

Flap Repair Surgery



Allina Health

Your Surgery or Procedure

Name of surgery or procedure: _____

Surgeon: _____

Location: _____

Date: _____

Arrival time: _____ a.m. / p.m.

Surgery time: _____ a.m. / p.m.

Before Surgery — General Information

Insurance coverage

Health care benefits change and differ from plan to plan and provider to provider. It is important for you to understand your health care benefits before your surgery.

Please call your insurance provider and find out exactly what is and isn't covered under your plan, and how much you have to pay yourself.

Use the following checklist as a guide to help you get a clear idea of your coverage. Write down answers to your questions, including the name of the person who gives you this information.

I am scheduled for flap repair surgery. What is my insurance coverage for:

- this surgery
- the hospital stay after my surgery
- a stay at a nursing home or rehabilitation center if I need skilled nursing care
- care at a nursing home if I do not need skilled nursing care
- a specialty bed (alternating low-air loss mattress) at a nursing home or rehabilitation center
- a specialty bed (alternating low-air loss mattress) at my home
- home health care services (wound care, physical therapy, occupational therapy)
- an emergency medical services (EMS) transport to and from Abbott Northwestern Hospital Wound Care Clinic from a nursing home or rehabilitation center
- an EMS transport to and from Abbott Northwestern Hospital Wound Care Clinic from my home?

Health care directive

A health care directive makes sure your family knows what kind of medical care you want or don't want if you can't communicate. This document gives you the chance to write out your wishes. Those wishes will be legally respected.

The health care directive goes into effect if:

- you cannot communicate your wishes by speaking, in writing or through gestures
- you are near death or in a coma
- medical staff members are told of your written wishes.

Your health care team can give you more information about health care directives if you wish. Please bring a signed copy to put in your chart.

Anesthesia

These medicines give you the loss of feeling or sensation during surgery. You may be asleep or awake, depending on the type of anesthesia you receive. You will receive your anesthesia from an anesthesiologist or certified registered nurse anesthetist.

Your doctor will talk with you about which type of anesthesia is right for you. The one you receive will depend on your surgery, your medical and surgical history, and your physical health.

There are five types of anesthesia:

- **general:** You are asleep during surgery and have no sensation of pain. This is used for a wide variety of surgeries.
- **regional:** This involves a loss of sensation to a specific region of your body. For a Cesarean birth, for instance, you will be numb from the waist down and unable to move your legs. You will be awake but comfortable during surgery. You will gradually regain normal movement and feeling after delivery or surgery. You may also receive sedation with this type of anesthesia.
- **local:** This involves the loss of sensation in a limited area of your body (such as finger surgery). You will be awake but comfortable during surgery.
- **monitored anesthesia care (known as MAC):** You will be sleepy and relaxed during your surgery. You may receive a sedative through an intravenous (IV) line before and during surgery.
- **bier block (IV block):** You will have temporary numbness and pain relief. The anesthesiologist injects a type of local anesthesia, using a special tourniquet to direct it into one area of your body. This is usually used for hand and forearm surgery.

The amount of time it takes for the anesthesia to wear off differs for each person. You will recover from the anesthesia in a special area where nurses will monitor your recovery after surgery.

Before Surgery — Specific Information

How you may feel emotionally

You may feel concerned, anxious, scared, nervous or stressed about your surgery. It is common to have one or more of these reactions no matter what type of surgery you are having. You may:

- have trouble concentrating on other things or conversations
- have trouble falling or staying asleep
- count the days or hours before surgery
- question your decision to have surgery
- become irritable or withdrawn.

All of these reactions are normal. There are some things you can do that may help you through this time:

- talk to family, friends, nurse, doctor or clergy
- take a walk
- practice deep breathing
- ask questions and learn what to expect before, during and after surgery
- make plans for returning home (who will help you with cooking, laundry, cleaning and driving while you recover)
- meditate
- pray.

What to tell your doctor

Before your surgery, it is important to tell your doctor if you:

- are pregnant
- have ever had diabetes, kidney problems, high blood pressure, seizures, heart problems or breathing problems
- are taking any prescription and over-the-counter medicines, herbals or vitamins
- are currently taking any pain medicines
- have an allergy to X-ray contrast
- have an allergy to latex
- have an allergy to medicines or foods
- have MRSA or VRE or have been diagnosed with a medicine-resistant bacteria
- have false teeth, any prosthesis or contact lenses
- have any health changes (sore throat, cold, fever, dental problem, urinating problem) or skin changes (rash, cuts, etc.) that happen 1 to 3 days before surgery
- need an interpreter at the hospital. Tell your doctor what language you need.

How to prepare at home

- Have your pre-surgery physical exam and/or lab tests done as directed by your doctor. **Schedule them with your primary care provider within 30 days before surgery.**
- Write down questions for members of your health care team.
- Ask your doctor which medicines you should take before surgery and when.**

- Check with your doctor if you are taking blood-thinning medicines (such as aspirin, Coumadin[®], Plavix[®] or Ticlid[®]). You may need to stop taking them within certain times before surgery. Your doctor will tell you how long to be off these medicines.
- If you have diabetes and are on insulin, ask your doctor about how much insulin to take before surgery.
- Choose healthful foods and beverages. Drink plenty of liquids.
- Prepare and freeze meals to eat after surgery.
- Arrange for house or yard help, if needed.
- Install grab bars, night lights or other equipment you may need after you return from the hospital.
- Go through your house and remove possible hazards. Remove throw rugs and keep furniture out of the hallways.
- Put items you will use often within easy reach. If you have a cordless phone, make sure it's charged so you can carry it with you from room to room.
- Plan to bring a family member or friend with you to the hospital. They will be responsible for your belongings during your surgery.
- For your safety, you will need a responsible adult to drive you home and to stay with you for 24 hours.
- If you do not have someone to drive you home, your surgery will be canceled.**

Stop tobacco use

- If you use tobacco, stop. Ask your doctor about the different ways to quit.
- **Do not use tobacco for 2 weeks before your surgery and 6 weeks after your surgery.** This will reduce the risk of complications (problems).

Food and liquid directions before surgery

The following are based on your arrival time to the hospital, not your scheduled surgery time.

Alcohol: 24 hours

- Do not drink alcohol up to 24 hours before your scheduled arrival time.

Solid food: 8 hours

- You may eat your regular foods up to 8 hours before your scheduled arrival time.

Solid food: 6 hours

- You may eat a light meal up to 6 hours before your scheduled arrival time. A light meal is:
 - **one** of these:
 - 2 pieces of toast with a light topping
(Do not eat peanut butter or other nut butters.)
 - 1 granola or protein bar
 - 1 cup (8 oz.) oatmeal or other hot cereal
 - **and one** of these:
 - 16 ounces of milk, coffee (with or without cream), juice (with or without pulp) or a sports drink.

Clear liquids: 2 hours

- Drink clear liquids up to 2 hours before your scheduled arrival time. Clear liquids are **only** these:
 - water
 - fruit juice **without** pulp
 - sports drinks
 - soda
 - black coffee **without** cream or creamer
 - tea **without** cream or creamer.
- Drink 12 to 20 ounces of electrolyte sports drink (Gatorade[®] or Powerade[®]) 2 hours before your scheduled arrival time.

Hard candy and gum: 2 hours

- You may have hard candy (such as a lemon drop or throat lozenge) or chew gum up to 2 hours before your scheduled arrival time.

The night and morning before surgery

- Follow the food and liquid directions on pages 7 to 8.
- Do not shave the surgery site.
- Follow your doctor's directions for taking medicine. He or she will tell you if you should take any or all of your regular medicines.
- Bring a list of your medicines with you to the hospital. Include prescription and over-the-counter medicines, vitamins and herbals. Include the name of the medicine, how much you take, and the last time you took the medicine.
- Please leave money, credit cards and other valuables at home.
- If you wear glasses, contact lenses, dentures or hearing aids, bring containers for them during surgery.
- Remove all jewelry (including rings) and body piercings. Please leave the items at home or with a family member at the hospital.
- Do not apply skin lotions, oils, powders, perfumes, cologne, deodorant or make-up.
- Wear loose-fitting, comfortable clothing.
- Bring any forms given to you by your doctor. **If your surgery requires a physical exam, please bring these completed forms with you.**
- Bring your insurance card.
- Bring your health care directive. (See page 2.)
- Bring personal care items such as deodorant, toothpaste, toothbrush, slippers and comb if you are staying at the hospital.
- Bring any special medicines (including eyedrops and inhaler) or equipment (such as CPAP machine, crutches, cane or splint).

- ❑ Bring books or magazines.
- ❑ Please arrive at the hospital as directed before your surgery. It is common to be told to arrive 2 hours before your scheduled surgery time. If you have trouble walking or moving, allow extra time.

What to expect at the hospital

- A nurse will meet with you to complete your care plan and review what you can expect before and after your surgery. The nurse will review your health history. You will be asked questions about any allergies you have and medicines you are taking.
- You will be asked to sign a consent form, if you haven't already done so.
- If you have questions or concerns, please ask a member of your health care team.
- You will change your clothes and wear a hospital gown. You will also receive a hospital identification bracelet.
- You may have blood taken for any needed lab tests before your surgery.
- You may have special tests (such as X-rays or an ultrasound) done. For these, you may be taken to other departments in the hospital.
- The nurse will check your blood pressure, pulse and temperature.
- You will have an IV (intravenous) line started in your arm if sedation or general anesthesia is needed. You may also receive an antibiotic to prevent infection.
- When you go into surgery, your family will be taken to the surgery waiting room. The surgeon will talk with your family when your surgery is done.

During Surgery — at the Hospital

Right before surgery

- You will meet the surgery team, including the surgeon, anesthesiologist, nurse anesthetist and operating room nurses. They will talk with you about the anesthesia and surgery. Your team will verify with you where you are having surgery. The site may be marked, depending what type of surgery you are having.
- You may wear a hospital gown or a special gown to keep you warm.
- You will lie on a padded bed.
- The room temperature will be cool. (Tell a member of your health care team if you are chilled.)
- The surgery area will be clipped and draped, if needed.
Do not shave the surgery site.
- An intravenous (IV) line will be started into your arm — if not already done.
- You may receive medicine to make you relax.
- The anesthesiologist will give you medicine that will either put you to sleep or numb the surgery site.
- Right after surgery you will be taken to a recovery room.

After Surgery — at the Hospital

Right after surgery

- After surgery you are taken to the recovery room. You will spend 45 minutes to 2 hours in a recovery room where nurses will watch you closely. You may stay longer, depending on your surgery and how fast you wake up from the anesthesia.
- Your nurse will watch all of your vital signs and help you if you have any side effects.
- You may have some discomfort when you wake up. Your nurse will work with you to make you as comfortable as possible.
- You may wake up with a dressing, an IV, oxygen, or other monitors and tubes.
- Your surgeon will talk with your family when your surgery is over.
- If you are an inpatient (staying in the hospital overnight), you will be taken to your room. Your family can join you after your time in the recovery room.
- If you are an outpatient (returning home the same day as surgery), you will be taken to the recovery area. A family member can join you in this area.
 - You will receive instructions for taking care of yourself at home.
 - For your safety, you will need a responsible adult to drive you home and to stay with you for 24 hours.

For 24 hours:

- Do not drive or use any machinery.
- Do not make important decisions.
- Do not drink alcohol. (It is also important to not drink alcohol as long as you are taking prescription pain medicine.)

What to expect at the hospital

- You will be on strict bedrest with a specialty mattress to reduce pressure and help your incision heal.
- The head of your bed must be no higher than 30 degrees. This will help keep you from sliding down in your bed and injuring your incision.
- Reposition yourself or be moved at least every 2 hours. Do not lay directly on your incision.
- You will continue to have a high protein diet, including supplements if needed.
- On the first day after your surgery, a member of your health care team will remove the outer dressing and check your incision.
- A drain may have been placed during surgery to collect fluid from your surgery site. It will stay in place for 1 to 3 weeks.
- Incision care will be done by your nurses.

Managing Your Pain

Pain is your body's response to injury, illness or surgery. It can come on suddenly (acute) or last a long time (chronic). Pain can be constant or it can come and go.

Pain affects every part of your life: eating, sleeping, work, interests and relationships. It can cause you to be stressed, depressed, tired or angry.

Pain is unique. No two people feel pain in the same ways. Pain that is intense to one person may be mild to another.

Your health care team is committed to helping you get well and manage your pain. Your nurses will ask you to rate the strength of your pain using a pain scale.

(There is no "correct" number for your pain level.) They will also ask you what your pain feels like.

Wong-Baker FACES® Pain Rating Scale



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Your role in managing pain

You are the only one who knows where and how severe your pain is. You have a key role in managing your pain. If you have pain, tell your nurse or doctor. Your health care team will create a pain relief plan to meet your needs.

Tell your nurse or doctor:

- what makes your pain better or worse
- what methods of pain control have worked or have not worked well in the past
- if your pain starts to get worse
- if you feel new pain.

Your nurse will work with you to establish an appropriate pain goal during your hospital stay.

The right pain control can help you be more comfortable, get back to your normal routine, and promote healing.

Your health care team will work with you to treat your pain. Your options may include:

- medicines
- physical therapy
- heat or cold therapy
- nerve blocks
- integrative therapies: acupuncture, relaxation techniques, massage therapy or music.

Questions to ask your doctor or nurse

Ask your doctor or nurse these questions:

- What will I be given for my pain?
- How should I take the medicine?
- When should I take it?
- How long should I take it?
- What are the side effects?

After Surgery — General Information

- Your complete recovery may take time and varies from person to person.
- Be sure to follow your doctor's instructions for every part of your recovery. You may refer to the written instructions sent home with you.
- It is important that you get enough rest and exercise. When you feel tired, stop and rest awhile. Be sure to plan regular naps and quiet activities.
- You may drive when your doctor tells you that you may drive again. You may not be able to drive for several days to several weeks. Ask your doctor when you can drive if this has not been discussed.
- Ask your doctor when you may return to work or school.
- **Do not use tobacco for 6 weeks after your surgery.** This will reduce the risk of complications (problems). Smoking impairs your body's ability to heal.
- Be sure to wash your hands before and after handling dressings. Washing your hands helps prevent infections.

After Surgery — Specific Information

- You will need to stay on strict bedrest for 6 weeks after your surgery. The head of your bed must be no higher than 30 degrees.
- Your stitches may be removed 3 weeks after your surgery. You will need to care for your incisions 2 times each day. Follow the instructions given to you by your surgeon.
- You will have follow-up appointments at the Abbott Northwestern Hospital Wound Care Clinic at 3 weeks and 6 weeks after your surgery.

- You will need have an EMS transport to and from your follow-up appointments to make sure strict bedrest is maintained.
- Your surgeon will give you instructions for sitting after your surgery at your 6-week follow-up appointment. Your surgeon may recommend that you have a wheelchair seat mapping to make sure your wheelchair fits you right and doesn't hurt your incision.

When To Call Your Doctor

Call your doctor if you have:

- a temperature of 101 F or higher
- increased pain or tenderness near the incision
- poor pain relief
- signs of infection:
 - increased swelling
 - redness
 - increased drainage
 - increased warmth
 - pus
 - foul smell
 - bleeding at the incision
 - incision coming apart
- changes in circulation:
 - increased numbness
 - inability to feel or move fingers or toes
 - pale blue, white or abnormally cold fingers or toes
- nausea (upset stomach) or vomiting (throwing up) that won't stop
- increased tiredness

- a generally worse feeling than you had when you left the hospital
- problems urinating
- severe constipation or severe diarrhea
- a concern about any other symptoms that seem unusual.

Important: If you have any concerns about safety, call your nurse or the hospital's Patient Representative Office.



Notes



Notes



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