



University of Colorado Hospital

UNIVERSITY OF COLORADO HEALTH

Thank you for choosing University of Colorado Hospital for your surgery. We realize that you have many choices when deciding where to receive your healthcare; we truly appreciate the chance to be a part of your medical care team at this time.

At the University of Colorado Hospital, we are guided by several core values:

Care: We practice compassionate, patient and family-centered care.

Service: We strive to deliver consistent, attentive amazing service in every encounter with our patients and their families.

Excellence: We provide outstanding, professional care and the highest quality education and training. This is done through the creative application of knowledge and technology. We strive to continuously improve all that we do.

Integrity: We act honestly. We treat all persons with dignity and respect, recognizing their individuality.

Responsibility: We make sound financial decisions. We use time, supplies, and resources effectively. We keep a clean, neat, and comfortable environment.

Teamwork: We work together as a team to:

- communicate effectively
- encourage personal growth and responsibility
- maintain a positive attitude
- value initiative and innovation
- support each other
- take pride in and responsibility for our performance

During your stay at the University of Colorado Hospital, we are confident that you will have the opportunity to see our staff display these values in everything they do. We care about people and how we interact with them.

We strive to enrich the lives of our patients and visitors by creating a warm, welcoming environment. If there is anything we can do to improve your experience, please do not hesitate to ask. We also request that if, at any time, our care to you does not meet these standards, you will let us know.

Again, thank you for choosing University of Colorado Hospital.

Sincerely,

John P. Harney
President and CEO

Information for Patients and Families



University of Colorado Hospital
Anschutz Medical Campus
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Surgery Instructions For Patient and Family or Friend

You, your friend, or relative is scheduled to have surgery at University of Colorado Hospital. The surgery will be at either the Anschutz Inpatient Pavilion or the Anschutz Outpatient Pavilion (Day Surgery) on the Anschutz Medical Campus (formerly Fitzsimons). You will receive instructions with address and phone number to the appropriate facility and how to contact the Surgery Check-In area for your arrival time.

The scheduled time for surgery is approximate. Operating rooms are scheduled for as long as a surgery is expected to take. Sometimes, however, a surgery may take much less or much more time than expected, which affects the other surgeries scheduled for that day. Patients may expect to wait for a period of time. Patients may wish to bring reading or hobby/craft materials. After surgery and recovery, the patient will either be admitted to the hospital or sent home the same day.

Please remember that University of Colorado Hospital cares for many emergency and trauma patients. These patients sometimes require immediate surgery. This can cause delays and interruptions in the schedule of the operating rooms. Every effort will be made to keep the delays short and to keep the patient comfortable.

The patient should not bring any valuables to the hospital, other than what is needed to pay the co-pay. Do not bring jewelry, expensive clothing, etc. If the patient must bring an item of value, try to leave it with a family member or friend. If need be, it will be locked in a safe.

Smoking is not allowed indoors. Patients and visitors must go to a designated smoking area outside of the building to smoke. Staff members will be able to direct smokers to an appropriate area.

After surgery, patients go to the Post Anesthesia Care Unit (PACU). The amount of time in this unit varies, but averages 1 – 1 ½ hours. Some reasons a patient may stay in the PACU longer include:

- Type of operation and length of surgery.
- Type of anesthesia used.
- Patient's need for medication in the PACU.
- Patient's rate of "waking up" from the anesthesia.
- Availability of beds on the unit where the patient will be admitted.

Visitors are not allowed in the operating rooms or PACU. An exception is made for patients under the age of 15 who may have one parent or guardian in the PACU.

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After surgery, the physicians will look for family or friends in the family waiting area. If the family/friends wait in a different area, make sure the clerk or volunteer knows. Limit friends or family to two people in the waiting area. Children should be left at home as space is limited.

If the patient is released to go home following the surgery:

1. Please have the patient's insurance and pharmacy card available. This may assist us in getting any needed prescriptions filled. (Where you fill your prescription may depend on your insurance.)
2. Depending on the type of anesthesia, the patient will be escorted to the car in a wheelchair or allowed to walk out with an escort. Patients will not be allowed to take a taxi or bus home without an escort. Please make arrangements ahead of time to get home.
3. Inform the nursing staff of any special requests. Patients often have the nurse call a friend to come to escort them. The nurses are happy to coordinate with your escort.

If the patient is admitted to the hospital following the surgery:

1. Friends and family may check with the Information Desk on the first floor of the Inpatient Pavilion to see if the patient has been assigned to a room following the surgery and PACU. They may also call the following numbers for the same information, depending on where the surgery took place:
 - The Anschutz Inpatient Pavilion (720) 848-4011
 - The Anschutz Outpatient Pavilion (720) 848-1000
2. Visiting hours vary for each nursing unit. Please check with the Information Desk for the times.

Concerning Advance Directives

Your right to make medical care decisions includes giving "advance directives". These are written instructions concerning your wishes about your medical treatment. These instructions are used in the event you become unable to make health care decisions for yourself. *It is very important to share your wishes with your doctor.*

We request that you bring a copy of your advance directive with you the day of your surgery. If you have one, and do not bring it with you the day of surgery, please be prepared to summarize what it says. You will be given the following three choices:

- I want you to do whatever you can to keep me alive.
- There are limits to the amount of treatments that I want.
- I want comfort care, but I do not want life sustaining treatment if there is no chance for meaningful recovery.

Please understand that this DOES NOT REPLACE your written advance directive and would prefer that you bring a copy of your actual advance directive. We will also want the name and phone number of a person that would make medical decisions for you if you are not able. Please be prepared to provide this.

Tips for Safer Surgery

What you should know • What you can do

Courtesy of the Surgical Care Improvement Project Partnership

Millions of people have surgery each year. Every surgery has risks, but we know there are some that can be prevented. What does this mean to you as a patient? If your doctors and nurses follow some simple steps, you will have a shorter and safer hospital stay.

Questions to Ask Your Doctors and Nurses Before Surgery

One way you can help lower your risk for problems from your surgery is to talk with a member of your surgical care team before surgery about the type of care you should receive. Your care team includes your surgeon, your anesthesiologist and your nurses. Ask your doctor or nurse who you should discuss this tip sheet with and when. This tip sheet will help you know what to ask.

To avoid infection—

If I need antibiotics before surgery, when will I receive the antibiotic and for how long?

Antibiotics should be given within 60 minutes before surgery and should be stopped within 24 hours in most cases. Given properly, antibiotics can greatly lower your chances of getting an infection after surgery.

If hair needs to be removed from the part of my body that is having surgery, what will you use?

Your doctor or nurse should use clippers to remove hair if needed at the site of your surgery. Using a razor to remove hair before surgery can cause infections because of the risk of leaving small cuts on the skin.

To avoid blood clots—

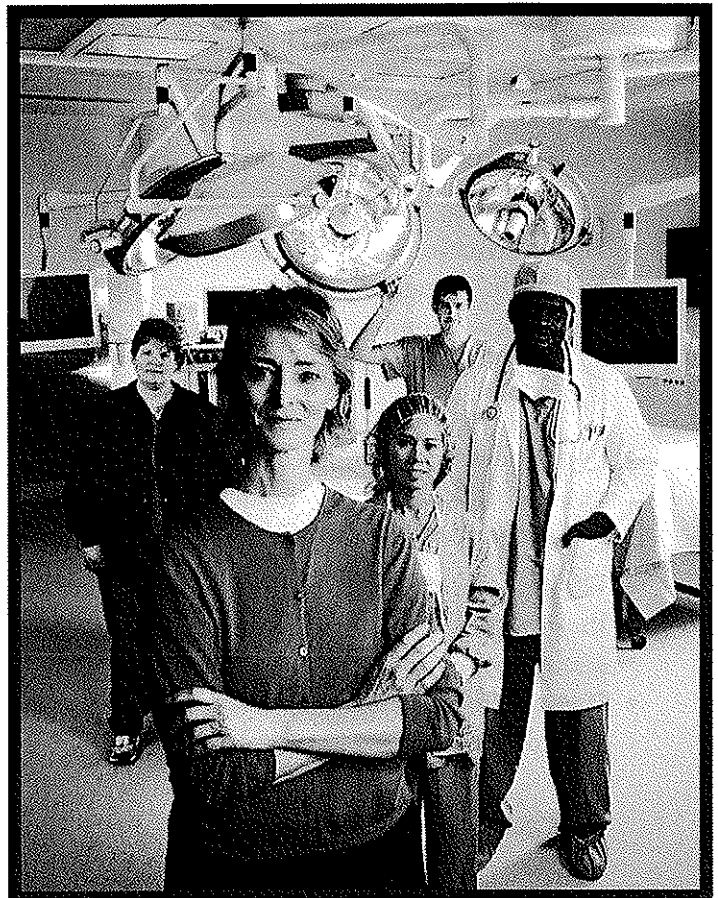
What will you do to prevent blood clots?

Blood clots can lead to heart attacks and strokes. When you have surgery, you are at risk of getting blood clots because you do not move while under anesthesia. The more complicated your surgery, the higher your risk. Your doctor will know your risk for blood clots and steps that will help prevent them, such as giving you the right medicine before surgery.

To avoid heart attacks—

If I take medicine for heart disease, should I keep taking it?

Taking certain medicines together can cause problems. Tell your doctor about all the medicines you are taking, including over-the-counter things like aspirin and herbal remedies. Your doctor or nurse will tell you which medicines you should continue to take and which medicines you should stop taking before surgery.

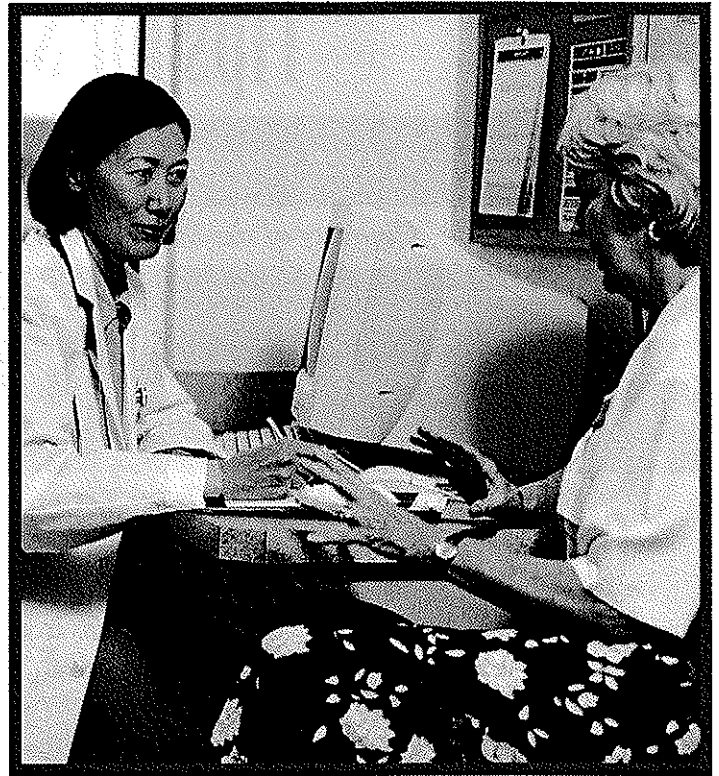


Other Information

- Tell your doctor about other medical problems you may have, such as allergies or diabetes. These problems could affect your surgery and treatment.
- Patients who smoke get more infections. Talk to your doctor about how you can quit.
- If you do not see them do so, ask your care team members to wash their hands before examining you.
- Speak up if you have questions or concerns. If you don't understand, ask again. It's your body and you have a right to know.

Other Resources

- For information on preparing for surgery, please visit <http://www.abrq.gov/consumer/surgery/surgery.htm>, which offers additional questions to ask your physician and surgeon about your surgery.
- For information on quality of hospital care, visit Hospital Compare at <http://www.hospitalcompare.hhs.gov>. It includes information on how often hospitals provide some of the recommended care to get the best results for most patients.
- For information on the Joint Commission's Speak Up™ program, which includes safety tips for surgical patients and infection prevention, visit www.jointcommission.org/PatientSafety/SpeakUp.
- For patient information concerning anesthesia, please visit <http://www.asahq.org/patientEducation.htm>.
- For more information concerning surgery, visit the American College of Surgeons at http://www.facs.org/public_info/ppserv.html.
- If you have additional questions, please contact your doctor.



About SCIP

The Surgical Care Improvement Project (SCIP) is a large national partnership dedicated to reducing the number of preventable surgical complications. SCIP includes a number of steps that surgeons, anesthesiologists, nurses and patients can take to lower the number of surgical problems.

SCIP Surgical Care Improvement Project
A National Quality Partnership

Project Coordinators:

Oklahoma Foundation for Medical Quality
14000 Quail Springs Parkway • Suite 400
Oklahoma City, Oklahoma 73134
405.840.2891 • SCIPpartnership@okqio.sdps.org

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Types of Anesthesia

No matter what kind of operation you have, you want to know that you will be safe and comfortable. A highly trained anesthesiologist (medical doctor) will make sure this happens. He or she will visit you before surgery, in the operating room, and in the recovery room.

You will have one of three types of medicines to make you sleepy for your operation. Here is a short description of each of these.

Monitored Anesthesia Care (Monitored sedation is another name for this.)

Doctors often use this for an operation that is short or does not go deep into the body. You may receive sedatives (medicine to relax you) or pain medicines through an IV (into the vein). The doctor may use a numbing medicine at the operation site. You may choose to remain awake or sleep lightly.

Regional Anesthesia is often used for an operation on the arms, legs, or abdomen, or during childbirth. The doctor will numb (cause it to have no feeling) a part of your body by injecting a local anesthetic near your spine or near a group of nerves in your arms, neck, or legs. The region will begin to feel numb in a few minutes. You may also receive a relaxing medicine through an IV. You may choose to remain awake or sleep lightly.

The most common types of regional anesthesia are:

- *Epidural* - Numbing medicine inserted in the fat filled area around the outside of the spinal canal at the location of the nerves.
- *Spinal*- Numbing medicine inserted in the spinal fluid low in your back near the spinal cord.
- *Arm and leg blocks (nerve blocks)* - Numbing medicine inserted around the nerves running to the arm or leg.

General Anesthesia

Doctors use this for major surgery, such as on the heart, chest, brain or abdomen, or when the patient wants to be fully asleep. General anesthesia acts on the brain, causing you not to feel any of your body. It may be given as a gas that you breathe or in liquid sent through your IV. Once you start to receive the medicine, you go to sleep. Then, you feel no pain and remember nothing of the surgery.

Risks and Complications

The risks and complications of anesthesia depend on your overall health. It is important to discuss possible risks and complications with your anesthesiologist. You may need to come to PreProcedure Services to talk about your health and review the medicines to take before your operation.

We can provide more information about the different types of anesthesia. Feel free to ask.



Herbal Supplements & Surgery

Many people take vitamins and herbal supplements either once in a while, or all of the time. These "herbs" are very popular and magazines and television describe them as being totally "natural and safe". However, research has shown that some of these herbs can cause abnormal blood pressure and heart beats, bleeding, or over-sleepiness. Herbs also can interfere with medicines that your health care provider gives you. The effects of herbal treatments could cause problems if you are having surgery and anesthesia.

**IT IS VERY IMPORTANT THAT YOU TELL ALL YOUR DOCTORS
AND HEALTH CARE PROVIDERS IF YOU ARE TAKING ANY
"OVER-THE-COUNTER" MEDICATIONS INCLUDING
ASPIRIN, HERBS, DIET SUPPLEMENTS, AND VITAMINS.**

Many doctors and anesthesiologists feel that all herbs should be stopped two weeks before surgery to keep you from having any extra problems. Please check with your health care provider about what you should do.

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Latex Allergy

What Is Latex?

Latex is a milky fluid made by rubber trees. Natural latex is found in many products often used in the hospital and in your home. There are over 40,000 products that have latex in them. Things that commonly have latex in them include: exam gloves, balloons, condoms, household gloves, diapers, newspapers, sanitary pads, recreational balls (tennis, basketballs) and elastic bands that are in underwear, socks, and shower caps. If you are allergic to some foods, you may have an increased chance of being allergic to latex too. People who are allergic to bananas, avocado, kiwi, some tropical fruits, and chestnuts may also be allergic to latex.

What Is A Latex Allergy?

Latex allergy is a reaction to products that have latex in them. It is the body's reaction to the proteins found in natural rubber and certain plants and fruits.

- Signs of a latex allergy may include itchy, red, watery eyes, along with sneezing and a runny nose.
- More serious reactions to latex may include:
 - nausea and vomiting
 - rash
 - hive
 - difficulty breathing
 - in rare cases, shock

How Do You Become Allergic To Latex?

People are not born with a latex allergy. You get this allergy with repeated exposure to latex. Powder, on things like gloves, can carry the protein found in latex in the air and also expose you.

Who is at High Risk for Latex Allergy?

The following people are at high risk of developing a latex allergy:

- Those who have had multiple surgeries.
- Health care personnel.
- People that have other allergies (especially to tropical fruits).
- People who need frequent bladder catheterizations.
- People with spina bifida.

What Is the Treatment for Latex Allergies?

There is no cure for latex allergy. The best treatment is to avoid exposure to the latex protein. Diagnosis of latex allergy and treatment of symptoms should be done by a qualified health care provider.

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What Should I do if I have Latex Allergy?

- Wear a medical alert bracelet or necklace.
- Obtain a list of products that contain latex so you can avoid these products.
- Learn about foods that may also cause reactions.
- Make sure your co-workers and family are aware of your allergy and what you would need in case of a reaction.
- Inform your health care providers (including your dentist) of your allergy.
- Inform your hairstylist of your allergy.

For Additional Information Contact:

- Latex Allergy News at 1-860-482-6869
- Alert at 1-888-97-ALERT
- National Institute for Occupational Safety and Health 1-800-35-NIOSH

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Pain Rating Scale

What is pain?

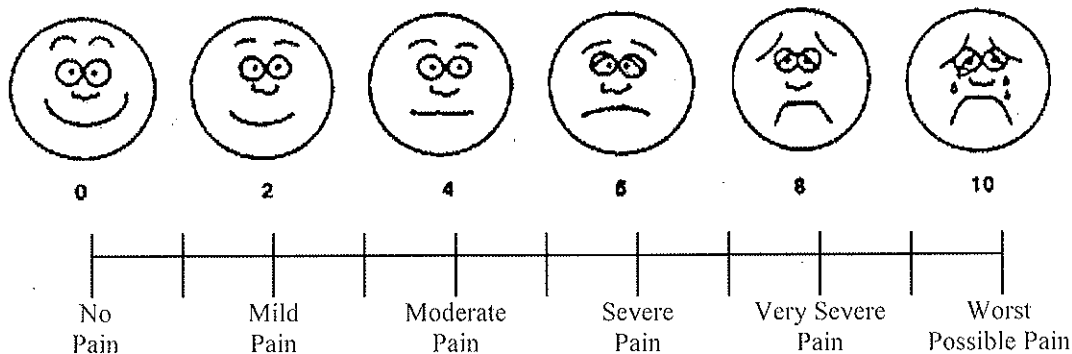
Pain is an unpleasant physical feeling or sensation. It also causes emotional discomfort. Each person will perceive pain differently based on past experience and personal, cultural, and religious beliefs.

Why is pain control important?

Pain control prevents suffering and may help you heal faster and leave the hospital sooner. Pain can affect your activity, appetite, sleep, energy, mood, and relationships.

How do I rate my pain?

Use the following intensity scale to rate your pain. If you are unable to describe your pain using a number, you can tell us by using words such as mild, moderate, or severe. Or simply point to the face that best describes how you feel.



What are my rights related to pain while a patient at University of Colorado Hospital?

As a patient at University of Colorado Hospital, you can expect:

- To have your reports of pain believed and promptly acted on by health care professionals.
- To be educated about pain and pain relief measures.
- To have your pain evaluated frequently and treated promptly.

What am I responsible to do in relation to my pain?

As a patient in our facility, we expect that you will:

- Report any pain you have promptly, help the health care professionals assess your pain, and ask for pain relief when your pain first begins.
- Discuss pain relief options and the development of a pain management plan with the health care team.
- Notify the health care team if pain relief measures are working or not working.

Ask your health care provider for more information.

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Methicillin Resistant Staphylococcal Aureus (MRSA)

Staphylococcus aureus (staf-i-lo-coc-cus aw-ree-us) or staph is a germ that often lives in the noses and on the skin of healthy people. It spreads from person to person on contaminated hands, skin, and objects. Most infections caused by staph are skin infections. Staph can also cause more serious infections in the blood, joints, surgical wounds, and pneumonia.

What is MRSA?

MRSA stands for *methicillin-resistant staphylococcus aureus*. It is also known as *methicillin-resistant staph*. MRSA is a strain of staph that is resistant to most antibiotics commonly used to treat staph, including methicillin. MRSA is widespread, all over the world. You can acquire it in the community as well as in healthcare settings.

Who gets MRSA?

Specific groups of people at risk include:

- Persons whose defenses against infection have been lowered or damaged.
- Those persons whose immune systems have been weakened by chronic or severe illness or disability.
- Those who have been treated with many antibiotics or who have received certain antibiotics over a long time. This results in changes in the organisms in and on that person.
- Persons who have had surgery.
- Those who have been hospitalized for extended periods, or have had a long stay in an intensive care or burn unit.
- Persons who have been hospitalized many times in the last several years.

What factors affect the spread of MRSA infections in healthy people in the community?

- Close skin-to-skin contact.
- Openings in the skin such as cuts or abrasions.
- Items and surfaces contaminated with MRSA.
- Crowded living conditions
- Poor hygiene.

Where is it found?

- MRSA is frequently found in the nares (nose), but it can also be present in the respiratory tract (lungs, etc.), surgical wounds, body fluids, or on the skin. MRSA can also be found on surfaces in the environment around the person who has MRSA (such as table tops).

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- Persons may be “colonized” with MRSA. That means that the organism is present in or on the person. (They have a positive culture showing they carry the germ.) When someone is “colonized” they do not show any signs or symptoms of infection. This is sometimes called a “carrier” state.
- Persons may be “infected” when they have a positive culture AND show the signs and symptoms of infection: fever, chills, redness, local heat, pain, etc.

How is it treated?

MRSA infection is usually treated with the antibiotic vancomycin, although other antibiotics are also available for use. Sometimes, if the patient is simply colonized but not infected, no treatment with drugs is needed.

How is it spread to others?

MRSA can be found in and on the person who is colonized or infected with it. It is also found on surfaces in that person’s environment. If coughed, sneezed, or sprayed into the air, MRSA will drop out of the air onto a surface in the room, where it can survive for hours. **MRSA does not remain in the air.**

How can the spread of MRSA be prevented in the hospital?

Health care workers (doctors, nurses, etc.) need to take precautions when interacting with a patient who is colonized or infected with MRSA. They also need to be sure to take precautions when interacting with things in the room around the patient. These precautions are to prevent health care workers from picking up and carrying MRSA out of the room to someone else who could become infected. These precautions include:

- Wearing gloves when entering the room. The gloves are removed and discarded immediately upon leaving the room and the hands are washed. If the patient undergoes a procedure outside the room (in another hospital department), the staff of that department should also wear gloves when touching the patient.
- Wearing a gown when entering the room. The gown is removed and discarded immediately upon leaving the patient’s room.
- Wearing a mask and face protection if the care provider will come in contact with the patient while performing a procedure that may result in coughing, sneezing, or spraying of body fluids or secretions.
- Cleaning of the environment, equipment and instruments used in the patient room and immediate area with disinfectant.
- **Thorough washing of the hands or use of hand sanitizers by everyone leaving the room, whether or not gloves were worn.**

Visitors need to take the following precautions:

- **Hands must be disinfected with hand sanitizer or be thoroughly washed before entering and before leaving the patient room.**
- Gowns and gloves must be worn if the visitor will have contact with the patient’s body fluids.

The patient should:

- Wash hands with antiseptic soap before leaving the room, if possible.

What precautions should be taken at home?

MRSA can be spread in a household through contaminated surfaces or through direct physical contact. In most cases, this is not a concern unless a family member has a serious medical condition. If a friend or family member's hands come into contact the MRSA patient's body fluids or open wound, the hands should be thoroughly washed with soap and water immediately. If there are family members with chronic illness or lowered immune defenses, contact your health care provider to determine what precautions you need to take.

Listed below are some ways to limit spread:

- If present, keep draining wounds draining covered with clean, dry, bandages.
- Clean your hands regularly with soap and warm water. You can also use an alcohol-based hand gel or foam if your hands do not look soiled or soap and water are not available. This is especially important to do after changing a bandage or touching an infected wound.
- Be sure to take regular baths.
- Do not share items that may become contaminated with drainage from wound, such as towels, clothing, bedding, bar soap, razors, and athletic equipment that touches the skin.
- Do not share personal items. Avoid sharing personal items such as towels, washcloths, razors, clothing, or uniforms that may have had contact with the infected wound or bandage. Wash soiled sheets, towels, and clothes with hot water and laundry detergent. Dry clothes in a hot dryer, rather than air-drying. This also helps kill bacteria in clothes.
- If you have a wound that you cannot keep covered, do not participate in activities where you have skin to skin contact with other persons (such as athletic activities) until your wound heals.
- Clean equipment and other surfaces that people touch with their bare skin. Use an over the counter detergent or disinfectant that specifies *Staphylococcus aureus* on the product label and will not hurt the type of surface being cleaned.

