus pulposus, which provides cushioning to the spinal column.



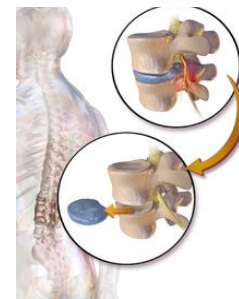
Laminectomy

The removal of a portion of the vertebral bone called the lamina to reduce pressure on a nerve.



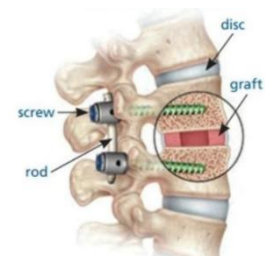
Discectomy

The removal of vertebral disc tissue to reduce compression of nerve tissue.



Spinal Fusion

The permanent joining of two vertebrae to limit the movement at that level. Often the use of bone graft material is needed, and the full healing of the fusion may take up to 3 months or more. Due to the longer healing time needed for the fusion additional hardware is needed to ensure stability while healing.



Preparing for Your Surgery

Pre-Operative visits

You may require appointments with a few different providers prior to your surgery, including.

- Your surgeon may require one or more visits prior to your surgery to complete your health history, provide educational materials, and order any needed medical equipment
- Your primary care provider may need to complete a medical clearance. This is to ensure that any medical conditions you have are well managed before you have your surgery.
- A cardiologist or another specialist may need to clear you for surgery. This is again to ensure that any condition you have managed by a specialist is well managed. A specialist may also help the surgeon in making medication decisions, such as with stopping and restarting “blood thinning” medications.
- A physical therapist may have you complete a “prehab” visit in which they provide education on exercises and restrictions after your surgery.

Identify your Support Team

- It is recommended that you have someone with you for the first 72 hours after your surgery to assist with tasks that you may not be able to complete on your own during the early part of your recovery.
- You should encourage your support person to participate in the pre-operative visits, when possible, to ensure they have the resources to help take care of you during your recovery.
- Consider asking multiple friends or family members to help after your surgery, particularly if your primary support person has any of their own physical limitations.

Preparing Your Home

Remember, when you first go home you may not be fully mobile and may have some restrictions on what you are able to do. Prior to your surgery, think about things you normally do and make some adaptations. For example:

- Place items (kitchen and elsewhere) that you use regularly within arms reach, so you do not have to reach up or bend down. For example, if you keep your mugs, plates, etc. in a low cupboard, consider moving them to a more accessible place for a short while after your operation.
- If you must cook for yourself, consider making or buying some ready meals that are easy to prepare when you come home.
- Consider completing all household chores like cleaning and laundry prior to your surgery.
- Rearrange furniture to give yourself enough room to maneuver with a walker or crutches.
- Remove loose carpets and rearrange electrical cords in the areas where you will be walking. Remove clutter to avoid tripping hazards.
- Set up a “recovery center” in your home, with the phone, television remote control, radio, facial tissues, wastebasket, pitcher and glass, reading materials and medications within easy reach.
- You may want to place a stool or a tall chair in the kitchen to sit on while washing dishes and/or preparing meals.
- Be sure any handrails for stairs, inside and outside, are in good repair.
- You may need to arrange for a friend or family member to assist you with caring for your pets during the early part of your recovery.
- You may need to arrange for a friend or family member to ensure sidewalks and outside stairs are not slippery or icy during inclement weather.

Gather Medical Equipment

Medical equipment is an important aspect of your recovery. It is very important that you review manufacturer recommendations for use of all medical devices. Your surgeon may order certain devices that will be required during your recovery, while others may only be recommendations. If you are unsure if a medical device is right for your recovery, contact your surgeon.

- **Back Brace:** These devices are intended to help provide support and protect during your recovery and prevent you from accidentally moving in a way that may increase your pain.
- **Walker/crutches/cane:** These devices are used to assist with walking. It is important to discuss with your surgeon which the best option for you would be. See education sheets for more information

Schedule Your Follow-up Appointments

Prior to your surgery you should try to get at least your initial follow-up appointments scheduled.

- Many of the surgeons will want to see you in their office within 10-14 days after your surgery. If you need to confirm or reschedule an appointment you will need to contact your surgeon's office.
- Sometimes physical therapy is needed further into your recovery once some healing has already occurred. If you feel that you need physical therapy make sure you discuss this with your surgeon during your post operative visits.
- If you expect to need any assistance with transportation to your follow-up appointments, please communicate with your surgeon/ primary care provider to identify any potential resources.

The Day Of your Surgery

At home preparations:

- Make sure that any items you need to bring with you, have been gathered the night before. Surgery is a stressful event and having things organized ahead of time can ease some of the stress.
 - Including any required medical devices such as walker and back brace
- Complete the skin preparation as instructed. See page 24
 - If your surgery is first thing in the morning you may shower the night before and complete the skin preparation.
 - If your surgery is later in the morning, please shower the morning of your surgery and complete the skin preparation.
- Make a list of any questions you want to ask the surgeon. This will help your healthcare team ensure you have all your concerns addressed prior to your discharge.

Arriving at Capital City Surgery Center

Upon arriving at Capital City Surgery Center, notify the front desk of your arrival. You will register shortly after your arrival.

- During registration, the staff will walk you through signing some documents related to the services provided by Capital City Surgery Center
- They will also collect any payment that is due prior to the surgery.

When your care team is ready, you will be called back to the preoperative area to begin the preparation for your outpatient procedure.

A Support person must accompany you to the Center on the day of your procedure. With your permission they can join you in the pre-op area or they are welcome to wait in the waiting area. With your consent, your surgeon will update them on the surgery and your condition after your surgery is completed.

Pre-operative Care

There are several things that will be completed in the pre-operative area to get you ready for your surgery.

- Baseline information will be collected including accurate weight and baseline vital signs (heart rate blood pressure, etc.)
- You will be asked to change out of your clothes and place a gown on. A bag for your personal items will be provided.
 - While you are changing you will need to repeat the skin preparations for infection prevention.
 - We ask that your support person hold on to your belongings during your surgery, so please be mindful of the number of items you bring to the center.
- The pre-operative RN will complete an admission assessment and you will meet with the anesthesiologist.
- Any documents that require your signature will be completed.
- At least 1 IV will be started. You will receive IV fluids and medication deemed necessary by your surgeon and/or anesthesia provider.
- You may be given oral medications to help manage your pain after your surgery. .
- Your surgeon will meet with you prior to your surgery. He/she will place a mark on your skin near the operating area.
- Several members of your surgical team may ask you the same questions, such as your name, birth date, allergies, and what procedure you are having. This is to maintain your safety.
- Once you are ready for your surgery, you will meet the operating room nurse and the nurse anesthetist (CRNA), and they will bring you back to the operating room. Your support person will be asked to wait in the waiting area.

Care in the Operating Room

- The CRNA will give you some medications through your IV, that will help you remain calm as they prepare you for surgery. Often these medications will prevent you from remembering your time in the OR.
- The anesthesia team will then begin to give you medications to help get you off to sleep for the remainder of the procedure.
- The average outpatient spine procedure takes up to 1-2 hours. Please be aware there are several factors that may lead to the surgery taking a little longer than expected.
- If your support person feels it has been a while without an update, they can ask for an update from the receptionist.
- Once your surgery is finished, your surgeon will provide your support person with an update on your procedure and care with your permission.

Care in Recovery/ Post-Anesthesia Care Unit (PACU)

- Immediately following your procedure, you will be taken to a private recovery room in our Post-Anesthesia Care Unit (PACU). Where you will be cared for by a Registered Nurse.
- The early part of recovery will be focused on making sure you are stable and safe. We will manage nausea or pain, as needed.
- Management of your pain may feel a little conservative in the beginning. This is because of the medications you have already received. We need to make sure that you are not given too many medications, as this can lead to unwanted side effects and delay your recovery.
 - It is important to note that **pain is expected during recovery**, even with the medications you are given. We will do our best to get you comfortable, while also being considerate of your safety and unwanted side effects.
- Once you are stable and waking up, we will begin to encourage you to get out of bed. Our goal is to have you up and out of bed within 1-2 hours after your surgery.
 - It may initially be just to sit in a chair
 - It will be required that you demonstrate an ability to walk the halls prior to being cleared for discharge.

- The PACU RN will review discharge instructions with your support person, you may not remember the discharge instructions due to anesthesia. You will be given written discharge instructions for you to review within the next day or two.
- Once you have met our discharge criteria you will be discharged home under the care of your support person.

After Discharge

Pain Management

Pain management after surgery can be a challenge. It is important to follow the instructions from your surgeon. Below are some of the options for pain management.

- Apply ice packs or your ice machine to the incision, 20 minute per hour or longer as instructed by your surgeon. Always make sure there is a barrier between cold products and your skin.
- Positioning can help in reducing pain as well. Best positioning varies by surgery. Your surgeon will include any specific limitations/ guidance in the discharge instructions. Otherwise finding a position of comfort can help make your pain more manageable.
- Elevation is a key component in reducing swelling. You should be trying to elevate your surgical site/ extremity at times you are resting.

The medications below may not be the best option for you, please discuss your plan for pain management with your surgeon

- Non-steroidal Anti-Inflammatory Medications (NSAIDS):
 - Ibuprofen (Motrin, Advil), Naproxen (Aleve)
 - Use caution when taking other NSAIDs such as Aspirin, or if you have a history of stomach/intestine ulcers.
 - **Discuss use of NSAIDS with your surgeon before use**
- Acetaminophen (Tylenol)
 - Maximum dose is 3000mg from all sources
 - May be included in opioid pain medications

- Use caution if you have a history of liver problems
- Gabapentin (Neurontin)
 - Classified as an antiseizure medications but used for management of nerve related pain.
 - Gabapentin may cause vision changes, clumsiness, unsteadiness, dizziness, drowsiness, sleepiness, or trouble with thinking.
 - This medication needs to be prescribed, follow prescription instructions
- Opioid Pain Medications
 - This medication needs to be prescribed, follow prescription instructions
 - Several different options, some rapid release, some long acting, some in combination with acetaminophen.
 - Common side effects are drowsiness, dizziness, nausea, and constipation.
 - Do not drive, operate machinery, or make important decision while taking these medications.
- Management of your pain should include non-medication therapy and medication. You should try to rely on non-opioid medications as much as possible.

Caring for My Incision

- Each surgeon has specific instructions for dressing changes and incision management
 - Follow the instructions provided by your surgeon
- Before changing your dressing, it is important to wash your hands thoroughly with soap and water.
- When changing your dressing look at the incision, note any increasing redness, drainage, foul odor, or separation of the incision. If you see any of these notify your surgeon.

Showering after my Surgery

- When you can shower is based on the dressing used by your surgeon. This should be included in your discharge instructions.

- It is not typically advised to submerge or let water spray directly on the incision, and you should not aggressively scrub the incision.
 - In some cases, the surgeon may have used a medical adhesive to close the skin, aggressively cleaning the incision may lead to early removal of the adhesive or increase trauma to the tissue resulting in poor healing.
- Do not apply and lotions, creams, or ointments to the incision unless directed by your surgeon.

When to Seek Help

- If you experience any of the following during your recovery you should seek medical attention immediately.
 - Shortness of breath/ Difficulty breathing
 - Chest pain
 - Pain in calf or a “hot spot” in your calf (signs of blood clots)
 - Active bleeding from incision
 - Slurred speech, facial drooping, numbness/ paralysis of one side of the body.
 - Loss of consciousness
- If you have any urgent concerns regarding any of the following contact your surgeon’s office
 - Poor pain control
 - Excessive nausea/vomiting
 - Signs of infection
 - Bleeding concerns
 - Discharge instructions

Patient Education Sheets

Preventing Fall after Surgery

A fall after surgery can have serious consequences on your recovery. It is important that you follow the instructions and any limitations your surgeon has recommended to maintain your safety.

Factors contributing to falls:

- Anesthesia medications used to help keep you comfortable may cause you to feel dizzy, lightheaded, or disoriented for up to 24 hours after your surgery.
- Use of pain medications: there are several medications that may have been given that can cause dizziness, fatigue, and/ or disorientation.
- Limited mobility prior to surgery
- Greater than 60 years of age.
- Joint replacement or spinal surgery.

Preventing Post-operative Falls:

- Prepare your home:
- Remove throw/decorative rugs from walkways.
- Remove any clutter from walkways.
- Be aware of raised thresholds/ steps between rooms.
- Remove any wires that run across walkways.
- Be cautious around small children, crowds, and pets.
- Assistive devices:
 - Use assistive devices as recommended by your surgeon.
 - Make sure assistive devices are adjusted for your height.
- While walking:
 - Take your time, rushing may increase your risk of falling.
 - Do not multitask, your full focus should be on walking.
 - Get help when going up or down stairs the first few times after your surgery, especially if you had surgery on your legs or spine.
 - Make sure your shoes are well fitted with adequate tread and are tied.
 - Avoid uneven or rough terrain.

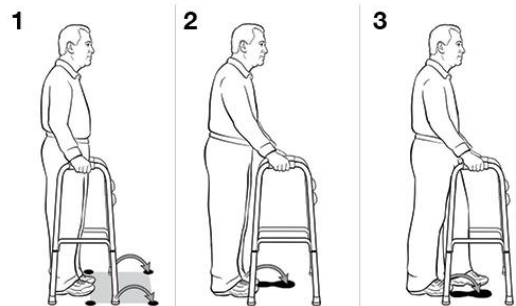
Using a Walker

Keys to remember when using a walker:

- Always stand up straight. Leaning forward can cause you to lose balance and fall.
- Always look straight ahead. You may be tempted to look at your feet, but this can lead to dizziness, tiring faster, or cause you to run into something.
- Do not hang things from your walker that may cause it to be off balance.
- When standing to the walker push up from what you are sitting on, do not use the walker to pull yourself up.

Walking with a Walker:

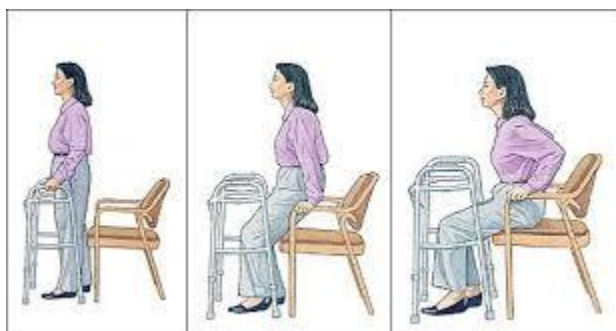
1. Lift the walker and place it a short distance in front of you, no more than an arm's length. Ensure all four legs are firmly on the floor.
2. Take a small step with your operative leg first. Then take a small step with your good leg, slightly ahead of your operative leg.
3. Take your time walking, walking too fast may cause you to lose your balance and fall.



Repeat steps 1 through 3

Sitting with Walker:

1. Slowly back up to the chair with the walker until you feel the chair with the back of your legs.
2. Move hands to hold onto the chair you are sitting in.
3. Slowly lower yourself, try to avoid letting yourself fall into the chair.
4. You may find it more comfortable to extend your operative leg out as you sit down.
5. When standing to the walker push up from what you are sitting on, do not use the walker to pull yourself up.



Navigating stairs/steps/curbs:

Know your limits. If this is the first-time navigating stairs since your surgery, have someone to help you.

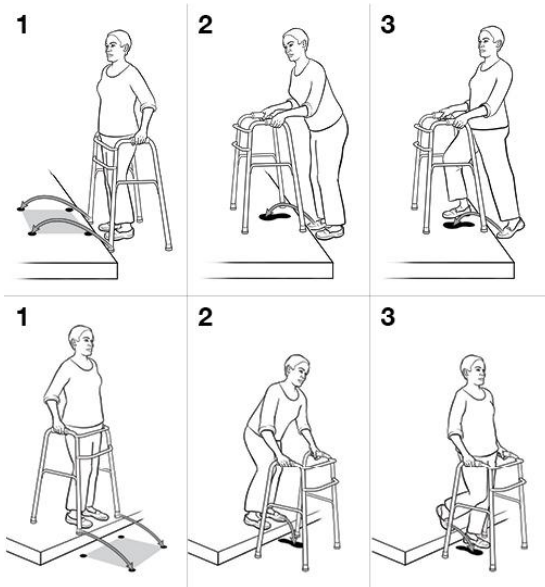
Remember **“Up with the good, down with the bad”**.

Going up:

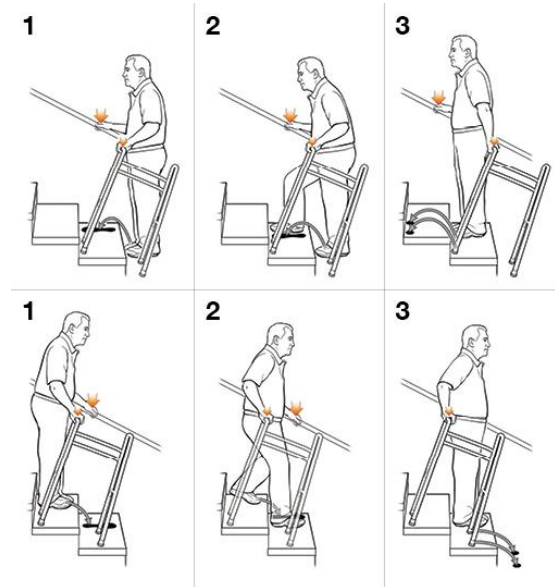
1. Get close to the stairs and grasp the handrail.
2. Step up one step with your good leg.
3. Step up with bad leg to same step.
4. Take your time and take breaks as needed.

Going Down:

1. Get close to the stairs and grasp the handrail. Give walker to person helping or fold it up to carry.
2. Step down with the bad leg, one step at a time.
3. Step down with good leg to same step as bad leg.
4. Take your time and do not look down at your feet, keep your head up to keep your balance.



Up/Down Curbs



Up/Down Stairs

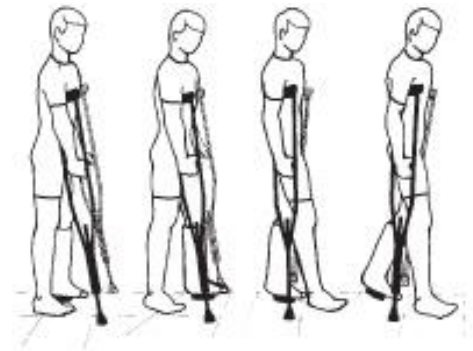
How to Use Crutches

How to properly position crutches:

- The shoulder support should be 1-2 inches below your armpit when standing.
- The handgrips should be even with your hips.
- When holding the handgrips your elbows should have a slight bend.
- When walking, your weight should be on the handgrips, not on the shoulder supports, as this may result in damage to the nerves and blood vessels in the armpit.

Walking:

1. Lean forward slightly and put your crutches in front of you up to 12 inches.
2. Begin your step as if you were going to use the operative foot or leg but, instead, shift your weight to the crutches.
3. Bring your body forward slowly between the crutches.
4. Step normally with your good leg.
5. Once your good leg is stable, move your crutches ahead for the next step. Keep your head and eyes forward to prevent dizziness and tripping.



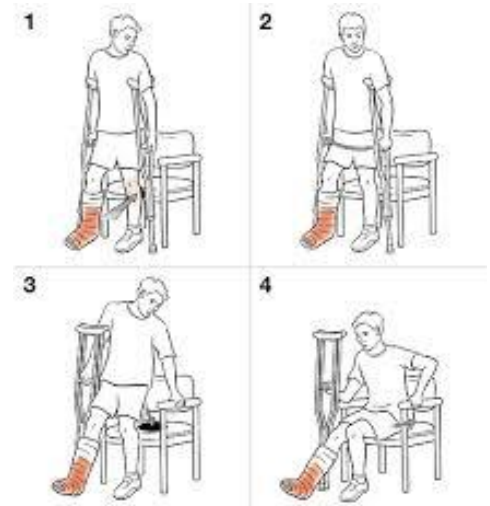
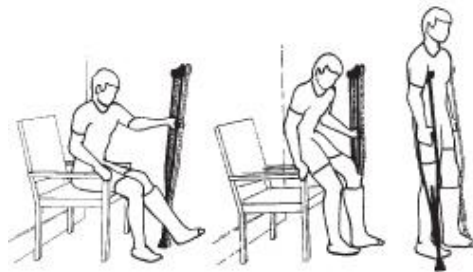
Sitting/ Standing:

To sit:

1. Back up to a sturdy chair.
2. Put your operative foot in front of you and move both crutches into one hand.
3. Move your other hand to the armrest of the chair.
4. Slowly lower yourself into the chair. Avoid falling into the chair.
5. When seated, lean your crutches in a nearby spot. It may be better to lean them upside down to prevent them from falling.

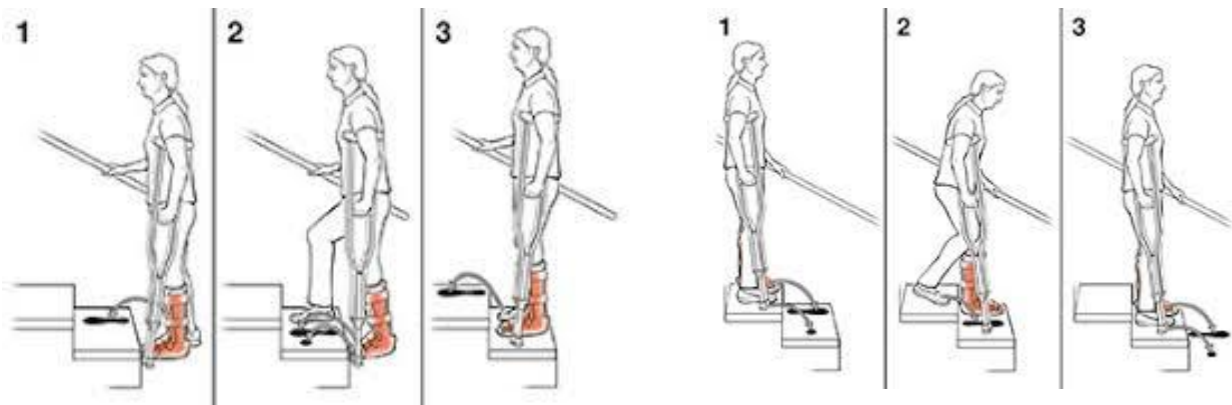
To stand up:

1. Move yourself to the edge of the chair.
2. Hold both crutches in the hand on the operative side.
3. Push up with support of the chair armrest and your crutches, placing weight on good leg.



Going Up or Down Stairs:

- To walk up and down stairs with crutches, you need to be strong and flexible.
- While facing the stairway, hold the handrail with one hand and tuck both crutches under your armpit on the other side.
- While going up, lead with your good foot, keeping your injured leg raised behind you. When you are going down, hold your injured leg up in front.
- Step up/down each step on your good foot. Take it one step at a time.
- Ask for someone to help you, especially at first.
- For stairways without handrails, use the crutches under both arms and move up or down each step on your good leg, using more strength.



If uncomfortable, it may be easier to sit on each step and move up or down.

- Sit on the lowest step with your operative leg out in front.
- Lay both crutches flat on stairs and hold with non-dominant hand.
- Raise bottom up to the next step, use hand and good leg for support.
- Face down the stairs when you go down the steps in this manner.

Identification and Management of Post Operative Urinary Retention (POUR)

What is Post-Operative Urinary Retention (POUR)?

- Post-operative urinary retention (POUR) is the inability to urinate or inability to fully empty the bladder after a surgical procedure.
- Common symptoms: difficulty urinating, urinating small amounts frequently, abdominal pain/discomfort, and persistent urge to urinate. **Many patients do not experience any symptoms.**

Risk Factors of POUR:

- Males are 2 times more likely to develop POUR compared to women.
- Orthopedic surgeries, including joint replacements and spinal surgeries increase the risk for POUR.
- Existing medical conditions: renal disease, diabetes, depression, and males with benign prostatic hyperplasia.

How to Prevent POUR:

- Early and frequent walking after surgery has been shown to reduce the risk of POUR.
- Application of a warm pack above the abdomen just above the pubic area has been demonstrated to reduce rates of urinary retention.
- Minimize the amount of opioid based pain medication you are taking. A side effect of opioid medications is urinary retention.
- For high-risk patients (multiple risk factors), a pre-operative alpha-blocker has been shown to be effective at reducing the risk of POUR.

Treatment of POUR:

- Initial treatment will focus on decompressing (emptying) the bladder. This is done with a catheter inserted into the bladder.
- Some patients will require a continuous urinary catheter while others may need to be catheterized intermittently based on symptoms. A discussion with your provider will determine the best option based on your needs.
- Your provider may prescribe medications to help improve your ability to void.
- A referral to a urologist may be required to better manage your symptoms.

When to seek medical Assistance:

- If you have not been able to void within the last 8 hours (**Medical Emergency**)
- If you have the urge to urinate or lower abdomen pressure/discomfort and you are unable to urinate.
- If you have difficulty when urinating and it seems like a small amount, or you have the urge to void immediately after urinating.

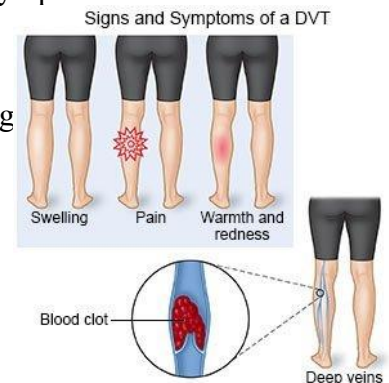
Identification and Prevention of Blood Clots/ Venous Thromboembolism (VTE)

What is a Venous Thromboembolism (VTE)?

- Venous thromboembolism is a term that collectively refers to a deep vein thrombosis (DVT) or a pulmonary embolism (PE).
- A DVT is a blood clot that forms within a deep vein within the body. Most often in the leg or pelvis but can also occur in the arm.
- A PE is a complication of a DVT and occurs when part of the DVT breaks off and travels to a lung.

What are the Signs/ Symptoms?

- Deep vein Thrombosis (DVT): Only 50% of people with a DVT will show symptoms.
- Swelling
- Pain/ tenderness
- Redness of the skin
- Pulmonary Embolism (PE): It is possible to have a PE without symptoms of a DVT.
- Difficulty breathing
- Faster than normal heart rate or irregular heart rate
- Chest pain/ discomfort, especially when deep breathing/ coughing
- Coughing up blood
- Lightheaded, fainting, or low blood pressure.



What are the Risk Factors of Developing a VTE?

- Injury to a vein, such as during a surgical procedure.
- Bed confinement/ reduced mobility
- Chronic medical conditions such as cancer, heart disease, lung disease, or irritable bowel disease
- Increased estrogen such as with pregnancy/ postpartum, birth control pill use, or hormone replacement therapies.
- Other factors including family history of VTE, age, obesity, and history of VTE.

How to Prevent VTE

- Early and frequent walking after surgery is a key to preventing VTE.
- Frequent leg exercise while sitting/ laying down by raising and lowering heels and toes, and by tightening and relaxing leg muscles.
- Your surgeon may also recommend the use of compression stockings, anticoagulants, and/ or compression devices.

If you are experiencing symptoms of a VTE seek medical attention immediately.

For more information, please go to www.cdc.gov/ncbddd/dvt/index.html

Post-Operative Constipation

Constipation is when a person has fewer than three bowel movements a week, has difficulty having a bowel movement, or has stools that are dry, hard, or larger than normal. A low-fiber diet, not taking in enough fluids, and taking certain medicines may make constipation worse.

Causes

- Anesthesia medications, opioid pain medications may cause constipation after your surgery
- Certain medicines, such as antidepressants, pain medicine, iron supplements, antacids, and water pills may also contribute.
- Certain diseases, such as diabetes, irritable bowel syndrome (IBS), thyroid disease, or depression can make a person more susceptible to developing constipation

Signs And Symptoms

- Having fewer than three bowel movements a week.
- Straining to have a bowel movement.
- Having stools that are hard, dry, or larger than normal.
- Feeling full or bloated.
- Pain in the lower abdomen.
- Not feeling relief after having a bowel movement.

Treatment

Treatment will depend on the severity of your constipation and what is causing it. Some dietary treatments include drinking more fluids and eating more fiber-rich foods. If these diet and lifestyle recommendations do not help, your health care provider may recommend taking over-the-counter laxative medicines to help you have bowel movements. Prescription medicines may be prescribed if over-the-counter medicines do not work.

Home Care Instructions

- Eat foods that have a lot of fiber, such as fruits, vegetables, whole grains, and beans.
- Limit foods high in fat and processed sugars, such as french fries, hamburgers, cookies, candies, and soda.
- A fiber supplement may be added to your diet if you cannot get enough fiber from foods.
- Drink enough fluids to keep your urine clear or pale yellow.
- Exercise regularly or as directed by your health care provider.
- Go to the restroom when you have the urge to go. **Do not** hold it.
- Only take over the counter or prescription medicines as directed by your health care provider. **Do not** take other medicines for constipation without talking to your health care provider first.

Seek Immediate Medical Care If:

- You have bright red blood in your stool.
- Your constipation lasts for more than 4 days or gets worse.
- You have abdominal or rectal pain.
- You have thin, pencil-like stools.
- You have unexplained weight loss.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Preparing your Skin with Chlorhexidine Wipes

Preparing or “prepping” skin before surgery can reduce the risk of infection at the surgical site. To make the process easier, Capital City Surgery Center has chosen disposable bath cloths moistened with a rinse-free, 2% Chlorhexidine Gluconate (CHG) antiseptic solution.

Prep at Home Before Surgery

- The steps below outline the skin prepping process and should be followed carefully.
- Skin must be prepped at home. Your skin will also be prepped again at the Surgical Center on the morning of your surgery.
- If you want to shower, bathe, or wash your hair, you must do so at least one hour before you begin the prep process. It is important that your skin be cool and dry before the Chlorhexidine Gluconate bath clothes are applied.
- Do not shave your legs within 3 days prior to surgery.
- Sleep on clean bed sheets the night before your surgery.
- Do not apply the product to eyes, ears, mouth or mucous membranes.

Please note: This product may cause skin irritation such as temporary itching and/or redness. If itching or redness persists, rinse affected areas and discontinue use.

Directions:

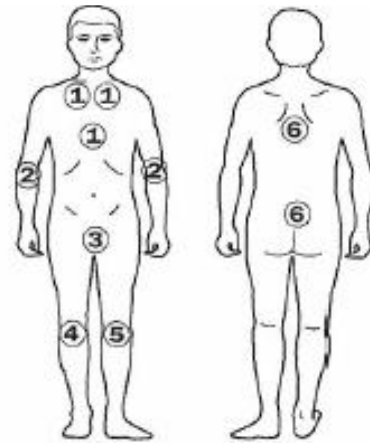
- DO NOT MICROWAVE PACKAGES! You may warm them in a sink of hot water for 10 minutes before using.
- Open the package according to package instructions.
- Reach into one of the three opened packages, remove two of the disposable cloths at a time and place onto a clean surface.
- **The antiseptic cloths are disposable, but not flushable.** After use, please throw them in the trash.

Prep Circled Areas Only (see image below)

Use one clean cloth to prep each area of the body in order shown below (Steps 1 through 6). Wipe each area thoroughly using a back-and-forth motion. You may need assistance. Use all cloths in the packages.

Application Instructions

1. Use one cloth to wipe the neck and chest.
2. Use a new cloth to wipe both arms, starting with each shoulder and ending at fingertips. Be sure to thoroughly wipe the arm pit areas last.
3. Use a new cloth to wipe the right and left hip followed by your groin. Be sure to wipe folds in the abdominal and groin areas.
4. Use a new cloth to wipe the right leg, starting at the thigh and ending at the toes. Be sure to thoroughly wipe the inner leg and behind your knee.
5. Use a new cloth to wipe the left leg, starting at the thigh and ending at the toes. Be sure to thoroughly wipe the inner leg and behind your knee.
6. Use one cloth to wipe your back starting at the base of your neck and ending by wiping the buttocks area.



After Prepping

- DO NOT RINSE YOUR SKIN! Allow your skin to air dry for at least 1 minute.
- Do not apply any lotions, moisturizers, or makeup after prepping.
- Dress in clean clothes/sleepwear.
- Discard used antiseptic cloths in the trash can. **Do not flush them down the toilet.**

Preparing Your Skin with Hibiclens

It is important to adequately prepare your skin prior to surgery to reduce the risk of a surgical site infection. The preference is to use 2% Chlorhexidine Gluconate (CHG) antiseptic solution.

When using hibiclens to prepare your skin prior to surgery you will need to shower the night before and the morning of your surgery using the following instructions:

- Wash your hair, use your regular shampoo; then rinse your hair and body thoroughly to remove any shampoo residue.
- Wash your face with your regular soap or water **only**.
- Thoroughly rinse your body with water from the neck down
- Apply Hibiclens directly on your skin or on a wet washcloth and wash gently; move away from the shower stream when applying Hibiclens to avoid rinsing it off too soon.
 - **Hibiclens should remain on your skin for 1 minute prior to rinsing off.**
- Rinse thoroughly with warm water and keep out of eyes, ears, and mouth; if Hibiclens comes in contact with these areas, rinse out promptly.
- Dry your skin with a towel.
- Do not use your regular soap after applying and rinsing with Hibiclens.
- Do not apply lotions or deodorants to the cleaned body area.

Additional information:

- Your skin will also be prepped again at the Surgical Center on the morning of your surgery.
- Do not shave your legs within 3 days prior to surgery.
- Sleep on clean bed sheets the night before your surgery.

Preparing Your Skin with Povidone Iodine Scrub

Preparing or “prepping” skin before surgery can reduce the risk of infection at the surgical site. The preference is to use 2% Chlorhexidine Gluconate (CHG) antiseptic solution. However, if you have a known reaction to chlorhexidine, you may be instructed to use a Povidone-Iodine shower.

Prep at Home Before Surgery

- The steps below outline the skin prepping process and should be followed carefully.
- Capital City Surgery Center will provide 2 bottles of Povidone -Iodine scrub
- Shower the night before your surgery, and the morning of your surgery. Both times use the scrub provided.
- Do not shave your legs within 3 days prior to surgery.
- Sleep on clean bed sheets the night before your surgery.
- Do not apply the product to face, eyes, ears, mouth, or hair.

Please note: This product may cause skin irritation such as temporary itching and/or redness. If itching or redness persists, rinse affected areas and discontinue use.

Directions:

- Wash Face and Hair with your preferred cleansers
- Use Povidone-Iodine Scrub on a clean washcloth to wash all skin surfaces from your neck to your toes.
- Thoroughly rinse product.
- **Note:** Povidone-Iodine can cause skin to have an orange tinge that will fade over a few days.
- Dry off with a clean towel
- Do not apply any lotions, moisturizers, or makeup after prepping.
- Dress in clean clothes/ sleepwear
- This product may stain your washcloth