How to Prepare for Your Surgery

St. Thomas Elgin General Hospital

Patient Name: _____ Surgeon: _____

Procedure: _____ Date of Surgery: _____

*****Failure to follow these directions may result in cancellation of your surgery*****

Due to ongoing precautions regarding the Covid-19 Pandemic , you will be required to self-isolate at home for 14 days prior to your surgical procedure

The Night Before Surgery

- Follow any dietary instructions given by your surgeon for the days leading up to your surgery
- You may have clear fluids up until _____ before your surgery
  - Clear fluid options: black tea, black coffee, apple juice, water, gingerale, Gatorade (NOT orange juice)
- DO NOT eat solid food or have candy after midnight
- DO NOT add milk, cream or powder to your black coffee or tea
- DO NOT drink alcohol
- DO NOT smoke for 24hrs before surgery
- DO NOT smoke marijuana for at least 48hrs before surgery

The Morning of Surgery

- Continue prescription medications unless your surgeon/anesthesiologist/Family Doctor has asked you to stop
- Shower or bathe and brush your teeth
- DO NOT shave the operative area
- Wear comfortable, loose fitting clothing
  - Cataract patients: wear a short-sleeved, button-up shirt
- DO NOT wear perfume, makeup, aftershave, cologne, deodorant or nail polish
- REMOVE all jewelry and piercings prior to coming to the hospital
- DO NOT bring valuables to the hospital
- Bring your valid health card and have it readily available when you check in
- Bring your completed Patient Worksheet

YOU MUST HAVE A RESPONSIBLE ADULT TO DRIVE YOU HOME AND STAY WITH YOU FOR 24HRS AFTER SURGERY

Visitor Policy

Due to Covid-19 pandemic, STEGH has implemented restrictions on visiting in order to protect our patients and staff.

ADULT Patients- 1 person as a caregiver, interpreter. PEDIATRIC, C-SECTION- one parent for children under 18 and 1 support person for C-sections

Pre-Admission Appointment Required: ☐ yes ☐ no

If required, you will receive this appointment from your surgeon when your surgery is booked. Please bring your ***medications in their original containers, a list of your medications***, your Health Card and paperwork from your surgeon to this appointment.

☐ In person at STEGH

☐ Telephone appointment

Date and Time:

_____

Failure to keep your Pre-Admission Appointment may lead to cancellation of your surgery.

If you need to rebook/cancel your Pre-Admission appointment, call 519-631-2030 ex. 3131 as soon as possible. Booking hours are: Monday-Friday from 07:30am to 3:30pm

Cumulative Patient Profile Required: ☐ yes ☐ no

If "yes" is checked above, you will need to call your primary care provider's office to request that a copy of your CPP is faxed to the hospital prior to surgery (fax to 519-631-5325) or brought with you to your Pre-Admission appointment (if you have one) or on the day of surgery.

You may need to contact your primary care provider to get recommendations about which medications to take prior to surgery, unless otherwise instructed by your surgeon or anesthesiologist.

Additional Appointments

Internal Medicine Consultation ☐ yes ☐ no Date and Time: _____	Anesthesia Consultation ☐ yes ☐ no Date and Time: _____

Confirmation of Arrival Time

You will be notified by the hospital of your arrival time around 72 hours before your scheduled surgery. Please do not call in. Thank you.

Packing for Your Hospital Stay

One Day Stay

If you are having your procedure done and leaving hospital on the same day, you need to bring:

- Current medications in their original containers
- Eyeglasses or contact lens case
- Information package from your Preadmission appointment

Same Day Admission

If you are staying overnight after your procedure, bring everything listed above AND:

- Toiletry items (toothbrush/paste, deodorant)
- Sleep apnea machine and equipment
- Non-slip footwear
- Walking devices (walker, cane)

What to Expect After your Surgery

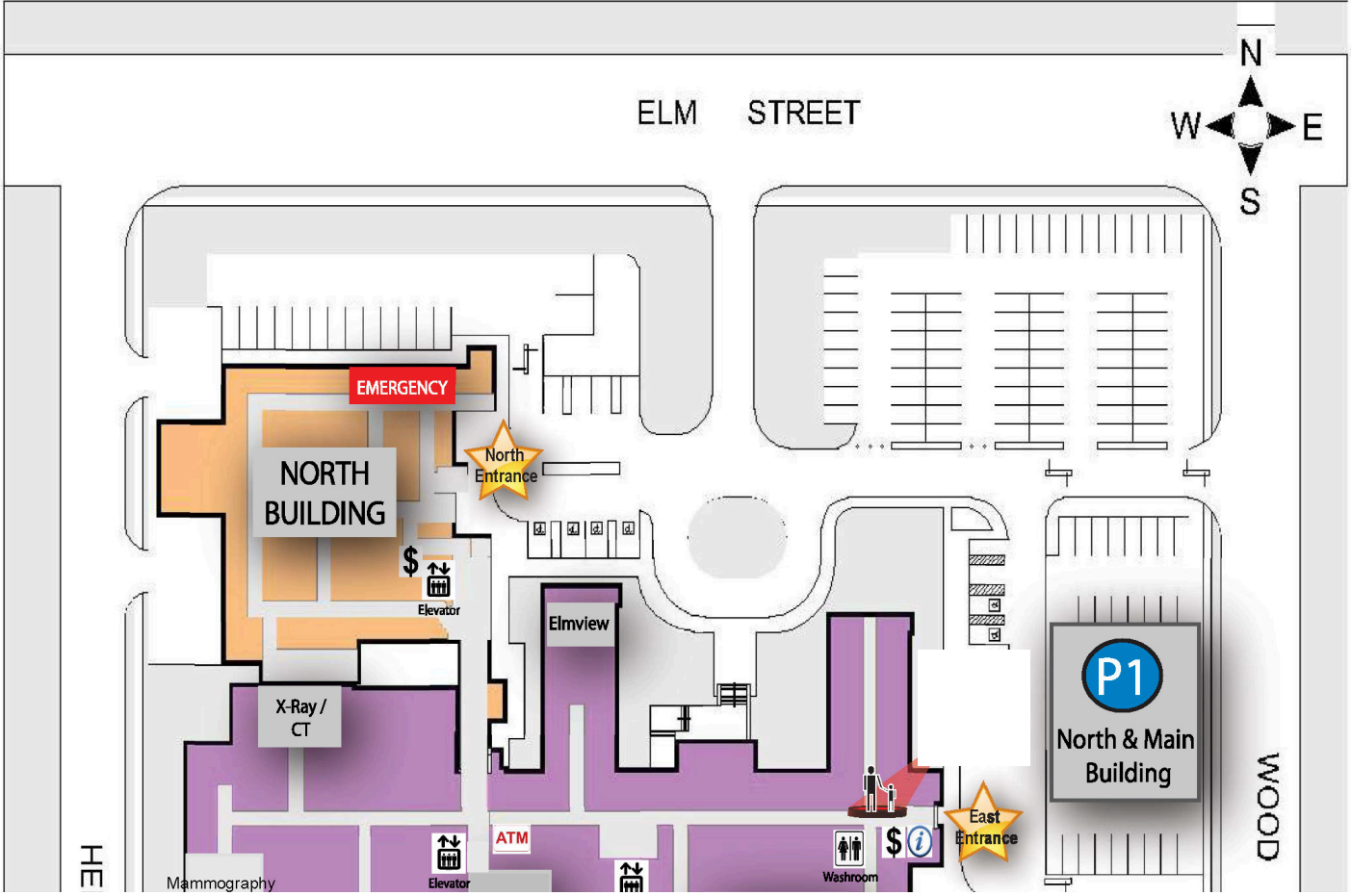
If you are going home the same day as your surgery, you will be discharged from the Outpatient Surgery Department. The side effects of anesthesia may last for some time after you are awake and ready to go home. You MUST have a pre-arranged responsible adult to drive you home and stay with you for 24hrs after surgery

For the next 24hrs, you:

- Should not drive or operate heavy equipment
- Should not smoke or drink alcohol
- Should not make important decisions or sign legal papers
- May have muscle stiffness, dizziness, sleepiness or feel lightheaded
- May have a sore throat for up to 48hrs

You will be given special instructions about how to care for yourself after you go home

STEGH is a scent-free facility. Please ensure that anyone who will visit you in hospital is aware of this.



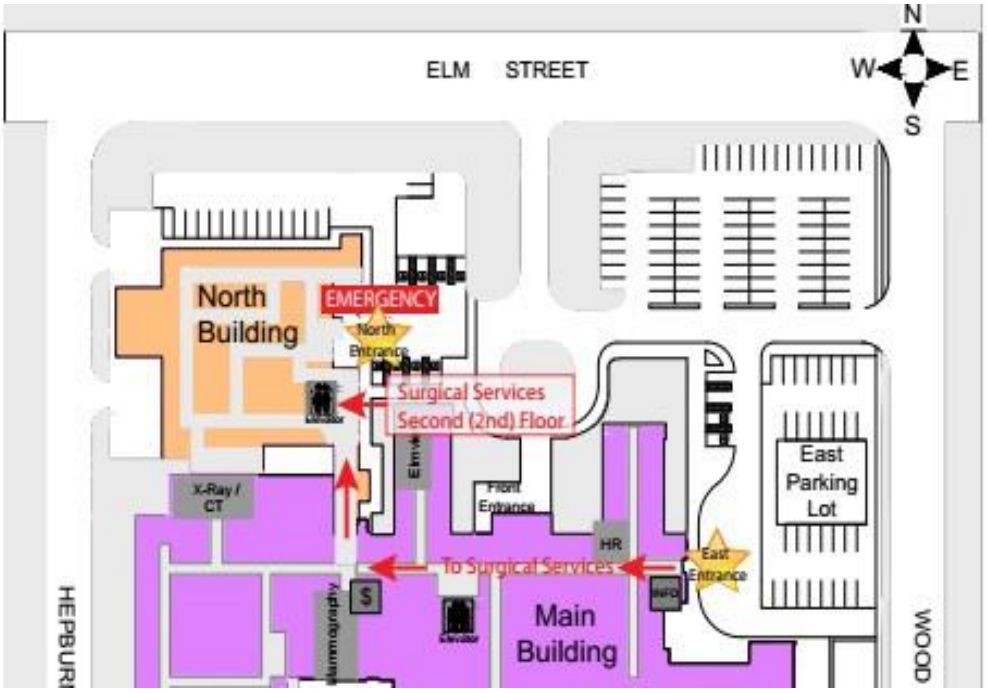
Adult and Paediatric Pre-Admission Patients

1. Park in the South lot (P2); access from Wood Street.
2. Enter through South Entrance.
3. Register at South Entrance REGISTRATION.
4. Make your way to the Pre-Admit Clinic, South Building, Ambulatory Care.

Adult & Paediatc Day of Surgery
Parking& Check In Direction

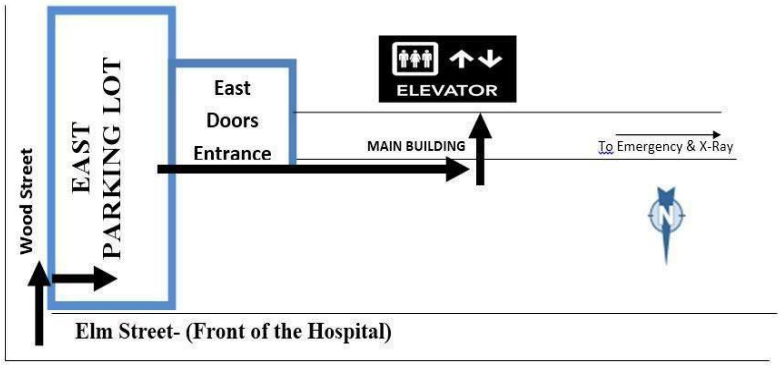
Adult and Paediatric Patients Arrival on the Day of Surgery

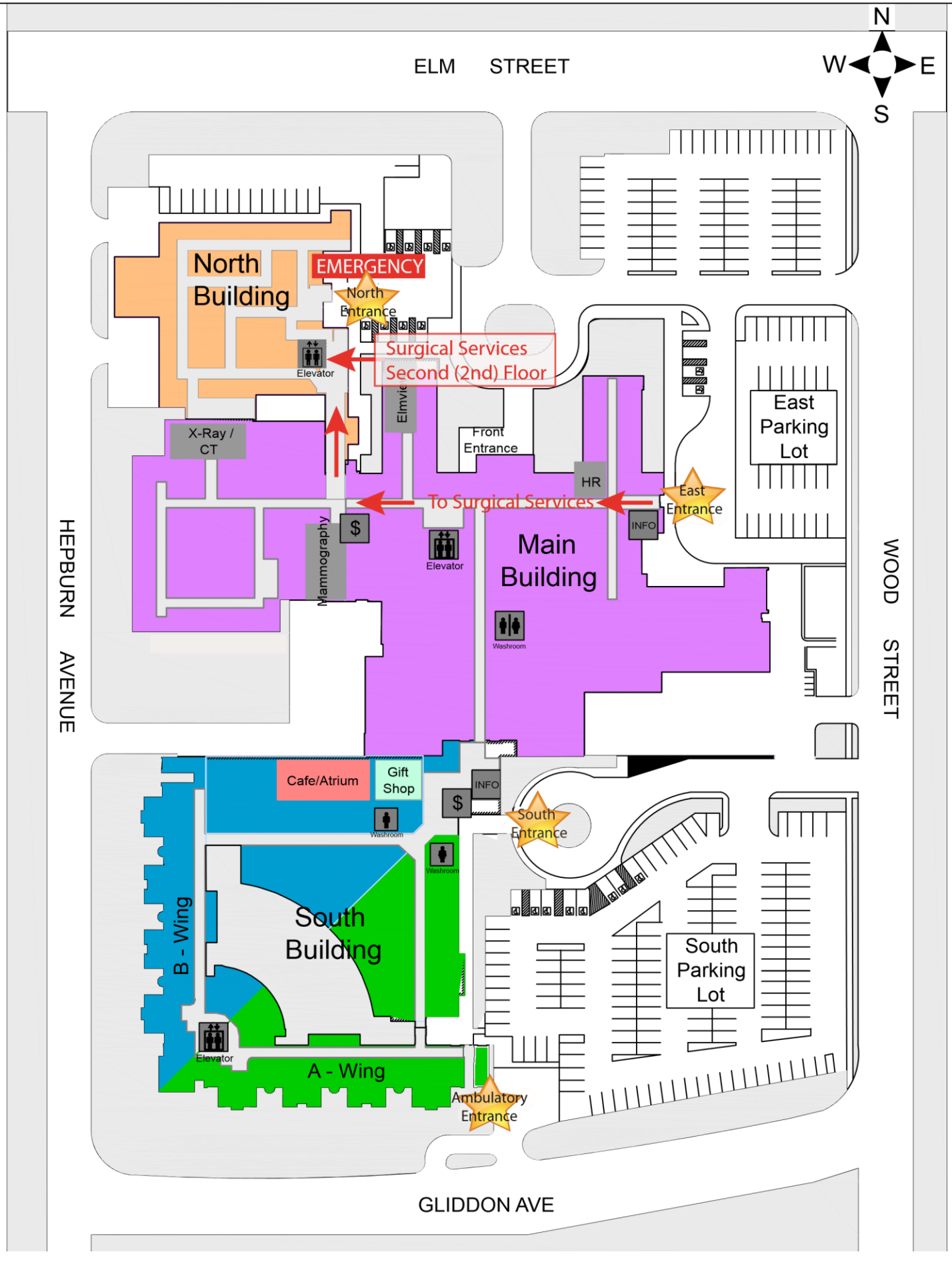
1. **Please park in the East Parking lot accessible from Elm or Wood Street.**
2. **Enter the North Building on the Ground Floor (under red Emergency sign, use the double sliding doors to the left).**
3. **Use the elevator to 2nd Floor.**
4. **Check in with staff in the Surgical Reception Office directly in front of you as you exit the elevator.**



Obstetrical C-Section Patients
Instructions for Pre-Admission Appointment and the Day of Surgery

1. **Please park in the East Parking lot accessible from Wood Street.**
2. **Enter the "East Door Entrance".**
3. **Continue straight down the corridor to the elevators on the left hand side.**
4. **Take elevator to 3rd Floor.**
5. **Report to the Nurses Station on the Woman & Children's Unit - directly across from the elevators.**




N
W
E
S
ELM STREET
HEPBURN AVENUE
WOOD STREET
GLIDDON AVE
North Building
EMERGENCY
North Entrance
Elevator
Surgical Services
Second (2nd) Floor
X-Ray / CT
Elmvie
Front Entrance
East Parking Lot
HR
East Entrance
To Surgical Services
INFO
Mammography
$
Elevator
Main Building
Washroom
Cafe/Atrium
Gift Shop
INFO
$
South Entrance
Washroom
Washroom
B - Wing
South Building
South Parking Lot
Elevator
A - Wing
Ambulatory Entrance

St.Thomas Elgin General Hospital

PRE-ANESTHETIC PATIENT QUESTIONNAIRE

Name of person completing this form: _____

Relationship to the patient: _____

Place Patient Label Here

Patient or designate MUST complete this form prior to the appointment. Please bring this **completed worksheet** along with a recent medication list, including your prescription(s) and all over the counter medications (ie. vitamins, supplements, herbals, etc.).

A. General	Y	N
• Have you ever had anesthesia? ☐ Spinal/Epidural ☐ General ☐ Sedation	☐	☐
• List all past surgeries: _____ _____		
• Have you or a relative had any problems with anesthesia, such as malignant hyperthermia or difficulty with insertion of the breathing tube?	☐	☐
• Do you smoke?	☐	☐
○ Number of cigarettes per day: _____ Number of years:_____		
• If you ever smoked, when did you quit? _____		
• How many alcoholic drinks do you have per week? _____		
• Do you consume marijuana?	☐	☐
○ Amount: _____ How often: _____		
• Have you used any other recreational drugs in the past 72 hours?	☐	☐
• Have you taken cortisone, prednisone, or other steroids in the last 3 months?	☐	☐
• Have you ever been treated for cancer?	☐	☐
○ Type: _____ When: _____		
• Could you be pregnant?	☐	☐
• Do you have capped, chipped or loose teeth, partial or full dentures, or veneers?	☐	☐
• Do you have mouth piercings?	☐	☐

B. Respiratory	Y	N
• Have you had a cold, flu, or chest infection in the last month?	☐	☐
• Do you have a cough with sputum?	☐	☐
• Have you ever been diagnosed with : ☐asthma ☐tuberculosis ☐emphysema ☐COPD	☐	☐
• Do you use home oxygen?	☐	☐
• Do you have sleep apnea?	☐	☐
○ Do you use ☐C-PAP or ☐Bi-Pap?	☐	☐

C. Cardiovascular	Y	N
• Have you ever been diagnosed with hypertension or take blood pressure medication?	☐	☐
• Have you ever had: ☐ angina ☐ heart attack ☐ cardiac surgery ☐carotid surgery	☐	☐
• Do you have an irregular heart beat?	☐	☐
• Do you have a: ☐pacemaker ☐defibrillator	☐	☐
○ When was the last time it was checked? _____		
• Have you ever had an ultrasound of your heart? (ECHO)	☐	☐
• Do you have a heart murmur?	☐	☐
• Have you ever had heart failure/fluid on your lungs?	☐	☐
• Can you walk two blocks without stopping?	☐	☐
• Do you have problems with circulation in the legs (peripheral vascular disease)?	☐	☐

D. Gastrointestinal	Y	N
• Have you ever had liver problems such as hepatitis, cirrhosis, or jaundice?		
• Do you have frequent heartburn, acid reflux, or hiatus hernia?		

E. Renal	Y	N
• Have you ever had kidney disease?		

F. Endocrine	Y	N
• Do you take any semaglutide? (i.e Ozempic, Wegovy, Rybelsus or other)		
• Do you have diabetes?		
○ How is your diabetes managed? ☐Diet ☐Oral medication ☐ Insulin		
• Do you have thyroid disease?		

G. Neurological/Musculoskeletal	Y	N
• Have you ever had a seizure?		
• Have you ever had a stroke or TIA?		
• Do you have a neurological or a muscular disorder?		
• Do you have arthritis? ☐osteoarthritis ☐rheumatoid arthritis		
• Have you ever been treated for a psychiatric illness?		
• Are you taking: ☐Methadone ☐ Opioids ☐ Buprenorphine?		

H. Hematological	Y	N
• Have you ever been diagnosed with a bleeding disorder?		
• Are you anemic?		
• Have you ever had a blood clot in your legs or lungs?		
• Do you have ☐thalassemia ☐sickle cell disease		
• Have you taken a blood thinner in the last month?		
• Will you accept a blood product transfusion if necessary?		

I. Allergies and Medications	Y	N
• Are you allergic to Latex?		

- List all allergies:

  _____
  _____
  _____
  _____

- Type of reaction:

  _____
  _____
  _____
  _____

- List all medications (include over the counter, patches, drops, vitamins, supplements):

Medication name	Dose	How often
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Clinical Use Only: BP: / HR: RR: O2 Sat: Temp:

St.Thomas Elgin General Hospital

Affix Patient Label

CONSENT TO TREATMENT

SECTION A: Consent for Surgical Operation, Procedure or Diagnostic Test

I, _____ or _____
Full Name of Patient — Substitute Decision Maker (SDM)

the _____ of _____
Relationship of Patient — Name of Patient

have had the nature of the proposed treatment explained to me along with the expected benefits of that treatment/investigation. I have been advised of the risks and side effects of the proposed treatment/investigation as well as other treatment/investigation available to me. I have been informed of the likely consequences of not proceeding with the proposed treatment/investigation and any alternative procedures considered necessary. I have had the opportunity to ask questions about the proposed treatment/investigation and have had my questions answered to my satisfaction. I understand the information provided to me and give consent to the following treatment/investigation:

_____
Surgical Operation, Procedure, or Diagnostic Test

to be performed by _____ and his/her team.
Full Name of Healthcare Practitioner Proposing Treatment

I understand that any tissues/organs removed during care may be retained and used for the purposes of diagnostic examination, education or research and will be disposed of by the hospital based on standards governing the disposal of such material.

SECTION B: Transfusion of Blood and/or Blood Products

☐ **Not Applicable**

I have been given information on the transfusion of blood and/or blood products and had an opportunity to discuss available alternatives, risks and benefits.
Initials

____ I **consent** to the transfusion of blood and/or blood products if required.
____ I **refuse** the transfusion of blood and/or blood products.
____ **I consent with restrictions** to the transfusion of blood and/or blood products. Complete **SECTION F**.

SECTION C: Signature of Patient/SDM (Section A, B, and C)

_____ _____
Date YYYY/MM/DD — Signature of Patient/SDM

SECTION D: Statement of Healthcare Practitioner

I, _____ am the healthcare practitioner proposing and/or
Full Name of Healthcare Practitioner Proposing Treatment

performing the treatment noted above. I have explained the nature of the treatment, the expected benefits, risks and side effects, alternative courses of treatment and the likely consequences of not proceeding with the proposed treatment to the patient/SDM. I have answered the questions of the patient/SDM to the best of my ability. To the best of my knowledge, the patient/SDM is giving his or her informed consent to the proposed treatment voluntarily.

_____ _____
Date YYYY/MM/DD — Signature of Healthcare Practitioner

St.Thomas Elgin General Hospital

Affix Patient Label

CONSENT TO TREATMENT

SECTION E: Telephone Consent

I am the healthcare practitioner proposing the operation, treatment or procedure. I have spoken by telephone with

_____, as that person is not available to attend at the hospital to sign the written
Name of SDM

consent form. I have obtained an informed consent over the telephone for the operation, treatment, procedure or diagnostic test known as:

_____
Treatment

and have requested that the SDM attend at the hospital as soon as possible to sign the written consent form.
Date and Time of Telephone Call:

_____ _____
Date YYYY/MM/DD Signature of Healthcare Practitioner

SECTION F: Consent with Restrictions to Transfusion of Blood and/or Blood Products

I, _____ or _____
Full Name of Patient Substitute Decision Maker (SDM)

the _____ of _____
Relationship of Patient Name of Patient

understand that I may require transfusion of blood and/or blood products during my medical/surgical treatment. I have had the nature of the proposed transfusion explained to me along with expected benefits. I have been advised of the risks and side effects of the proposed blood/blood product transfusion as well as alternative courses of treatment available to me. I have been informed that the consequences and risks, including death, of not proceeding with the proposed transfusion. I have had the opportunity to ask questions about the proposed transfusion and have had my questions answered to my satisfaction. I understand the information shared with me.

Refer to page 3 for description of Blood/Blood Products

BLOOD/BLOOD PRODUCTS		
Red Cells	☐ Accept	☐ Refuse
Plasma	☐ Accept	☐ Refuse
Platelets	☐ Accept	☐ Refuse
Albumin	☐ Accept	☐ Refuse
Immune Globulins	☐ Accept	☐ Refuse
Blood-derived clotting factors	☐ Accept	☐ Refuse
Medicines which include minute amounts of albumin in their formulation	☐ Accept	☐ Refuse

I refuse the transfusion of all blood and/or blood products. I hereby release St. Thomas Elgin General Hospital (STEGH), its directors, officers, employees, independent health practitioners, including physicians with privileges at STEGH, from all liability related to negative outcomes, complications or unfavourable results, including death, that occur because of my refusal of the use of blood and/or blood products.

_____ _____
Date YYYY/MM/DD Signature of Patient/SDM

CONSENT TO TREATMENT

DESCRIPTION OF BLOOD PRODUCTS

Blood is donated by healthy volunteer donors at the Canadian Blood Services (CBS). Donors are tested for ABO group, Rh type and unexpected antibodies against red cell antigens. ABO, Rh and, if present antibody identity, are indicated on the component label. Prior to making blood components available for transfusion, a sample of each donor's blood must test non-reactive for:

- antibodies to human immunodeficiency virus (HIV-1 and HIV-2), hepatitis C virus (HCV), human T-cell lymphotropic virus, type I and II (HTLV-I/II), hepatitis B core antigen (HBcore),
- hepatitis B surface antigen (HBsAg),
- presence of viral RNA [HIV-1 and HCV],
- presence of viral DNA [hepatitis B virus (HBV)],
- syphilis,
- In some cases, a donor sample is also tested for cytomegalovirus (CMV) antibody and/or the presence of IgA,
- A donor sample is only tested for antibodies to Trypanosoma cruzi (T. cruzi or Chagas Disease) and the presence of viral RNA [West Nile Virus (WNV)] when increased risk is present.

Red Cells
Red cell concentrate (packed red cells) are prepared at the CBS from approximately 480mL whole blood collected in 70mL of CPD (citrate, phosphate, dextrose) anticoagulant. The unit is plasma reduced by centrifugation, platelet reduced by either centrifugation or filtration and leukoreduced by filtration. Red blood cells are resuspended in approximately 110mL of SAGM (saline, adenine, glucose, mannitol) nutrient for a hematocrit of approximately 60%.

Plasma
Plasma is collected from donors either as part of whole blood collection or by apheresis. Plasma products are frozen by CBS and remain frozen until required. Plasma may ACD-A (acid citrate dextrose – Solution A) anticoagulant or CPD (citrate, phosphate, dextrose) anticoagulant.

Platelets
Platelets are collected from donors either as part of the whole blood collection or by apheresis. Pooled platelets are derived from 7 donors and pooled to make 1 adult dose. Platelets are leukoreduced by either filtration or by apheresis. Platelets may contain CPD (citrate, phosphate, dextrose) anticoagulant or PAS-E (Platelet Additive Solution E) and may be treated with Psoralen. Platelets undergo pathogen inactivation treatment to inactivate a broad range of pathogens including viruses, bacteria, and protozoan parasites, thus reducing the risk of transfusion-transmitted infections. Residual donor leukocytes are also inactivated, reducing the risk of transfusion associated with graft vs host disease.

Albumin
Albumin (25% and 5%) used for transfusion is made from human pooled plasma using a fractionation process to isolate the albumin portion of the plasma. Each vial is heat treated to reduce the possibility of transmission of some ciruses, including HIV and the hepatitis viruses.

Immune Globulins
Immune globulin is a concentrated solution of antibodies made from large pools of human plasma using a combination of fractionation, precipitation, filtration and anion-exchange chromatography. Processing also includes viral inactivation steps. There are general immune globulins such as intravenous, subcutaneous and intramuscular immune globulin as well as specific preparations including Rh immune globulin, hepatitis immune globulin, varicella-zoster immune globulin.

Blood-derived clotting factors
This includes but is not limited to: Prothrombin Complex Concentrates (eg Octaplex, Beriplex), Humate-Pm FEIBA, Anti-Thrombin III, as well as C1 Esterase Inhibitor and Fibrinogen (eg. RiaStap, Fibryga). These products are made from large pools of human plasma and include concentration steps as well as viral inactivation steps in the manufacturing process. Most Factor VIII and IX products are recombinant clotting factors and do not use albumin as a stabilizer. DDAVP is a synthetic analog of human desmopressin. It does not contain albumin.

Medicines which include minute amounts of blood in their formation
Albumin may be used in the formulation of other medicines. It would be important to notify Pharmacy if patient refuses all medicines that contain albumin.

Opioid Pain Medicines

Information for Patients and Families

You have been prescribed an opioid pain medicine that is also known as a narcotic. This leaflet reviews some important safety information about opioids.

Patients, family, friends, and caregivers can play an important role in the safe use of these medicines; share this information with them.

With opioids, there is a fine balance between effective pain control and dangerous side effects.

Opioids are intended to improve your pain enough so that you are able to do your day to day activities, but not reduce your pain to zero. Be sure that you understand your plan for pain control and work closely with your doctor if you need opioids for more than 1-2 weeks.

Risk of overdose and addiction:
Many people have used opioids without problems. However, serious problems, including overdose and addiction, have happened. It is important to follow the instruction on the prescription and **use the lowest possible dose for the shortest possible time**, and to be aware of signs that you are getting too much opioid.

Avoid alcohol and benzodiazepines.

Side effects:
Constipation, nausea, dry mouth, itchiness, sweating, and dizziness can happen often with opioids. Contact your doctor or pharmacist if your side effects are hard to manage.

Your ability to drive or operate machinery may be impaired.

Some people are more sensitive to the side effects of opioids and may need a lower starting dose or more careful monitoring. Talk to your doctor about the HIGHER RISK of dangerous side effects if:

- You have certain health conditions, for example:
  - Sleep apnea
  - Lung disease (e.g. COPD or asthma)
  - Kidney or liver problems
- You have never taken opioids before
- You are already taking an opioid or medications for anxiety or to help you sleep
- You have a history of problems with alcohol or other substances
- You have had a bad reaction to an opioid before
- You are age 65 or older

Safe keeping:

Never share your opioid medicine with anyone else. Store it securely in your home. Take any unused opioids back to your pharmacy for safe disposal.

Ask your Pharmacist if you have any questions.

Other options are available to treat pain.

Signs of Overdose

Stop taking the drug and get immediate medical help if you experience the following:

- Severe dizziness
- Inability to stay awake
- Hallucinations
- Heavy or unusual snoring
- Slow breathing rate

Your family member or caregiver needs to call 911 if:

- You can't speak clearly when you wake up
- They can't wake you up
- Your lips or fingernails are blue or purple
- You are making unusual heavy snoring, gasping, gurgling or snorting sounds while sleeping
- You are not breathing or have no heartbeat

Never leave a person alone if you are worried about them.

Ask about take-home naloxone kits.

PATIENTS FOR PATIENT SAFETY CANADA | PATIENTS POUR LA SÉCURITÉ DES PATIENTS DU CANADA

cpsi icsp
Canadian Patient Safety Institute | Institut canadien pour la sécurité des patients

ismp CANADA
Institute for Safe Medication Practices Canada
Institut pour la sécurité des médicaments aux patients du Canada