ABOUT MY SURGERY

It is very important to read all the following information.

1. APPOINTMENTS (pg 2-3)
   a. Before surgery (pre-op)
   b. Anesthesia
   c. Classes (Does not apply to all surgeries)
   d. After Surgery (post-op)

2. CO-PAY (pg 3)

3. CANCELLATION (pg 3)
   1. Notify Your Surgeon’s Surgery Scheduler

4. BLOOD TRANSFUSIONS (pg 4-7)
   (Does not apply to all surgeries)

5. PREPARING FOR SURGERY (pg 8-11)
   a. Eating and Drinking
   b. Medication
   c. Expectation Management Medical Information
      (Not all surgeries are available on this online program)

6. DAY OF SURGERY (pg 12-16)
   a. Arrival Time
   b. Before Your Arrival at Hospital
   c. Registration
   d. Instructions for Family Member(s)
   e. After Admission
   f. Going Home

7. THE DAY AFTER YOUR SURGERY (pg 16)

8. FREQUENTLY ASKED QUESTIONS (pg 17-19)

9. Location of Operating Rooms MAP (pg 20)
1. APPOINTMENTS
   a. Before Surgery Appointments (Pre-op)

   After scheduling your surgery date you may be scheduled for a preoperative appointment with your surgeon prior to surgery in order to complete the necessary documents.

   Patients who are to see the anesthesiologist on the day of surgery will be given instructions about arrival time and lab work (if needed) during the preoperative visit.

   Note: Your surgery may be cancelled if you fail to show up for either of these appointments.

   b. Anesthesia

   The Pre-Op Center consults with patients for the surgical History and Physical (H&P), and anesthesia-related issues. If your surgeon determines that you are going to have an operation with high surgical risk, or your health status is considered to have high anesthesia risk, you will be required to have an anesthesia consultation (may not apply to everyone), to better prepare you and your family for the planned surgery.

   Patients who are scheduled to see the anesthesia provider will have their lab work and preoperative tests done at the Pre-Op Center Department 286. Phone (408) 851-2399

   c. After Surgery Appointment (Post-Op)

   You will be scheduled to see your surgeon or physician assistant after your surgery to monitor your progress and continue your care. It is very important to go to this appointment.

   Questions
   All questions should be directed to Orthopedics Surgery Scheduling at (408) 851-1893, (408)851-1898 and/or (408)851-1894. Please have your medical record number and surgery date available.

   d. Classes

   If your surgery requires, you will be enrolled in an informational class before your surgery to prepare you for your surgery.

   Total Knee or Total Hip Replacement (TKR) (THR): Duration 2 hrs

   Informational class: Regarding your Total Knee /or Total Hip replacement surgery. Items to be discussed are:
   
   - Day before surgery
   - Hospital stay length (day-to-day expectations while hospitalized)
   - Physical therapy and precautions with your new knee / hip
   - Discharge planning and equipment you will need at home

   Your surgery scheduler will let you know the location of your class.

   Please encourage a significant other to come to the class with you.
2. Surgery Co-pay:

Your surgery may require a co-payment. Please be prepared to pay at or before the time of admission or Surgery registration. Co-payments may be paid by Cash, Check, Visa, MasterCard or American Express.

If you are not sure whether or not your Kaiser Permanente health plan requires a co-payment, please contact Patient Financial Services at:

1-800-464-4000 (Non-deductible Plans)
1-800-390-3507 (Deductible Plans)

3. CANCELLATION

We ask that you make every effort to honor your surgery date. If you do decide to cancel or reschedule your surgery, notify the surgery scheduler as soon as possible so that we can offer the time to another patient. It is very important that you keep all your Pre-Operative appointments to avoid cancellation of your surgery. We will make every effort to accommodate your needs.

Surgery Scheduling Contact Numbers:
(408) 851-1893
(408) 851-1898
(408) 851-1894

4. Blood Transfusions

Most surgeries will not need blood transfusions. If the possibility of having a blood transfusion is high, your surgeon will discuss this issue with you, including the rights of the patient regarding blood transfusion. It is our goal to allay any anxieties you may have and answer all of your questions regarding blood transfusions.

Only if your surgeon indicates that you are a candidate for blood transfusion, follow the instructions below.

INSTRUCTIONS FOR AUTOLOGOUS AND/OR DIRECTED DONOR RECIPIENTS

The American Red Cross is located at 2731 North First Street in San Jose, and they provide blood services for Kaiser Santa Clara, Milpitas and Mountain View.

- Autologous Patients (donating your own blood)
  You can contact the American Red Cross at (408) 577-2000. The patient should call and schedule appointments. The final Autologous unit must be drawn at least seven (7) Red Cross working days prior to surgery (may or may not include weekends.)

- Directed Donor Patients ( Patient using specific donors blood, i.e. relatives)
  Both patient and donor must come to the Kaiser Santa Clara Laboratory with a transfusion Service Requisitions from the surgeon. The Patients will have a blood type and screening test done at that time.
Please note the following:

- All perspective donors must have blood type test, which is to be done at the American Red Cross. The fee is $40.00, for Non-Kaiser members. Kaiser members may have this test done at Kaiser Santa Clara, which would require a lab requisition from the surgeon. (The $40.00 fee does not apply to Kaiser Members.)
- The American Red Cross will draw the Directed Donor units.
- Directed Donor Units must be drawn (10) working days before the intended surgery date.

All patients must call for a Donation Appointment

Please ask for the current Hours of operation. Appointments are also available at the Red Cross donation site. **CALL (408) 577-2000 for an appointment.**

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**If You Need Blood: Patient’s Guide to Blood Transfusions**  
**Informational Sheet**  
(August 1999)

Viral Statistics updated by Kaiser Santa Clara in 2006

*If you need blood*, you have several options. These options may be limited by time and health factors. You may need to check with your insurance company regarding its reimbursement policy related to blood transfusion.

Some surgeries do not require blood transfusion. Although you have the right to refuse a blood transfusion, this decision may hold life-threatening consequences.

If you have questions about your options relating to blood transfusion, please ask your physician.

*Using your own blood – Autologous Donation* Using your own blood can minimize the need for transfusion with donor blood. Using your own blood will reduce, but not eliminate, the risk of transfusion-related infections and allergic reactions.

Autologous blood donations are not an option for all patients. You may want to ask your doctor if it is safe for you to donate. Autologous blood collections may not be available at the hospital in which your surgery will be performed. Ask your doctor about the availability of these procedures, and if autologous donation is appropriate for you.

**Donating BEFORE Surgery**  
Blood banks can draw your blood and store it for your use. This process usually is performed for a planned surgery. Blood can be stored for only a limited period of time, so coordinating the donations with the date of surgery is an important consideration.

**Donating DURING Surgery**  
Immediately before surgery, your doctor may be able to remove some of your blood and replace it with other fluids. After surgery, the blood that was removed may be returned to you.

In addition, the surgeon may be able to recycle your blood during surgery. Blood that normally is lost and discarded during surgery may be collected, processed and returned to you. A large volume of your blood can be recycled in this way.

Either of these methods may minimize or eliminate the need to be transfused with someone else’s blood.
**Donating AFTER Surgery** Blood that is lost after surgery may be collected, filtered, and returned to you. This process may minimize or eliminate the need to be transfused with someone else's blood.

**Using Someone Else’s Blood**

If you choose not to donate your own blood, or if more blood is required than expected, you will receive blood from community or designated donors, if necessary.

**Community Donors**

Hospitals maintain a supply of community donor blood to meet transfusion needs. Volunteer (unpaid) community blood donors are screened by a thorough medical history, and then tested with the most accurate technology available.

Although blood and blood products never can be 100% safe, the risk is very small. As of 2002, infection with HIV (the virus that causes AIDS) occurs less than once per 2,000,000 (two million) units of blood transfused. Hepatitis C infection occurs about once per 2,000,000 units, and Hepatitis B occurs about once every 200,000 units. Other infections are transmitted much less often.

**Designated Donors**

Although the blood supply today is very safe, some patients prefer to receive blood from people they know – “designated (or directed) donors.” There is no medical evidence that this blood is safer than that from volunteer donors. In some cases it may be less safe because donors known to the patient may not reveal embarrassing information about their personal history, assuming the blood tests will detect any infection. Since tests do not always detect viruses, blood donated by someone whose recent behavior put them at risk of HIV or other viruses could pass the screening measures, and transmit disease to a patient.

Designated donors must meet the same requirements as community donors. Advance notice is required to accommodate a request for designated donors, as additional processing may be required.

If you have additional questions about your options relating to blood transfusion, please refer these questions to your physicians. Information also can be obtained by calling your local community blood center or hospital blood bank.

Doctors and other health care professionals who work in blood centers are experts in blood transfusion therapy and may be helpful in answering your questions.

**Note:** This Informational Sheet is provided as a source of information and is not to be considered a replacement for the **Informed Consent** process prior to the transfusion of blood.

This information was developed by the California Department of Health Services (714/744 P Street, Sacramento, CA 95814) in partnership with the Medical Technical Advisory Committee of the Blood Centers of California (Central Office, 3621 Willow Street, Santa Ynez, CA 93460).

For information about its contents, please call Laboratory Field Services at (510) 873-6327.

This Informational Sheet is made available at no charge by the Medical Board of California (1426 Howe Avenue, Suite 54, Sacramento, CA 95825-3236). Master copies for healthcare providers own reproduction can be downloaded at: [www.medbd.ca.gov/publications.htm](http://www.medbd.ca.gov/publications.htm), or obtained by faxing a request to (916) 263-2479.

(Reviewed 4/06)
WHAT YOU SHOULD KNOW ABOUT THE BLOOD SUPPLY

Donor blood is readily available. Only volunteer donors are used. A careful and confidential medical history is also used to exclude blood donors at risk of transmitting disease. All blood is fully tested by the most up-to-date methods for checking the presence of viruses causing hepatitis, AIDS and other diseases and only blood that tests negative for markers of infection is available for transfusion. Although random donor blood is not 100% safe, the same is true of autologous (self-donated) blood and directed donor blood.

Risks associated with any kind of donation, including autologous, include the possibility of clerical error or contamination of the blood. Since HIV testing was begun in 1985 our blood supplier, the American Red Cross, has received NO reports of HIV/AIDS among individuals who have received blood from over half a million donations to its center.

Autologous (self) donation, which reduces the risk of disease transmission, is recommended for certain procedures, which are associated with a reasonable risk of transfusion. Many operations today incur very little blood loss due to technological advances in procedures and equipment. For some procedures, where the chance of needing blood is very small, self- donation is not recommended.

If you are anemic or have certain significant medical conditions your doctor may feel it is not safe for you to donate blood for yourself. It has also been shown that those who donate blood for themselves are more likely to need transfusion with their own blood and/or community blood than people who don't donate for themselves. Your own blood will not be given back to you unless you need it and if you don't use it, it is destroyed. It is not used to help others who need blood.

Directed donor blood comes from donors selected by the patient. They must meet the same requirements as volunteer donors. It has been shown that directed donor blood is no safer than community blood. Directed donors are more often rejected as blood donors because they are not tested as regularly as volunteer donors. Family members may not be forthcoming with their personal lifestyles.

It is your choice whether you wish to receive a blood transfusion, as recommended by your physician. The alternative would be to not receive a transfusion. Please consult with your physician if you have additional questions regarding this decision.
5. The Day before Your Surgery – Fasting Instructions
We need all patients to fast for a certain period of time before coming in for surgery.

☐ Adults & Adolescents
  • Don’t eat solid food for 8 hours before you arrive for surgery. This includes orange juice, gum, mints, or candy.
  • Drink only clear liquids such as water, pulp-free fruit juice, or black coffee (no milk or cream) up until 2 hours before you arrive for your surgery. Do not drink anything after that.
  • Brush your teeth and rinse with mouthwash.

☐ Children age 12 and under
  • Do not eat solid food for 8 hours before you arrive for surgery. This includes orange juice, gum, mints, or candy.
  • Drink only clear liquids such as water, or pulp-free fruit juice up until 2 hours before you arrive for surgery. Do not drink anything after that.
  • May have formula up until 6 hours before you arrive for surgery.
  • May have breast milk up until 4 hours before you arrive for surgery.

*Failure to follow these instructions may result to cancellation of your surgery.*
Pre-op Medication Guidelines

Please stop taking these medications 7 - 10 days before surgery:

<table>
<thead>
<tr>
<th>Advil</th>
<th>Celebrex</th>
<th>Etodolac</th>
<th>Ginko Biloba</th>
<th>Motrin</th>
<th>Plavix</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggrenox</td>
<td>Clinoril</td>
<td>Feldene</td>
<td>Ginseng</td>
<td>Nabumetone</td>
<td>Relafen</td>
</tr>
<tr>
<td>Airborne</td>
<td>Daypro</td>
<td>Feverfew</td>
<td>Ibuprofen</td>
<td>Naprosyn</td>
<td>Salsalate</td>
</tr>
<tr>
<td>Aleve</td>
<td>Diclofenac</td>
<td>Fiorinal</td>
<td>Indocin</td>
<td>Naproxen</td>
<td>Sulindac</td>
</tr>
<tr>
<td>Alka Seltzer</td>
<td>Disalcid</td>
<td>Fish Oil</td>
<td>Indomethacin</td>
<td>Omega-3</td>
<td>Toradol</td>
</tr>
<tr>
<td>Arthrotec</td>
<td>Echinacea</td>
<td>Flaxseed oil</td>
<td>Kava-Kava</td>
<td>Oxyprozin</td>
<td>Vioxx</td>
</tr>
<tr>
<td>Aspirin</td>
<td>Ecotrin/Excedrin</td>
<td>Garlic pills</td>
<td>Licorice</td>
<td>Percodan</td>
<td>Vitamin E</td>
</tr>
<tr>
<td>Butalbital</td>
<td>Ephedra</td>
<td>Ginger</td>
<td>Lodine</td>
<td>Piroxicam</td>
<td>Voltaren</td>
</tr>
</tbody>
</table>

Exception: All patients having vascular surgery must continue taking Aspirin, including on the day of surgery

Additional information:
- Tamoxifen must be stopped 7 days prior to surgery and 7 days after surgery.
- Diet pills must be stopped 2 weeks prior to surgery.
- For pain relief you may take Tylenol, Codeine or Vicodin up to the day of surgery provided you are not allergic to them.
- If you take high blood pressure and/or heart medications of any kind regularly in the morning, **PLEASE TAKE THEM THE MORNING OF SURGERY.**
- Erectile dysfunction medications Viagra (Sildenafil), Cialis (Tadalafil), and Levitra (Vardenafil) need to be stopped 7 days prior to surgery.
- If you are **DIABETIC and take any oral medications below** (see examples), **do not take them the morning of your surgery.** Your blood sugar levels will be tested on the day of surgery.

<table>
<thead>
<tr>
<th>Acarbose</th>
<th>Diabeta</th>
<th>Glypizide</th>
<th>Tolazamide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actos</td>
<td>Diabinese</td>
<td>Micronase</td>
<td>Tolbutamide</td>
</tr>
<tr>
<td>Amaryl</td>
<td>Glimepiride</td>
<td>Orinase</td>
<td>Tolnase</td>
</tr>
<tr>
<td>Avandia</td>
<td>Glucotrol</td>
<td>Prandase</td>
<td>Tol-Tab</td>
</tr>
<tr>
<td>Chlorpropramide</td>
<td>Glyburide</td>
<td>Precose</td>
<td></td>
</tr>
</tbody>
</table>

- Do not take regular insulin on the day of the surgery.
- Please stop taking these diabetes medications below a full 24 hours before the surgery:
• If you have Parkinson’s disease or a seizure disorder, please take your regular medications the morning of surgery.

• If you take medication for chronic pain (except those listed on the previous page), please take your regular medications the morning of surgery.

• Use your asthma inhaler on the morning of surgery and please bring it with you.

• Anti-anxiety and depression medications should be taken the morning of surgery.

• Anti-reflux medications should be taken the morning of surgery:
  
  Zantac  Tagamet  Protonix  Prilosec

• If you take Coumadin, please contact the Coumadin Clinic for instructions at (408) 851-3939

*If you have any questions about medications please contact your surgeon or the Pre-op Clinic at 408-851-2399.
Prepare for your procedure with **EMMI**
*(Expectation Management Medical Information)*

**PREPARE FOR YOUR PROCEDURE ONLINE**
Has your doctor scheduled you for a medical procedure of surgery? Before you come in, your doctor would like you to preview what to expect online with the EMMI Prepare for your Procedure program.

**WHAT IS EMMI?**
The EMMI programs provide illustrations and graphics that show what will happen during each step of your procedure. The programs are easy-to-follow and you can go at your own pace.

**HOW CAN EMMI HELP YOU?**
- EMMI provides you with a clear sense of what to expect before, during and after your procedure.
- EMMI educates and empowers you as a key member of your health care team.
- EMMI gives you the information you need to make important decisions about your health with your doctor.

**WHERE CAN YOU WATCH EMMI?**
- At home
- At Kaiser Permanente Health Education Center
- Anywhere with high-speed internet access

**HOW LONG IS EMMI?**
- About 20-30 minutes long depending on the type of surgery, so be comfortable

**ACCESSING EMMI**
1. Log on to:  [www.kp.org/mydoctor](http://www.kp.org/mydoctor)
2. Type in your Surgeon’s Last Name (First name optional)
3. Click on your Surgeon’s name in hyperlink
4. Click on “Tools & Classes” tab (brown area in middle of page)
5. Click on “Prepare for Your Procedure- Emmi”
6. Select your procedure
7. Fill in the required information and click “Register”
6. DAY OF SURGERY

a. Arrival time

You will be given the time to arrive at the hospital for your surgery on the day of your preoperative appointment.

b. Before your arrival at the hospital

- Take your medications as scheduled with a small amount of water as needed. If you have diabetes, do not take any medication related to your diabetes.
- Make sure you have a responsible adult to drive you to and from the hospital.

- See food guidelines above on page 7 in “5. PREPARING FOR YOUR SURGERY”
- Remove all body jewelry when possible (earrings, necklace, etc.)
- Take a bath or shower with soap and water only.
- Remove your nail polish if possible. Removing your nail polish will help us monitor the amount of oxygen in your blood.
- Wear comfortable clothes.
- Do not wear any make-up, cologne, or perfume.
- Do not shave close to the area of surgery.
- Remove contact lenses. Bring your eyeglasses and labeled eyeglass case.

Please bring:
- Valid photo ID (driver’s license or passport)
- Kaiser Permanente ID card
- Medicare/MediCal or other medical insurance cards, along with your copay, if not yet paid
- List of all prescription, over-the-counter medications, and nutritional or herbal supplements you are currently taking. You can use the My KP meds app if you have installed it on a mobile device.
- Case to store any contact lenses or dentures
- Mobile device and small earphones, if desired
- Crutches (if having ACL surgery)

c. Registration

- If you are scheduled in Main Operating Room on the day of your surgery, please report directly to:

  Hospital Building
  700 Lawrence Expressway, Santa Clara
  Department 200 (See the Map at the end of the packet)

- If you are scheduled in Ambulatory Surgery Unit (ASU), please report to the Admitting office located on the first floor of the main hospital building.

  Ambulatory Surgery Unit
  700 Lawrence Expressway, Santa Clara, California 95051
  Department 114 (See the map at the back of the packet)
After your registration, you and your companion will be escorted to the Pre-operative Nursing Unit (POU). The waiting area has volunteers to assist your companion.

If your companion wishes to speak with the surgeon after surgery, please let us know and your surgeon will look for your companion in the surgery waiting area.

d. Instructions for Family Member(s)

- **What can the Volunteer tell me about a patient?**
  The Volunteer will be able to provide information regarding the patient’s current location: POU (Pre-Op Unit), OR (Operating Room), or in PACU (Post Anesthesia Care Unit), or patient room.

- **Courtesy phones and cell phone use.**
  A courtesy phone is available for your convenience in the waiting room near the volunteer’s desk. To place a call outside the hospital, dial “9” first, followed by the local number. Please step out of the waiting room area when using your cell phone.

- **Are children visitors permitted?**
  Children under the age of 14 are not permitted in the waiting room except children who are having surgery.

- **Are there additional instructions for parents/guardians of pediatric patients?**
  One parent is required to stay in the waiting room at all times during surgery and the recovery process.

- **Is food allowed in the Waiting Room area?**
  Food is not permitted in the waiting room area except for beverages. For your convenience, the Orchard cafe is located in the basement of the hospital or the Courtyard Café is located in the Medical Office building.

- **What can I expect in the Admitting Department?**
  The Admitting Department will place wristbands on visitors who will be permitted in the Pre-Op Unit. The patient must identify one family member* who may stay with the patient in the Pre-Op Unit. Parents/guardian may accompany their child under the age of 18. (Please note: Wristbands may not be interchanged with another person.)

- **May I stay with the patient while waiting to go into surgery?**
  You may stay with the patient in the Waiting Room. Due to limited space, only one adult or both parents (for a child) will be permitted in the Pre-Op Unit. After the patient is prepared for surgery in the Pre-Op Unit, a staff member or volunteer will escort one visitor into the Pre-Op Unit at the appropriate time.

- **When may I speak with the doctor post-operatively?**
  As soon as the surgeon has completed surgery, he/she will speak to the family member in the Waiting Room. Please be in the Waiting Room at least forty-five minutes to an hour prior to the estimated end of surgery. Know that surgeries may be completed earlier – or later – than anticipated. The patient must designate the person to whom the surgeon may speak (or call) following surgery. Volunteers are not permitted to take phone numbers for this purpose.
• **How long is recovery time? May I be with the patient?**
  Most patients will be in the Post-Anesthesia Recovery Unit anywhere from one to four hours. Visitors are not permitted. One parent may be with a child at the discretion of the nurse.

• **What is the discharge process for a patient going home the day of surgery?**
  Immediately following surgery the patient will go to the recovery room (RR). The RR nurse will determine when the patient is transferred to Phase II of recovery. The Phase II nurse will ask the volunteer to bring the family member* who will care for the patient at home. The nurse will give instructions to the caregiver. The patient will dress and be discharged to go home. The patient will be escorted to the patient pick-up/drop-off area for transportation to go home.

• **When will I know that my patient has been transferred to his or her inpatient hospital room or ready to be discharged?**
  The volunteer will inform the family member* when the patient will be transferred to his or her inpatient room, or discharged to go home.

• **Will there be a prescription to pick-up?**
  If you haven’t already picked up your medications, the volunteer will ask the family to pick up your prescription.

• **Where do I pick up the prescription?**
  For the **Main OR**, please pick up at the Discharge Pharmacy on the first floor, Dept. 138 located next to Elevator B.
  **Hours:** 24/7, 365 days of the year

  For the **Ambulatory Surgery Center**, please pick up at Dept. 194 in the Medical Office Building near the Homestead West Lobby.
  **Hours:** 9 AM – 5 PM
  * A family member may also be a friend or a significant other.

**e. After Admission**

In the Preoperative Unit (POU), the following health care providers will meet with you:

**The Preoperative RN**
- The POU RN will make sure you are comfortable and ready for surgery. We will respect your privacy and confidentiality.
- Your nurse will perform the required pre-operative nursing assessment, including taking your vital signs (i.e. heart rate, blood pressure). You will be required to wear a hospital gown.
- You may be asked to urinate.
- The nurse will start an intravenous line (I.V). The site for I.V. insertion sometimes depends upon the site of surgery.
- Please communicate any concerns or issues you may have to your POU nurse. This will help us address your issues as soon as possible.

**Your Surgeon**
- Your surgeon will try to see you before you go into the operating room. If you have any questions regarding your surgery, and would like to speak to your surgeon, please let the POU nurse know.
Your Anesthesia Provider
- Before your surgery, your anesthesia provider will discuss the type of anesthesia that is best for you. This is determined by factors such as your level of health, and the location and nature of the surgery performed.

Your Operating Room RN
- The operating room nurse will make sure that all the requirements for surgery are in order and the operating room is ready to have you as our surgical patient.
- He/she will accompany you to the operating room.

About Your Companion:
You are allowed to have one companion with you while you are waiting in our pre-operative nursing unit. For your privacy and the privacy of other patients we do not allow your companion to walk in and out of the POU.

The Operating Room
- The operating room team is:
  - The surgeon
  - The assistant surgeon
  - The operating room nurse
  - The operating room instrument specialist, and
  - The anesthesia provider.
  - They will all be in the operating room during the entire operation.
- Your vital signs will be monitored before administration of any type of anesthesia, during surgery and after.

f. Going Home
- If you were scheduled for outpatient surgery, after your surgery we will take you to the Post-Anesthesia Care Unit (PACU). The PACU RN will continuously monitor your vital signs and level of consciousness.
- If you need extended hospital care such as overnight stay, we will admit you to the hospital.
- When you are almost ready to leave, we will take you to the post-anesthesia discharge area, where we will give you post-surgery instructions and pain medication to take home with you.
- When we feel it is safe, we will discharge you from our care, with your permission.
- It may take between 1- 3 hours after your surgery before we can send you home.
- If you were prescheduled for an extended hospital stay after your surgery, you will be discharged upon your surgeon orders.

You will not be allowed to go home without a responsible adult to drive or take you home. We will not discharge you to go home using any type of public transportation without a responsible adult to accompany you.

7. The day after your surgery
- Follow all postoperative instruction given to you by your surgeon
- Do not operate any machinery or drive any vehicle at least 24 hours after your surgery.
This is for your own safety. It takes at least one day for your body to eliminate the medications used for anesthesia.

- Surgery and anesthesia is stressful and it is expected that you feel tired at least one day after surgery
- Small degree of nausea is common
- Sore throat after general anesthesia is common and may last three to four days.
- If you have any questions regarding your anesthesia, please call the Department of Anesthesia call line telephone number (408) 851-2399 and they will return your call as soon as possible
- You will receive a phone call from our nurse to check your recovery from surgery and anesthesia and ask you about our service.

8. Frequently Asked Questions

Where do I file Disability Claim?
Submit your initial claim for disability on or after the start date of your claim online at:
www.edd.ca.gov/Disability/

Note: Claims submitted on paper (Red Form DE2501) will incur significant delays in payment. You will not be able to track the status and you will need to contact EDD directly to get your claim id number in order to extend your disability.

Once your claim has been submitted online, please provide us the following:
1. Name and Kaiser Permanente Medical Record Number
2. Your Patient Receipt Number
   (provided online by California Employment Development Dept. (EDD))
3. Name of your Treating Physician

This information may be provided via any of the methods below:
Email:  Santa.Clara.Roi.Dept@kp.org
Fax: 877-627-8407
In Person: Release of Medical Information, Department 160
710 Lawrence Expressway, Santa Clara
(Monday - Friday between the hours of 8:30 AM - 5:00 PM)

What is an anesthesiologist?
In the United States, an anesthesiologist is a medical doctor who had completed 4 years of intensive residency training in the field of anesthesia. After their training, they become eligible to take the written and oral examination given by the American Board of Anesthesiology. A board-certified anesthesiologist is a medical doctor who has passed both written and oral examination given by the American Board of Anesthesiology.

What is a Certified Registered Nurse Anesthetist (CRNA)?
In the United States, an anesthetist is an advanced practice Registered Nurse who has completed a post-graduate intensive residency program in the field of anesthesia. After completion of the required training they must pass an examination given by the American Association of Nurse Anesthetists, and are required to maintain certification every two years.

Will I have an anesthesiologist or a CRNA?
This is not a major issue at our facility because we work together as a team, each of us providing a variety of quality anesthetics for our patients. Most of our surgical patients have an
anesthetist as their anesthesia provider. If you have any special concerns or requests, it is best to let us know in advance when we contact you by phone.

**When do I meet my anesthesia provider?**

Anesthesiologists and anesthetists are not clinic-based health care providers. For this reason, it is difficult to make arrangements to meet our anesthesia provider days before your surgery. Your anesthesia provider will meet with you just before your surgery. He/she will perform a preoperative anesthesia assessment and discuss the plan of anesthesia best suited for you.

**What type of anesthesia will be administered to me?**

There are three basic types of anesthesia:

- **General anesthesia:** This means that your entire body will be asleep. You will not feel or hear anything during surgery.

- **Regional anesthesia with sedation:** This type of anesthesia removed the ability to feel pain or any kind of sensation to a specific region of the body. Because many patients are anxious we usually provide intravenous sedation.

- **Local anesthesia with Monitored Anesthesia Care (Local MAC):** Your anesthesia provider gives you intravenous medications to make you comfortable, and the surgeon will numb the area of surgery with a local anesthetic (just like going to a dentist). Local MAC is the usual choice for most foot surgeries and superficial surgeries such as breast biopsy.

**What is spinal anesthesia?**

A spinal anesthesia is a type of regional anesthesia. The local anesthetic is injected in the spinal column. This procedure is painless, short and safe. It’s indicated for surgery of the lower extremities and lower abdomen. Many urology procedures such as trans-urethral resection of the prostate are done under spinal anesthesia. Spinal anesthesia is also commonly recommended for caesarian sections.

**What is epidural anesthesia?**

Epidural anesthesia is also a regional type anesthesia for lower extremities and lower abdominal surgery. Epidural analgesia is commonly used in the management of labor pain, and is very safe and effective. Inserting a needle between the bones of the lower back performs the procedure. A tiny plastic tube delivering the anesthetic then replaces the needle.

**What vital signs are monitored during surgery?**

Your vital signs will be monitored at all times. At the minimum, we will monitor your heart rate, blood pressure, blood oxygen concentration, pulse rate, carbon dioxide, and respiratory rate.

**Do I need a preoperative blood test and electrocardiogram?**

Your doctor will order preoperative blood tests, urinalysis, electrocardiograms, x-rays and other special studies only when needed. Most preoperative testing is performed when it will add to your safety and the quality of your health care. High surgical risk patients and anesthesia risk patients will have some preoperative laboratory studies. If you have any questions regarding blood studies, please contact your primary care physician or surgeon.

**How do I communicate with my companion who is in the surgery waiting area before surgery?**

We have hospital volunteers in the surgery waiting area. They are our liaisons between the
surgery waiting area and the operating room, pre-operative nursing unit and post-operative
waiting unit.

**Is it acceptable to have alcoholic beverages the evening before surgery?**

It is preferred that you refrain from consuming any alcoholic beverages the evening before your
surgery. Having alcohol in your breath the morning of your surgery may lead to testing your
blood alcohol level and delay the surgery.

**What is Ambulatory Surgery?**

This simply means that you are expected to go home a few hours after your surgery.

**What activities can I do?**

There are no activity restrictions the day before surgery.

**Can I smoke?**

It is best to stop smoking two months before surgery, but it is helpful to stop even one day
before surgery.
Please call Orthopedics Surgery Scheduling if you have any questions:
Emily     (408) 851-1893
Lisa      (408) 851-1898
Sandra    (408) 851-1894