

Pre-operative instructions for adult patients undergoing a planned neurosurgery

Patient: _____

Surgeon: _____

Care Coordinator: _____

Surgery date: _____

CONTACT INFORMATION

Care coordinator's office phone number: _____

During working hours, your surgeon's office will be able to answer your questions.

UCLA page operator: **310-825-6301** - Ask to have the neurosurgical resident on call contacted for urgent questions after hours or on a weekend.

Pre-operative Evaluation Center: **310-319-2219**

1. IN PREPARATION FOR YOUR SURGERY

Do I need to see any other doctor before my surgery?

- You will need to see **your primary care doctor** to have your preoperative laboratory tests and history and physical performed within 30 days of your surgery. Please verify with your care coordinator if she/he will schedule the appointment(s).
- If you are under the care of a cardiologist, pulmonologist, hematologist-oncologist or other medical specialist, please inform your surgeon as additional pre-operative evaluations may be necessary from these specialists.

What paperwork needs to be filled out before my surgery?

- **Surgical Informed Consent:** You will be asked to sign a surgical consent after you have discussed the benefits, risks and alternatives to your surgery with your surgeon.
- **Blood Transfusion Consent:** You will be asked to consent or specifically refuse blood transfusions. If you would like to consider donating your own blood for surgery, please discuss this with your surgeon well in advance of your surgery.

- **Advance Health Care Directive:** This is a legal document that allows you to appoint an individual to make healthcare decisions on your behalf in the event you are unable to do so yourself. It also provides an opportunity for you to state your wishes about the medical treatment that you do or do not wish to receive. If you have an Advance Health Care Directive, please bring a copy with you on the day of your admission.

Do I need to identify a contact person (patient coach) before my surgery?

- Please designate one family member, or trusted friend to serve as your contact person and “coach” throughout your hospital phase of care. Their role will be to support you through this process, including the pre-operative phase of care, the hospitalization, and the post-operative phase of care.
- Your contact person or coach should be present on the day of your discharge when you receive your final discharge information from your healthcare team.

How do I manage my medications before surgery?

- If you are taking **aspirin or other blood-thinning medications** (such as Plavix/Clopidogrel, Coumadin/Warfarin, Pradaxa/Dabigatran Rivaroxaban/Xarelto or Apixaban/Eliquis), please contact your surgeon’s office regarding the management of these medications. You may need to stop taking these medications at least 7 days before your surgery date. Your surgeon and your PCP will need to work together for optimal management of blood-thinning medications.
- If you are taking **medication for diabetes**, make sure to discuss with your PCP how to manage them prior to your surgery. If you have not received such instructions, please contact your PCP’s office.
- If you are taking **medication for high blood pressure** in the afternoon or evening, you should take them as prescribed by your doctor, the day prior to your surgery - but not on the day of your surgery. If you are taking medication for high blood pressure in the morning, continue them as prescribed, with a sip of water.
- If you are taking **medication for seizures** in the morning, take them with a small sip of water on the day of your surgery.
- If you are having surgery for a movement disorder (Parkinson’s disease, tremor, or dystonia), DO NOT take your **movement disorder medications** after midnight the night before surgery.
- Discuss with your surgeon the management of herbal medications, supplements and non-steroidal anti-inflammatory drugs (NSAIDs) (i.e. Ibuprofen, Aleve, Motrin) prior to surgery as these can interfere with your surgery.
- Do not bring medications from home unless specifically instructed.
- If you have not already done so please complete the **Admission Medication History Form** included in this packet prior to your surgery and bring it with you on the day of your surgery. Remember to specify the **dose and frequency** for each medication including supplements and herbal medications.

Is there any special skin preparation before surgery?

- You do not need to cut your hair before surgery.
- We recommend that you wash with an antiseptic skin cleanser liquid (CHG: chlorhexidine gluconate) 5-7 days before surgery. If your surgery is in less than 5 days, please wash with CHG for the remaining days. CHG is the generic name, an example of a brand name is Hibiclens. CHG is not to be used on the head or face, keep out of eyes, ears, mouth, and the genital area. Please see the Hibiclens informational sheet on page 9 of this packet.

When is the last time I can eat or drink before surgery?

- Do not eat anything (*including chewing gum or candy*) after midnight the night before surgery. You may have sips of clear liquids (water, Pedialyte, or Gatorade ONLY-no other liquids) as needed to take medications until 5:00 am on the morning of surgery. You may brush your teeth and rinse your mouth, but do not swallow any of the water.

What if English is not my first language?

- **A representative from Interpreter Services is always available at no cost.** Please notify the Pre-operative Evaluation Center at **310-319-2219** the day before your surgery if you will need an interpreter.

2. THE DAY PRIOR TO YOUR SURGERY DATE

What do I do if I feel sick the day before surgery?

- Call your surgeon's office to discuss as your surgery may need to be postponed.

When is the admission check-in time confirmed?

- On the business day before your surgery, you must call the Pre-Evaluation Center at **310-319-2219** between the hours of 2:00 pm and 4:00 pm to find out what time to arrive at the hospital. If your surgery is on a Monday, call the preceding Friday afternoon.

Is the planned surgery start time always correct?

- If your surgery is not the first scheduled operation of the day, your surgery start time may be earlier or later than planned. If this does occur, you will be informed.

What do I bring to the hospital?

- To avoid lost or misplaced personal items, we recommend that you bring only essential items to the hospital such as glasses, dentures and hearing aids with battery. Leave your valuables, such as jewelry (including rings and watches), cash and credit cards at home or with your family.
- If you use a walker or wheelchair, **one will be provided to you** during your stay.
- Contact your surgeon's office to find out if you need to bring your personal medical records, such as test results, computer discs, or imaging studies (for example: CT, MRI or X-rays) on your day of surgery.
- If you have sleep apnea and use CPAP equipment, please **bring your CPAP device** with you on the day of surgery.
- If you have a separate insurance card for prescriptions (this is only for some types of insurance), please bring this card when you check in at the Admissions Office. After check in, you can leave the prescription card with your family or coach.

3. THE DAY OF YOUR SURGERY

How do I get to Ronald Reagan UCLA Medical Center?

See page 7 for instructions and page 8 for maps.

Where do I park?

See page 7 for instructions and page 8 for maps.

Where do I check in?

- Check in on the morning of your surgery at the **Admissions Office**, which is located on the first floor of Ronald Reagan UCLA Medical Center. If you enter at the main entrance of the hospital, proceed straight ahead and the Admissions Office is on the opposite side of the building, on the left (See map on page 8 of this packet).

Where will I go after I check in?

- When your admission process is completed, you will be directed to go to the **Preprocedure Treatment Unit**. This area is located on Level 2 of the hospital adjacent to the operating rooms. Patient care needs require that we limit the number of persons in this area. Therefore, only one person can accompany you to the Preprocedure Treatment Unit area. Anyone else with you should remain in the first floor waiting area called Maddie's Room (see below).

What paperwork will be verified with me in the Preprocedure Treatment Unit?

- **Surgical Informed Consent and Blood Transfusion Consent:** If you have not already done so, you will need to sign these documents.
- **Anesthesia Informed Consent:** You will also be asked to sign an Informed Consent document for your anesthesia.
- It is hospital policy to perform pregnancy testing in females age 10-53 years old in the Preprocedure Treatment Unit.

When do I meet the anesthesiologist?

- Your Anesthesiologist will review the material that your physician has provided. On the day of your procedure, your anesthesiologist will go over your medical history and the anesthesia plan with you in detail and answer all of your questions. The Department of Anesthesiology may call you the night before surgery, although this is not necessary for all patients.

Where will my family or friends wait during the surgery?

- The surgical waiting area, which is called **Maddie's Room**, is located on the first floor of Ronald Reagan UCLA Medical Center. This area is designed to be a resource for your family and friends. Volunteer staff members are present from 7:30 am to 8 pm Monday through Friday.
- Please designate a primary contact person (or your personal coach) who will receive updates about your condition. Your designated contact person's name and telephone number will be entered in your electronic medical record. All information will be directed to this contact person during your hospital stay. The designated primary contact person should check in with Maddie's Room volunteers.
- All persons who accompany you on the day of surgery may wait in this area until you are discharged from the **Post Anesthesia Care Unit**. Staff will keep your designated contact person informed about how long you are expected to be in the Post Anesthesia Care Unit and when they can see you.

What happens **immediately** after the surgery is completed?

- After your surgery you will either be transferred to the Post Anesthesia Care Unit near the operating room or go directly to the intensive care unit. Visitor access is restricted in the Post Anesthesia Care Unit. Family and friends should remain in Maddie's Room while you are in the Post Anesthesia Care Unit.
- Volunteer staff will keep your designated contact person informed as to where you will be going after your surgery. They will also provide discharge information and instructions if you are scheduled to go home on the day of surgery.

- If you are transferred to the Post Anesthesia Care Unit after your surgery, the length of your stay may be variable depending upon your medical condition and preparation of your room. It is not uncommon to spend the first night in the Post Anesthesia Care Unit.
- The volunteers working in Maddie’s Room will inform your family members of your inpatient room number assignment once you are discharged from the Post Anesthesia Care Unit. You can have visitors upon approval of your nurse.

4. DURING YOUR HOSPITALIZATION

What can I expect during my hospitalization?

- Following your recovery in the Post Anesthesia Care Unit, you will be transferred to a room, either the intensive care unit or the neurosurgical unit. A multidisciplinary team will be taking care of you. After your surgery, you will progressively regain your baseline activities including drinking, eating, urinating, and walking. We will **need your participation** to optimize your road to recovery. Please see the document entitled “Your Road to Recovery” on page 10.

What can I expect regarding pain management?

- It is normal to experience some postoperative pain. It is our goal to make whatever pain you have tolerable. It will be important when the hospital staff asks you to rate your pain on a scale of 0-10, that you answer with a number (Example: 0 is no pain; 10 is the worst pain you can imagine).
- During your stay in the Post Anesthesia Care Unit and the first night after your surgery, if needed, you will be given pain medication through your veins until you can safely swallow pills. By the day after surgery, you should have transitioned to oral pain medications.

Can a family member stay with me overnight?

- All hospital beds at UCLA Medical Center are private rooms. Neurosurgical unit rooms include a day bed where one family member can sleep. The intensive care unit rooms do not have day beds.

5. PREPARING FOR DISCHARGE

Will I receive information about the planned discharge on a daily basis?

- Your discharge plan will be discussed with you on a **daily basis** by the multidisciplinary team to ensure that we take care of all your needs in anticipation of your discharge from the hospital.
- Using one-on-one education sessions and written documents, we will assure you are ready for a safe return home or transfer to another facility.
- The team caring for you will let you know the day before discharge that you should be able to be discharged from the hospital the next day.
- If you have any concerns regarding resuming your normal activities or clearance to work, drive, or for air travel, please contact your surgeon before your hospitalization.

What do I need to know about the day of discharge from the hospital?

- **Check -out time is before 11 a.m.:** If you are being discharged to home, it is important that you make arrangements for your family member or coach to arrive before 10 am on the day of discharge.
- Your team will be reviewing all the important information points with you and your coach prior to your discharge. You will also be receiving a discharge packet that contains all the information for your safe return home.
- At-home care, rehabilitation, physical therapy and any other outpatient services that you may need following your surgery will be coordinated prior to your discharge from the hospital.
- Prior to discharge from the hospital, you will be given prescriptions to fill at your pharmacy. As an alternative, you may chose to have your prescriptions filled at the hospital pharmacy. Your medications will be brought by a pharmacist directly to your room and counseling can be performed for all new medications. Please make sure you or your coach have some form of payment for the prescription co-pays on the day of discharge.

6. OUTPATIENT SURGERY

I'm having outpatient surgery. How will I get home?

- If you will not be spending a night in the hospital, it is your responsibility to have someone accompany you at the time of discharge. If assistance is needed with transportation, our **Patient Affairs Department (310-267-9113)** can provide information about available support services. **Transportation should be arranged prior to your date of surgery.**
- For all patients requiring an overnight stay on the 2nd floor, the scheduled discharge time is 8:00 am. Please make the necessary arrangements to have someone at the hospital before that time.

DRIVING INFORMATION

Ronald Reagan UCLA Medical Center

757 Westwood Plaza, Los Angeles, CA 90095

From the San Diego Freeway (405): Take Wilshire Boulevard east off-ramp. At the third traffic light, turn left onto Westwood Boulevard. Continue on Westwood Blvd, across Le Conte Avenue, and the street becomes Westwood Plaza. The medical center is located on the left side of the street, past UCLA Medical Plaza. Valet parking is available on Westwood Plaza, at the east end of the hospital. When you enter the hospital proceed to the west end of the hospital, where Admissions is located. For current parking rates, go to www.transportation.ucla.edu.

Driving Directions From Los Angeles International Airport (LAX): Take the San Diego Freeway northbound to Wilshire Boulevard east, and continue as described above.

PARKING INFORMATION

Patients and visitors to Ronald Reagan UCLA Medical Center have valet parking services available on Westwood Plaza from 4:30 am to midnight, daily. When leaving, you will retrieve your vehicle from the Valet Lobby located on Level P.

Patient drop-off is available at all entrances. Alternate parking is available on campus.

Short-Term Parking:

Daily Single Entry is available. Pay on exit at Level P pay station, discharge lobby pay station, or parking cashier.

Long-Term Parking:

24-hour parking with in/out privileges is available.

Extended Parking:

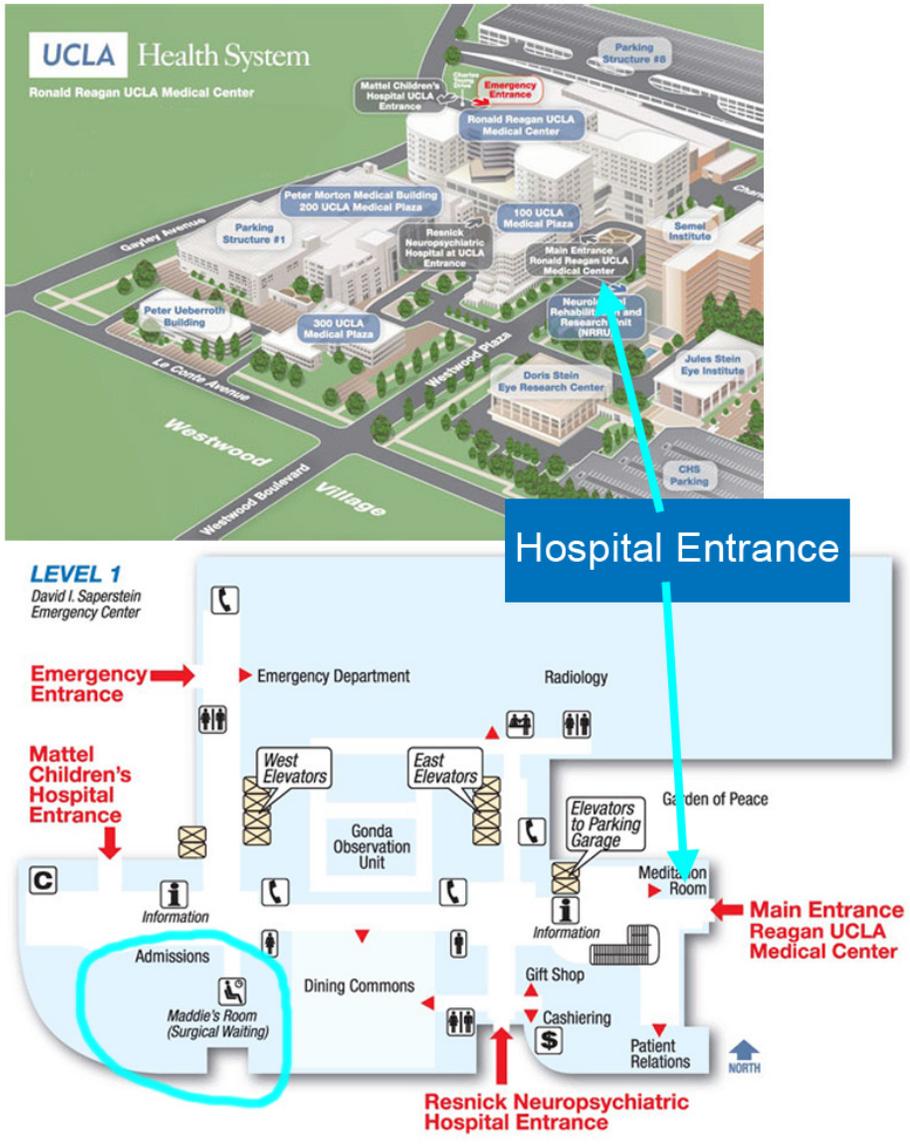
Should you or your visitors require parking over an extended period of time, you may want to consider purchasing a consecutive-day discounted parking permit. For information regarding long-term discounted parking permits please contact Patient Affairs at (310) 267-9113.

UCLA MAPS

To Westwood and UCLA



Ronald Reagan UCLA Medical Center



HIBICLENS® GUIDE TO GENERAL SKIN CLEANSING AT HOME

Good hygiene, such as frequent hand washing and daily skin cleansing promotes good health. Daily skin cleansing helps to remove microbes and pathogens that may cause diseases.

General Skin Cleansing Instructions for Bathing or Showers

Before you bathe or shower:

- Read the instructions given to you by your health care practitioner, and begin your general skin cleansing protocol as directed.
- Carefully read all directions on the product label.
- Hibiclens is not to be used on the head or face, keep out of eyes, ears and mouth.
- Hibiclens is not to be used in the genital area.
- Hibiclens should not be used if you are allergic to chlorhexidine gluconate or any other ingredients in this preparation.

*See Hibiclens label for full product information and precautions.

When you bathe or shower:

- If you plan to wash your hair, do so with your regular shampoo. Then rinse hair and body thoroughly to remove any shampoo residue.
- Wash your face with your regular soap or water only.
- Thoroughly rinse your body with warm water from the neck down.
- Apply the minimum amount of Hibiclens necessary to cover the skin. Use Hibiclens as you would any other liquid soap. You can apply Hibiclens directly to the skin and wash gently.
- Rinse thoroughly with warm water.
- Do not use your regular soap after applying and rinsing Hibiclens

When using Hibiclens the night before and the morning of your surgery:

- Shower/bathe using Hibiclens in the same method as described above.
- Do not apply any lotions, powders or perfumes to the body areas that have been cleaned with Hibiclens.

INCREASE YOUR COVERAGE WITH HIBICLENS®

Warnings

For external use only. Do not use if you are allergic to chlorhexidine gluconate or any other ingredients in this preparation. Do not use in direct contact with the genital area. Do not use as a patient preoperative skin preparation of the head or face. Do not use on wounds that involve more than the superficial layers of the skin.

HIBICLENS®
ANTISEPTIC, ANTIMICROBIAL SKIN CLEANSER



Biogel
HIBICLENS®
BARRIER

To learn how to help prevent MRSA call 1.800.843.8497 or go to www.hibigeebies.com

¹Sorrentino, Sheila, (2006) , Assisting with Patient Care. Mosby, St Louis, MO pp 305-310. ²American Red Cross, (2009), Modified Bed Bath, Skill 12, Maryland. Followed by the Maryland Board of Nursing, Baltimore City Community College and Harford Community Nursing Assistant training. The Mölnlycke Health Care name and logo, Biogel®, Hibiclens® and BARRIER® are registered globally to one or more of the Mölnlycke Health Care Group of Companies. Distributed by Mölnlycke Health Care US, LLC, Norcross, Georgia 30092. © 2009 Mölnlycke Health Care AB. All rights reserved. 1.800.843.8497 www.hibigeebies.com Literature # 1-0258 12.09

YOUR ROAD TO RECOVERY:

This document gives you a preview of how we will work together to enhance your recovery after your surgery. Take note that these are the recovery milestones for most patients. Your care may vary slightly depending on your medical condition. Make sure to discuss the expected length of your stay with your surgeon.



	Day of surgery	First day after your surgery	Second day after your surgery and afterwards until your discharge
Liquids/ Nutrition	After surgery you will be receiving hydration through your vein. Once you are alert and able to swallow safely, we will start giving you ice chips and sips of water. If you are able to tolerate this without any nausea or vomiting, we will advance your diet.	As you start to take in more fluids and nutrition by mouth, we will stop or decrease the fluid you receive through your veins. We will encourage you to eat at least 25% of your meals and take in at least 16 ounces of fluid by mouth every 12 hours.	You will be encouraged to drink and eat normally.
Mobilization	Early mobilization has been shown to be essential in positive outcomes. Four hours after surgery the nurse will be helping you sit up at the side of bed for 5 minutes. You will be medicated for pain or nausea if needed prior to performing this. If your surgery is completed early in the day, the nurse will help you to walk to the chair for a few minutes in the evening.	The nurse will help you walk a few feet to the chair for breakfast. Later in the morning or early afternoon, the nurse will assist you in walking in the hallway of the unit. This should be performed again in the evening. You are encouraged to get out of bed and sit in the chair between your meals and for your meals.	You will be encouraged to get out of bed to the chair for meals and walking in the hallway with assistance a minimum of twice a day.
Urinating	You can expect to have a catheter in your bladder to drain your urine when you wake up from surgery.	For most patients, the bladder catheter will be removed first thing in the morning. Please notify the nurse or the care partner when you urinate. The team will be measuring the amount of urine you produce.	You will be encouraged to urinate normally.
Pain Management	You will be offered pain medication through your vein or orally once you can swallow safely. You will be offered additional relaxation techniques to help with any pain you may experience including: music, massage therapy, and deep breathing.	You will be offered pain medication preferentially by mouth and given pain medication through your vein for pain if not relieved. You will be offered additional relaxation techniques to help with any pain you may experience including: music, massage therapy, and deep breathing.	You will be offered pain medication by mouth. You will be offered additional relaxation techniques to help with any pain you may experience including: music, massage therapy, and deep breathing.