

Orthopedic Oncology Surgery CareMap

How to prepare for your surgery and what to expect during your hospital stay

Getting Ready for Surgery

7 to 14 Days Before Surgery

- Start walking 1 to 2 miles every day, unless your provider tells you not to.
- Plan for your ride to the hospital and back home.
- Ask to meet with a social worker if you:
 - Have concerns about your home healthcare needs.
 - Need help finding a place to stay in the Seattle area. We advise you to find nearby lodging if you live more than 3 hours away.
- Talk with your care team if you have concerns about taking care of yourself at home after surgery.
- If you usually take blood thinners (such as Lovenox or Coumadin), diabetes medicines, or pain medicine, talk with your provider who prescribed these medicines. They may want to adjust your doses around the time of your surgery.
- If you are having hip or pelvis surgery, buy compression or bike shorts. Plan to bring them with you to the hospital on surgery day.

2 Days Before Surgery

- Stop shaving near the surgery site.

Day Before Surgery

- You will receive a call from the hospital with your arrival time.
- Before you go to bed, take a shower:
 - Shower and shampoo with your regular soap. Rinse well.
 - Wet a clean washcloth, then turn the shower off.
 - Pour ½ bottle of CHG soap on the washcloth and use the washcloth to wash from your shoulders to your toes. Include your groin crease, but not your private parts.
 - Leave the soap on your skin for 1 minute. Rinse well.
- Do **not** eat any food after midnight.
- You may drink clear liquids (liquids you can see through) until 2 hours before your arrival time.

Surgery Day

Before You Leave Home

- Take another shower using the same steps as last night.
- Do **NOT** apply deodorant, lotions, scents, makeup, or hair products.
- Wear loose clothing that is easy to take off and comfortable to wear home.
- Pack for your hospital stay.

What to Bring to the Hospital

- Photo ID
- List of medicines you take
- Advanced directive(s), if you have them
- Compression or bike shorts (if you are having hip or pelvis surgery)

Also bring, if needed:

- CPAP machine
- Walker, wheelchair, or cane
- Hearing aid, glasses, or dentures

Do NOT bring:

- Jewelry or other valuables

At the Hospital

- Check in at Surgery Registration (Surgery Pavilion, 2nd Floor) at your assigned arrival time.
- A nurse will take you to the pre-op area.
- An IV line will be placed in your arm to give you antibiotics and fluids.
- We will give you a heating blanket to keep you warm, improve healing, and lower infection risk.
- Your nurses will review your current medicines. Your doctors will review any updates to your health history.
- Your surgery team will answer any questions you may have and mark your surgical site with a pen.
- The anesthesia team will talk with you about your care during the surgery.
- The anesthesia team will take you to the operating room.
- We will take your family or friends to the surgery waiting room.

After Surgery

After your surgery, you will:

- Wake up in the recovery room.
- Move to your hospital room when you are awake and comfortable, and your vital signs are stable.

You will have:

- An IV in your arm to give you fluids and medicines.
- Leg wraps that fill with air from time to time, to help blood flow and lower the risk of blood clots.

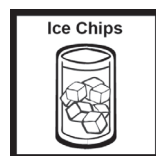


You may have:

- A Foley Catheter (tube) in your bladder to drain urine. This catheter was placed during surgery.

Your nurse will:

- Help you sit up on the edge of your bed.
- Remind you to take sips of clear liquids and chew on ice chips to get your digestion working. When you can drink liquids, we will encourage you to start eating solid foods.
- Teach you how to use an incentive spirometer (IS) and remind you to use it each hour while you are awake.



Day 1

Medicines and Treatments

- If you have a Foley catheter and your doctor says you are ready, your Foley catheter will be removed.

Diet

- Resume your regular healthy diet.

Activity

- Use your incentive spirometer (IS) 10 times every hour while you are awake to help keep your lungs clear and to help you recover more quickly from surgery.
- Plan to get out of bed with help from staff.
- A Physical Therapist (PT) and/or Occupational Therapist (OT) will assess you.
- If needed, we will teach you about weight bearing.
- Moving with help will help your body heal faster:
 - Sit up in a chair for all of your meals, with help from staff.
 - Take 1 to 4 walks in the hall, with help from staff.
 - Aim to be out of bed for 6 hours today.
- Being active during the day will help you sleep at night.



Bathing

- Sponge bath.

Planning for Discharge

Know your goals for discharge:

- Be able to handle a regular diet.
- Be able to pass gas.
- Have your pain under control.
- Talk to your team about your activity goals for discharge.
- Start learning how to empty and care for your drain (if you have one after surgery).

Day 2

Activity

- Use your IS 10 times every hour, while awake
- Get out of bed with help from staff
- Sit up in a chair for all of your meals, with help from staff.
- Take 1 to 4 walks in the hall, with help from staff.
- Aim to be out of bed for 6 hours today.



Bathing

- Sponge bath or shower. Keep surgical dressing in place, and dry.

Planning

- A follow-up clinic visit will be set up for 2 to 3 weeks after your discharge.



Days 3 to 5

Activity

- Use your IS 10 times every hour, while awake.
- Get out of bed with help from staff.
- Sit up in a chair for all of your meals, with help from staff.
- Take 1 to 4 walks in the hall, with help from staff.
- Aim to be out of bed for 6 hours today.



Bathing

- Shower by Day 3. Keep surgical dressing in place and dry.



Planning

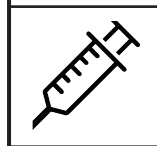
- Ask to meet with a social worker if you have concerns about where you will go after discharge.
- Plan for your ride home from the hospital.



Discharge Day

Discharge will be on Day 3, 4, or 5, depending on your progress.

- Plan for your ride to be at the hospital in the morning on your discharge day.
- You may receive prescriptions for medicines such as pain pills, stool softeners or laxatives, antibiotics, and blood thinners.
- If needed, blood thinners may be prescribed either orally or by injection. If injection is needed, we will teach you how to give yourself injections before you leave the hospital.



At Home

Medicines

- Take all medicines exactly as prescribed.
- Start to taper your prescription pain medicine. Take it only as needed, to help with recovery.
- Take stool softener or laxative while you are taking prescription pain medicine. Stop taking stool softener or laxative if you have diarrhea.
- If you are constipated, try a laxative such as Senna, MiraLax, or Milk of Magnesia. You can buy these without a prescription at your local drugstore.
- Call your care team if you need more support.

Diet

- Eat your regular healthy diet, in 5 to 6 small meals during the day.



Activity

- Follow the activity restrictions provided on your discharge paperwork. Be as active as you can within these restrictions.

Bathing

- Follow the shower instructions in your discharge paperwork.

Incision Care

- Follow the incision care instructions in your discharge paperwork.

Follow Up

- Go to your follow-up clinic visit 2 to 3 weeks after discharge.
- Call your care team if you have any questions or concerns:
 - SCCA Nursing team: 206.606.2018
 - Roosevelt Bone and Joint Clinic: 206.598.4288

