Preparing for Your Surgery
We are pleased that you and your physician have chosen Anne Arundel Medical Center for your upcoming surgery or procedure. This guide will provide you and your family with information to make your experience as comfortable as possible. We encourage you to ask questions whenever anything is unclear, and we wish you a speedy recovery.

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GETTING HERE – AAMC

From Annapolis and the Eastern Shore

› Take Route 50 West to Jennifer Road, Exit 23A.
› Continue straight on to Pavilion Parkway.
› Make immediate right onto Izzo Way.
› Follow signs to GARAGE A.

From Washington, D.C. and Points West

› Take Route 50 East to Parole, Exit 23.
› Bear right onto West Street.
› Turn right on Jennifer Road.
› Cross over Medical Parkway.
› Turn left on Pavilion Parkway.
› Make immediate right onto Izzo Way.
› Follow signs to GARAGE A.

From Baltimore

› Take Route 97 to Route 50 East to Parole, Exit 23
› Bear right onto West Street.
› Turn right on Jennifer Road.
› Cross over Medical Parkway.
› Turn left on Pavilion Parkway.
› Make immediate right onto Izzo Way.
› Follow signs to GARAGE A.

Anne Arundel Medical Center
2001 Medical Parkway, Annapolis, MD 21401
443-481-1698 | Fax: 443-481-1695 | TDD: 443-481-1235 | askAAMC.org
Primary Care Doctor: ___________________________ Number: _______________
Pharmacy: ___________________________________ Number: _______________
Surgeon: _____________________________________ Number: _______________

PRE-SURGERY CONTACTS
askAAMC ................................................................. 443-481-4000
AAMC’s Pre-Anesthesia Testing Center .................. 443-481-3624
Special Dietary Requests ............................................. 443-481-6111
South Pavilion Surgical Waiting Room ...................... 443-481-1800
Smoking Cessation Program ..................................... 443-481-5366
Hackerman-Patz House Lodging ................................ 410-571-3100
AAMC Patient Financial Services Department ........... 443-481-6500

POST-SURGERY CONTACTS
AAMC Patient Financial Services Department ........... 443-481-6500
AAMC Advocacy Department .................................... 443-481-4821
AAMC Wellness Services .......................................... 443-481-5555

WEBSITES
askAAMC.org | AAMCeevents.org

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Two to Four Weeks Before Surgery

☐ Patient Information
Your doctor schedules the planned surgery or procedure with the hospital. Please provide your surgeon with your correct name, date of birth and phone number. We will use this information to identify and contact you throughout your pre-operative appointments.

☐ Contact Your Insurance Company
Contact your insurance company before surgery to find out if you need a preauthorization, a pre-certification, a second opinion, or a referral form. It’s also important to understand what your co-pay may be for pre-surgery, surgery and post-surgery services.

If you have a Health Maintenance Organization (HMO) plan, there is a specific insurance registration process. You must call your HMO once your procedure is scheduled to arrange for pre-admission lab studies.

After your procedure, you may receive separate bills from the anesthesiologist, the hospital, the radiology and pathology departments (if applicable), and the surgical assistant. Please ask your insurance company if they have specific requirements regarding participation status.

Also, you may receive a bill under the name Adfinitas Health, the medical hospitalist service. The hospitalists work closely with your surgeon to manage your pain, medications and any existing or acute conditions during your hospital stay. If you have questions or concerns about your financial arrangements, please call the Patient Financial Services Office at 443-481-6500.

☐ Enlist a Caregiver
Choosing the right caregiver is very important for your recovery. A caregiver is someone who can offer support, motivation and assistance during your recovery. People with caregivers do better after surgery and achieve results faster. Your caregiver should attend your appointments and be present during your time in the hospital. You may have more than one caregiver.

If you are being discharged the same day as your surgery, you will need a responsible adult to drive you home and stay with you for 24 hours after your surgery.
Obtain Medical and Specialists Clearance

Your primary care physician is required to provide a physical evaluation to clear you for surgery. You’ll receive a letter from your surgeon with instructions for this appointment. Schedule this appointment within 30 days prior to surgery. You may also use AAMC’s Pre-Anesthesia Testing (PAT) Center for pre-surgical clearance if you cannot get an appointment with your primary care physician.

You can receive your required pre-surgical tests, including your physical, lab work, an EKG, and chest x-ray all in one visit at AAMC’s PAT Center. We can also give you referrals for consultation with a specialist, if needed.

What to Bring to Your PAT or Medical Clearance Appointment:

- Photo identification
- Insurance card
- A detailed, written list of all medications you are taking, including over-the-counter medications and supplements. Include the name of the medication, the dosage and how often you take it.
- Names of your primary care physician and specialists
- Any medical records associated with your upcoming procedure

What to Expect at Your PAT Appointment:

- A customer service representative will welcome you and ask for your insurance information for your records.
- A nurse practitioner will take your medical history and conduct a physical to ensure that you may safely undergo surgery.
- You will receive instructions about the medications you may take prior to your procedure. You will also learn where and when to report on the day of your procedure.
- You will complete lab work, a chest x-ray and electrocardiogram, if necessary.
- An anesthesiologist may consult with you.

Obtain Laboratory Tests

You should receive a lab test order from your surgeon or primary care physician. Check with your insurance to determine which labs they cover.

AAMC’s PAT Center

To make an appointment, call 443-481-3624 as soon as your surgery is scheduled.

LOCATION

AAMC, Wayson Pavilion, Suite G60
Free parking is available in Garage B.

HOURS

Monday-Friday, 7 am–3:30 pm
☐ Establish Discharge Plans
It is important to start planning for discharge before the surgery takes place. If you will be going home the day of surgery, an adult driver and caregiver will need to be arranged ahead of time.

☐ Review “Exercise Your Right”
The law requires that everyone being admitted to a medical facility have the opportunity to make advance directives concerning future decisions for your medical care. Please refer to the appendix for more information. Please bring copies of your advance directives to the hospital on the day of surgery.

☐ Read “Anesthesia and You”
Your surgery or procedure may require the use of either general anesthesia or regional anesthesia. Please refer to the appendix for more information. If you have questions or want to request a particular anesthesiologist, please contact the anesthesia company listed.

☐ Complete Pre-operative Visit to Surgical Team
You should have an appointment with your surgical team seven to 14 days prior to your surgery. This will serve as a final check-up and a time to ask any questions that you might have.
You may also receive a Mupirocin (Bactroban) prescription and Chlorhexidine wipes at this visit. Use these as your surgeon directs to prevent post-surgical infection. Please refer to the appendix for more information.

☐ Inform Us of Your Dietary Needs
Our goal is to provide you with quality food and nutrition for your specific needs. If you will be staying overnight, have a medical condition, allergy or special dietary needs or preferences, contact AAMC’s Patient and Food Specialist prior to admission to discuss how we can serve you. Call 443-481-6111.

☐ Stop Medications That Increase Bleeding
Some anti-inflammatory medications may cause increased bleeding. Seven to 10 days before surgery, stop all anti-inflammatory medications such as:

- Advil
- Aspirin
- Aleve
- Diclofenac
- Glucosamine
- Herbal Supplements
- Ibuprofen
- Mobic
- Motrin
- Multivitamins
- Naproxen
- Vitamin E
- Relafen

If you are on Coumadin, or any other blood thinner, the prescribing doctor should provide special instructions for stopping the medication.

If you are on any of the following medications, please contact your cardiologist so he/she can tell you when to stop taking your chronic blood thinner. Examples include:

- Aspirin
- Coumadin
- Eliquis
- Pradaxa
- Xarelto
# Medication List

Please fill out the medication list three weeks before surgery. Bring this book to appointments so you can reference your complete medication list with the nurse or doctor.

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Reduce Your Risk of Infection
Please inform your primary care physician and surgeon of any acute illnesses within 24-48 hours prior to surgery (fever, cough, congestion, rashes). An illness that is not promptly treated could postpone or cancel your surgery. Any infection needs to be addressed, whether it seems significant or not.

Reduce Your Chance of Infection
› Do not shave the operative area five days before surgery. Shaving increases the risk of infection.
› Patients with diabetes need to maintain a normal blood sugar level before and after surgery.
› Wash your hands thoroughly before and after dressing changes.
› Keep the wound clean, dry and covered.

Reduce Risk Factors for Infection
Many things can increase your risk of infection after surgery, including:
› Previous infections in wounds in other areas.
› Repeat or revision surgeries.
› Being overweight.
› Diabetes and high blood sugar.
› Smoking.
› Steroid use, including prednisone.
› Close contact with others with skin infections.
› Infections at other sites (such as dental infections, chronic sinusitis, upper respiratory infections, rheumatoid arthritis, history of MRSA infection or colonization).

Your surgeon may want you to use Mupirocin ointment prior to your surgery. Mupirocin nasal/topical ointment or cream is used to kill bacteria that can live in your nose and may spread to other people when you breathe or sneeze. These bacteria can also enter your surgical wound. Mupirocin is used in particular to kill a bacterium called Staphylococcus aureus (including MRSA), which is a common pathogen for infection. Many people carry Staph on their skin or in their nose without knowing it. Studies show that using Mupirocin ointment prior to surgery significantly reduces the chance of a Staph infection after surgery.
The Day Before Surgery

Call from the Prep Team
› Have medication and medical history lists prepared to discuss with the RN.
› Have paper and pen available to take notes on instructions given for your surgery.

Hospital Arrival Time
› The hospital will call you the business day before your surgery between 2-5 pm to let you know when you should arrive.
› If your surgery is on a Monday, the hospital will call you on Friday.
› If you miss the call, you may call 443-481-1800 if your surgery will take place in the Hospital Pavilion North or Hospital Pavilion South. Call 443-481-5700 if your surgery is in the Edwards Pavilion.
› Patient arrival time will be two to three hours prior to surgery based on surgeon’s request.

Night Before Surgery — Do Not Eat or Drink
› Do not eat or drink anything after midnight, EVEN WATER, unless otherwise instructed by your surgeon.
› If directed, you may take your morning medications with a SMALL sip of water.
› Do not use chewing gum, breath mints, cough drops, or lozenges.
› Do not use smoking or tobacco products.

What to Bring to the Hospital
☐ Patient guide
☐ A copy of your advance directives (see page 23)
☐ Insurance card
☐ Driver’s license or photo ID
☐ List of current medications and dosages
☐ Copy of ID card for your pacemaker or implantable defibrillator
☐ Personal hygiene items (toothbrush, deodorant, lip balm)
☐ Robe
☐ Reading and writing materials
☐ Hearing aids
☐ Eyeglasses
☐ Dentures
☐ CPAP machine, if needed
☐ Your caregiver

Special Instructions
› Leave jewelry, valuables, cash and weapons at home.
› No makeup or lotion before your procedure.
› Avoid dark nail polish. You may keep acrylic nails.
› Have a driver available for discharge.
› Please allow enough time for check in and registration, which will be completed before heading into the pre-operative area.

Parking is available in Garage A, B and C for free.
Valet parking is available for Garages B and C between 7 am–5 pm for a fee.
HOSPITAL CARE

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The Day of Surgery

Arrival

If your surgery or procedure is in Hospital Pavilion South:
› When you and your caregiver arrive at the hospital, park in Garage A.
› Check in at the front desk at the Hospital Pavilion South surgical waiting area on the second floor.

If your surgery or procedure is in Hospital Pavilion North:
› When you and your caregiver arrive at the hospital, park in Garage C.
› Check in at the front desk at the Hospital Pavilion North surgical waiting area on the second floor.

If your surgery or procedure is in the Edwards Pavilion:
› When you and your caregiver arrive at the hospital, park in Garage C.
› Check in at the front desk at the Edwards Pavilion surgical waiting area on the first floor.

If your surgery or procedure is in the Wayson Pavilion:
› When you and your caregiver arrive at the hospital, park in Garage B.
› Check in at the PAT front desk at the Wayson Pavilion, Suite G60, on the first floor.

Registration

A customer service representative will complete your registration. You will be provided waiting room instructions and our recovery room guidelines, which includes how to follow our electronic status board color codes.

Please be seated in the lobby until you are called to the pre-operative area.

Pre-Operative Area:

Here you will prepare for surgery by:
› Giving surgical consent.
› Allowing your surgeon to initial your operative site to confirm that the surgical site matches the surgical consent and plan of care.
› Receiving one to two intravenous lines for fluid and medicine.
› Getting lab tests, if needed.
› Reviewing your medical history with the pre-operative nurse, operating nurse and anesthesiologist.
› Receiving pre-surgical medications.

A “pre-anesthesia time-out” will be completed by the OR nurse and anesthesiologist to ensure the correct patient, correct procedure and correct site. This will be completed prior to heading into the OR.

Your caregiver will wait with you after you are prepared for surgery.
After Surgery

After all safety checks and pre-operative work are complete, the anesthesiologist and the operating room nurse will take you back to the operating room for your surgery or procedure. Upon entering the operating room, the nurse will give you a warm blanket and help to get you positioned safely on the operating room table. During your procedure, if the surgeon requests that the nurse give any updates to the family or appointed caregivers, the nurse will do so through the patient advocate in the surgical services waiting area.

Post Anesthesia Care Unit (PACU)

You will recover in the PACU. A staff of registered nurses who are specifically trained to monitor and care for you as you wake up from your anesthetic will provide nursing care on this unit. These nurses will be responsible for your immediate care, comfort, your immediate care, comfort and safety needs.

› Your anesthesiologist and surgeon direct your care on this unit. The length of time you spend in the PACU depends on the type of surgery or procedure you had and the type of anesthesia you were given.
› Depending on your surgery or procedure, you may be transferred from the PACU to an outpatient or inpatient bed.
› Your surgeon speaks with your caregiver/family about your surgery.
› Nurses monitor your pain and vital signs.

Visitation Policy in the PACU

Visitors are allowed in the PACU, but please refer to the PACU visitation policy form you received upon registration.
How much pain will I have following surgery? 
It's normal to experience some pain after surgery, but you shouldn't have severe pain. Pain control after your procedure helps you make a quicker recovery. We will do everything we can to control your pain. If you have concerns about the location or intensity of the pain, speak with your surgeon. Surgical pain should gradually decrease over time. Please remember that we cannot guarantee to take away all of your pain and you may still have some discomfort/pain even after even after taking pain medication.

What does effective pain treatment mean? 
Our goal is to control pain after surgery so you are comfortable. As you recover, you may need to modify your activities for a brief time depending on the surgery or procedure you had. This could include: changing sleeping position or location, having assistance with household duties and even personal care.

How do I manage my pain? 
› Use your pain medication only as directed by your surgeon.
› Remember oral medications need time to work. Plan at least 30 minutes for them to begin to take effect and for them to generally last three to four hours.
› Over-the-counter medications may be used, if cleared by your surgeon.
› Your prescription pain medication refill may be sent into your pharmacy.
› Please allow 24-48 hours notice on prescription refills.
› If instructed by your surgeon, use ice and other methods to manage your pain.
› Apply ice to your wound at least six to eight times each day to decrease discomfort and swelling.
› DO NOT apply heat to the wound after surgery, as this can increase swelling and pain.
› Walk five minutes of every waking hour to decrease stiffness and pain.

What are the risks of opioid prescription pain medications (for example, Percocet, hydrocodone, Dilaudid, etc.)? 
Opioid prescription pain medications can be an important part of treatment following surgery. These drugs can be helpful for a short time but they have serious risks, including the risks of addiction and overdose. They may cause drowsiness, nausea, constipation, itching and can interfere with breathing or urination.
› Avoid driving or other activities that require alertness when taking opioid pain medications.
› Do not drink alcoholic beverages when taking opioid pain medications.

Stop taking pain medication and seek medical attention if you experience:
› Difficulty breathing.
› Difficulty urinating.
› Hives or a rash.
Pain Management: How We Can Help You

Your Role

Only you can tell us what type of pain or discomfort you feel. We’re here for you.

To ensure you receive the right amount of pain medication you need, let us know if you were taking over-the-counter or prescription pain medication, including patches on your skin, prior to coming to the hospital.

If you feel pain when you are sleeping, let your nurse know if you would like him or her to wake you up at night to ask about your pain.

Ways We Can Manage Your Pain

After a major injury or surgery, it’s normal to experience pain. Our goal is to safely lower your pain to a manageable level.

One option is medication. With many kinds of pain medication options available, we may need to try different combinations. There are two ways we can give you medication:

› Scheduled: We give you some medications on a preset schedule. You do not have to ask for this medication.

› As needed: This is medication we can give you when or if your pain gets worse. We can give you this medicine even after you receive your scheduled pain medication. Ask your nurse if you can have an as-needed medication.

Questions? Please talk to your nurse.

Used with permission.
Discharge is a decision between you, your insurance company, surgeon, nurses, and medical team. You will need to show that you can safely perform specific tasks before we can discharge you. Discharge occurs when you meet certain medical criteria, such as:

- Pain is tolerable.
- Nausea and vomiting are controlled.
- Lab values are normal.
- Vital signs are stable (blood pressure, heart rate, oxygen).
- Safe discharge plan is in place.

**Why is an early discharge a good thing?**

Returning home to a comfortable environment and getting back to your normal daily routine will promote a faster recovery.

Your nurse will discuss medications and home care instructions with you and your caregiver prior to discharge.

Your surgeon and medical care team determine the day of discharge. You must be medically stable and have met all your goals. If you are being discharged home the same day as your surgery, you will need a responsible adult to drive you home and stay with you for 24 hours after your surgery. You may not take a Taxi or Uber home unless accompanied by a responsible adult.

**Patient Discharge Checklist**

Do you know how to:

- Take your medication?
- Prevent infections?
- Manage your pain?

**Caregiver Discharge Checklist**

Do you know how to:

- Change the dressing?
- Identify signs and symptoms of infection?
- Use the incentive spirometer if given to you by your surgeon and how often to use it?
- Follow exercise instructions at home if they were given by your surgeon?

**How to Safely Discharge Home**

- Someone responsible needs to drive you.
- You may not take a Taxi or Uber home unless accompanied by a responsible adult.
- Use a vehicle with easy entry and exit.
- A plastic bag over the seat makes it easier to “slide” into a comfortable position.
- You will receive written discharge instructions concerning medications, activity, etc.
Managing Your Recovery

Instructions Regarding Your Recovery:

- It is important to follow all of your surgeon’s instructions to have the best recovery from your surgery.
- Your appetite may be poor.
- Drink plenty of fluids to avoid dehydration.
- Your desire for solid food will return.
- You may have difficulty sleeping. This is normal.
- Check with your doctor’s office before taking any sleeping pills.
- It is expected that you may need more rest than usual during healing and you should be able to gradually return to your normal activities, as directed by your surgeon.
- Try to maintain a normal routine each day.
- Opioid pain medication can cause constipation.
- Use stool softeners or laxatives as directed while on pain medication.
- Stay well hydrated.
- Stay active; walk at least every two hours.

Recognizing and Preventing Complications

Your doctor may recommend therapy at your follow up appointment. Follow up with your primary care physician if you experience excessive vomiting, persistent coughing or a fever higher than 101°F more than once. Please review infection prevention on page 11.

- Preventing Post-Surgical Pneumonia
  - Get up and move.
  - Cough and do deep breathing exercises to re-expand lungs and help clear mucus.

- Preventing Post-Surgical Bowel Issues
  - Walk frequently.
  - Inform your nurse of bowel regimen needs.
  - Stay well-hydrated.
  - Take stool softeners and laxatives, as needed.

- Following Bowel Regimen at Home
  - Opioid pain medication can cause constipation. Take 1-2 stool softeners in the morning and evening until you have regular bowel movements.
  - If no bowel movement by the second day after discharge, then use Dulcolax suppository (available over-the-counter at local pharmacies).
  - If no bowel movement by the third day after discharge, then use a Fleet enema (available over-the-counter at local pharmacies).
  - If no bowel movement after a Fleet enema, then call your physician.
  - Do not take fiber supplements and bulking agents. These are not substitutes for stool softeners or laxatives.
Smoking Cessation Help at AAMC

For patients undergoing surgery, smoking is associated with an increased risk of infection and decreased healing. If you smoke, we encourage you to consider quitting. AAMC offers resources to help. We hold “Become Tobacco Free” classes throughout the year. Sessions cover topics related to maintaining a smoke-free lifestyle. These include quitting smoking without gaining weight, managing stress and dealing with other smokers. Find information online at askAAMC.org/QuitSmoking. Or, contact a smoking cessation program specialist at 443-481-5366 or 443-481-5367 for class dates and times.

AAMC’s Hackerman-Patz House Lodging

Hackerman-Patz House is a home-away-from-home, providing respite and affordable accommodations to patients and their families to rest, relax and regain strength while staying close to the hospital.

You may want to stay here the night before your surgery or your family may wish to stay here while you’re recovering at the hospital. Learn more at askAAMC.org/Hackerman-Patz. See Pre-Surgery contacts for telephone number on page 4.

Wellness at AAMC

AAMC’s Wellness department provides exercise classes, access to a gym for a low-cost fee, weight loss programs and counseling, massage and stress reduction classes. Learn more at askAAMC.org/Wellness.

MyChart

MyChart offers patients personalized and secure online access to their medical records. It enables you to securely use the Internet to help manage and receive information about your health.

› Access your medical records from any device anywhere, anytime
› Manage your appointments
› Request prescription refills
› Message your physician
› Update your health profile
› Pay your bill online
› View and download content, such as medical history, imaging reports or lab results
› Schedule a video visit with participating providers

If you don’t already have a MyChart account, please register or learn more at askAAMC.org/MyChart.

Become a Volunteer

Our volunteers make a huge difference here at AAMC. If you are looking for an opportunity to help others and have fun – this is the place! If interested, please call our Volunteer Office at 443-481-5050 and specify that you are interested in volunteering. Learn more at askAAMC.org/Volunteer.
Preparing for Your Surgery

Frequently Asked Questions

Will I need help at home?
Depending on your surgery or procedure, as well as your recovery process, you may need help for the first week or two. Family or friends need to be available to help. Preparing ahead of time can minimize the amount of help you need. Having the laundry done, house cleaned, yard work completed, clean linens put on the bed and single portion frozen meals helps reduce the need for extra support extra help.

What if I live alone?
You may return home and receive help from a relative or friend. If you are being discharged home the same day as your surgery, you will need a responsible adult to drive you home and stay with you for 24 hours after your surgery. You may not take a Taxi or Uber home unless accompanied by a responsible adult.

What if I am coming from out of town?
If you or a family member needs a place to stay prior to, during or after surgery due to the distance from your home to AAMC, consider staying at our Hackerman-Patz House. This home-away-from-home is located on campus. Call 410-571-3100 for reservations.

Will the surgery be painful?
You will have pain following the surgery, but we try to keep you comfortable with the appropriate medication. We use a variety of preemptive medications and local injections, as well as customized post-operative medications and non-medication interventions (i.e. ice) to reduce pain.

How do I avoid constipation?
Drink fluids and use stool softeners as advised or use a suppository, if needed see “Bowel Regimen” on page 19.

What do I do if I'm nauseated?
Try taking prescribed anti-nausea medications with food, and drink fluids to prevent dehydration.

Do I need to be put to sleep for this surgery?
The type of anesthesia you'll receive is based on your preference, the surgeon’s preference, your surgical procedure and a careful evaluation of your medical history by your anesthesiologist. The types of anesthesia we use are general anesthesia, monitored anesthesia, spinal block, or local.

How long until I can drive?
The ability to drive depends on your surgery or procedure. Consult with your surgeon or therapist for their advice on your activity. You must be off all narcotic pain medication before driving.

How often will I need to be seen by my surgical team following the surgery?
At the time of your discharge, you will be given discharge instructions specific to your surgery. The time of your post-operative office visit and the frequency of follow-up visits depends on your progress.

Do you recommend any restrictions following this surgery?
The restrictions following your surgery depends on your surgery or procedure. Consult with your surgeon for their advice on your activity.

What physical/recreational activities may I participate in after my recovery?
Physical and recreational activities depends on your surgery, so consult with your surgeon for their advice on activity.
Preparing for Your Surgery

Anne Arundel Medical Center’s policy is to place patients’ wishes and individual considerations at the forefront of their care and to respect and uphold those wishes.

What are Advance Medical Directives?
Advance Directives communicate a patient's wishes regarding health care to all caregivers. If a patient has a living will or has appointed a Health Care Agent and is no longer able to express his or her wishes to the physician, family or hospital staff, AAMC is committed to honoring the wishes of the patient as they are documented at the time the patient was able to make that determination.

There are different types of advance directives:

Living Wills are written instructions that explain your wishes for health care if you have a terminal condition or irreversible coma and are unable to communicate.

Appointment of a Health Care Agent (sometimes called a Medical Power of Attorney) is a document that lets you name a person (your agent) to make medical decisions for you, if you become unable to do so.

Health Care Instructions are your specific choices regarding use of life-sustaining equipment, hydration and nutrition, and use of pain medications. Upon admission to the hospital you’ll be asked if you have an Advance Directive. If you do, please bring copies of the documents to the hospital with you so they can become a part of your Medical Record. Advance Directives are not a requirement for hospital admission.

If you’d like more information or forms for completing a Living Will, Appointment of a Health Care Agent or Health Care Instructions, you may write to:

Maryland Attorney General’s Office
Opinions Section
200 St. Paul Place
Baltimore, MD 21201

You may also contact:

The Advocacy Department
Anne Arundel Medical Center
443-481-4821

For more information visit askAAMC.org/AdvanceDirectives.
Anesthesia and You

Who are the anesthesiologists?
The operating rooms at AAMC are staffed by board-certified and board-eligible physician anesthesiologists. They all have privileges to practice at AAMC.

What type of anesthesia is used for surgery?
There are several types of anesthetic techniques available for your surgery. Before receiving any sedatives or anesthetics, you meet your anesthesiologist to discuss the most appropriate anesthetic plan. Although uncommon, complications or side effects can occur with each anesthetic option, even when the anesthesiologist takes special precautions to avoid them. Below is a brief description of the various types of anesthesia used:

› General Anesthesia
  This anesthetic choice produces unconsciousness so that you will not feel, see or hear anything during surgical procedures. You receive anesthetic medications through an intravenous line and/or anesthetic gas delivered directly into your lungs through a tube or a special mask. You either breathe on your own, or your breathing is assisted by an anesthesiologist using an anesthesia machine.

› Spinal or Epidural Anesthesia (Regional Anesthesia)
  This anesthetic choice produces numbness below the chest and limited mobility in both legs for about three to four hours. A small needle is placed in your lower back and local anesthetic is injected. Medications can be given during your surgery to maintain the level of comfort and sleepiness you desire. Your legs continue to be numb and immobile for several hours after surgery. When the surgical pain gradually appears as the numbness wears off, pain medication may be given to you through your intravenous line to keep you comfortable.

Which type of anesthesia is best for me?
The type of anesthesia you receive is based on your preference, the surgeon’s preference, your surgical procedure and a careful evaluation of your medical history by your anesthesiologist. The risk of complications or side effects is not significantly different between the two major anesthesia types.

Some patients are apprehensive about spinal anesthesia because it involves a needle being placed into the back. However, the spinal needle is very small and numbing medicine placed on the skin minimizes the discomfort. The possibility of damage to the nerves is extremely rare. The patient generally wakes up from surgery with minimal pain because the spinal lasts about three hours.

Will I have any side effects?
Your anesthesiologist discusses the risks and benefits associated with the different anesthetic options, as well as any complications or side effects that can occur with each type of anesthetic.

Nausea or vomiting may be related to anesthesia or the type of surgical procedure. Although less of a problem today because of improved anesthetic agents and techniques, these side effects continue to occur for some patients. Medications to treat nausea and vomiting may be given, if needed.

The amount of discomfort you experience depends on several factors, especially the type of surgery. The staff will teach you the pain scale (0–10) to assess your pain level.
What happens before my surgery?

You meet your anesthesiologist who has been assigned to you prior to surgery.

Your anesthesiologist reviews all information needed to evaluate your general health. This includes your medical history, laboratory test results, allergies and current medications. With this information, the anesthesiologist determines the type of anesthesia best suited for you. The anesthesiologist also answers any questions you may have.

You also meet your surgical nurses. They start intravenous (IV) fluids and may give pre-operative medications, if needed. Once in the operating room, they attach monitoring devices, such as a blood pressure cuff, EKG and other devices for your safety. At this point, you'll be ready for anesthesia.

During surgery, what does my anesthesiologist do?

Your anesthesiologist is responsible for your safety and wellbeing before, during and immediately after your surgery. In the operating room, the anesthesiologist manages vital functions, including heart rate and rhythm, blood pressure, body temperature and breathing. The anesthesiologist is also responsible for fluid and blood replacement, when necessary.

What can I expect after the operation?

After surgery, we take you to the Post Anesthesia Care Unit (PACU). Specially trained nurses watch you closely. During this period, we may give you extra oxygen and observe your breathing and heart functions closely. An anesthesiologist is available to provide care as needed for your safe recovery.

May I choose an anesthesiologist?

Although we assign most patients an anesthesiologist, you may choose one based on personal preference or insurance considerations. If you have questions about your insurance coverage, or medical plan participation by the anesthesiologist, please contact your insurance company for guidance. You should submit requests for specific anesthesiologists in advance through your surgeon's office for coordination with the surgeon's availability.

The hospital contracts with anesthesiologists. You receive a separate bill from the anesthesiologist. If you have questions about insurance coverage for anesthesia you should contact:

Anesthesia Company, LLC
410-280-2260
ancollc.com

Pre-surgery Shopping List

Take the time before your surgery to shop for these items you may need after your surgery.

- Thermometer
- 4-6 ice packs
- SeneKot-S stool softener with stimulate (generic okay)
- Milk of Magnesium
- Dulcolax suppository
- Fleet enema

Extra Items, if needed:

- Saltine crackers
- Ginger ale
- Cloth measuring tape
- Prune juice
- Disposable bath wipes