

Kootenai Health Awards and Recognitions



Mayo Clinic Care Network Member
The network includes organizations across the nation that work closely with Mayo Clinic to provide patients a higher level of care close to home.



Magnet means nursing excellence, earned by only 7% of hospitals nationwide.



The GO2 Foundation for Lung Cancer Center of Excellence designation means Kootenai Health meets rigorous criteria and works to ensure the highest quality of care with a patient-centric approach.



Accredited by the American College of Surgeons Commission on Cancer.



Accredited by the Oncology Nursing Society.



Kootenai Health Neurodiagnostic Services is accredited by ABRET, meeting strict national standards and recognized as a place where patients and physicians can have confidence they are receiving quality diagnostics.



Excellence in breast cancer care, rigorous evaluation of performance and outcomes. Only one in the Inland Northwest.



This American Medical Association distinction recognizes Kootenai for preserving the well-being of employees by combating work-related stress and burnout.



The Gallup Exceptional Workplace Award recognizes companies for their extraordinary ability to create an engaged workplace culture.



The American College of Surgeons has verified Kootenai Health as a Level III Trauma Center. Kootenai is also designated as a Level II Trauma Center by the state of Idaho.



Kootenai Outpatient Imaging is one of 300 facilities in the U.S. to be designated as a Breast Imaging Center of Excellence by the American College of Radiology (ACR).



U.S. News & World Report ranked Kootenai Health as the number one hospital in Idaho.



Kootenai Health was named one of the top 50 cardiovascular hospitals in the nation.



Kootenai Health received an "A" Rating for outstanding financial stewardship.

Preoperative Clinic
Surgical Guide





Be Smoke Free

What Happens When You Stop Smoking?

- ▶ **20 MINUTES** *after your last cigarette*
 - Blood pressure improves
 - Pulse rate drops to normal rate
 - Temperature of hand and feet increases to normal
- ▶ **8 HOURS** *after your last cigarette*
 - Carbon monoxide level in blood drops to normal
 - Oxygen level in blood increases to normal
- ▶ **24 HOURS** *after your last cigarette*
 - Chance of heart attack decreases
- ▶ **48 HOURS** *after your last cigarette*
 - Nerve endings start to grow back
 - Senses of smell and taste are enhanced
- ▶ **2-12 WEEKS** *after your last cigarette*
 - Circulation improves
 - Walking becomes easier
 - Lung function increases up to 30 percent
- ▶ **9 MONTHS** *after your last cigarette*
 - Coughing, sinus congestion, fatigue, and shortness of breath decrease
 - Overall energy level increases
 - Cilia (hair-like structures) regrow in lungs, increasing ability to handle mucus, clean the lungs, and reduce infection
- ▶ **1 YEAR** *after your last cigarette*
 - Excess risk of coronary artery disease is half that of a smoker
- ▶ **5 YEARS** *after your last cigarette*
 - Lung cancer death rate for average smoker (one pack a day) decreases by almost half
 - Stroke risk is reduced to that of a nonsmoker
 - Risk of cancer of the mouth, throat and esophagus is half that of a smoker's

- ▶ **10 YEARS** *after your last cigarette*
 - Lung cancer death rate is similar to the rate of a nonsmoker
 - Precancerous cells are replaced
 - Risk of cancer of the mouth, larynx, esophagus, bladder, kidney and pancreas decreases

Resources:

- ▶ **Mayo Clinic • Becomeanex.org**
Become an ex-smoker with this online "Quit Smoking" program and workbook.
- ▶ **Project Filter • Projectfilter.org**
Free Nicotine Replacement Therapy (NRT) and behavioral support through Idaho QuitLine
- ▶ **Panhandle Health District
Panhandlehealthdistrict.org**
(208) 415-5143, 3-Call program - Free NRT
- ▶ **Smokefree • Smokefree.gov**
(800) QUIT-NOW (800-784-8669)
State specific quit lines:
(877) 44U-QUIT (877-448-7848)
Counselor available in English and Spanish
M-F, 9 a.m. - 9 p.m. EST
Online resources and text messaging program

For more information visit kh.org/besmokefree, call (208) 625-5864 (LUNG) or email besmokefree@kh.org

Contact: 208.625.LUNG (5864) tel
besmokefree@kh.org email
kh.org/besmokefree web

2003 Kootenai Health Way, Coeur d'Alene, Idaho 83814

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Kootenai Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

Language assistance services, free of charge, are available to you. Please call 208-625-4000.

Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-746-4674.

Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-877-746-4674.

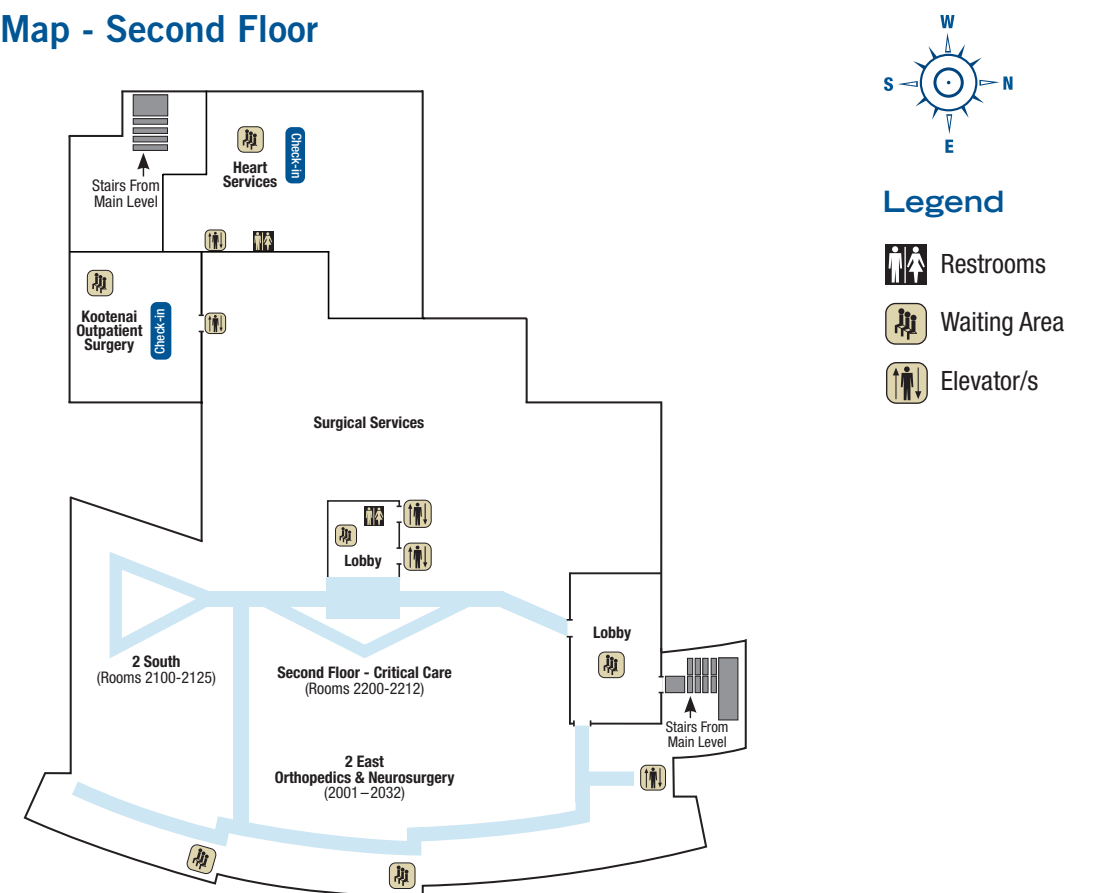


Dear Patient,

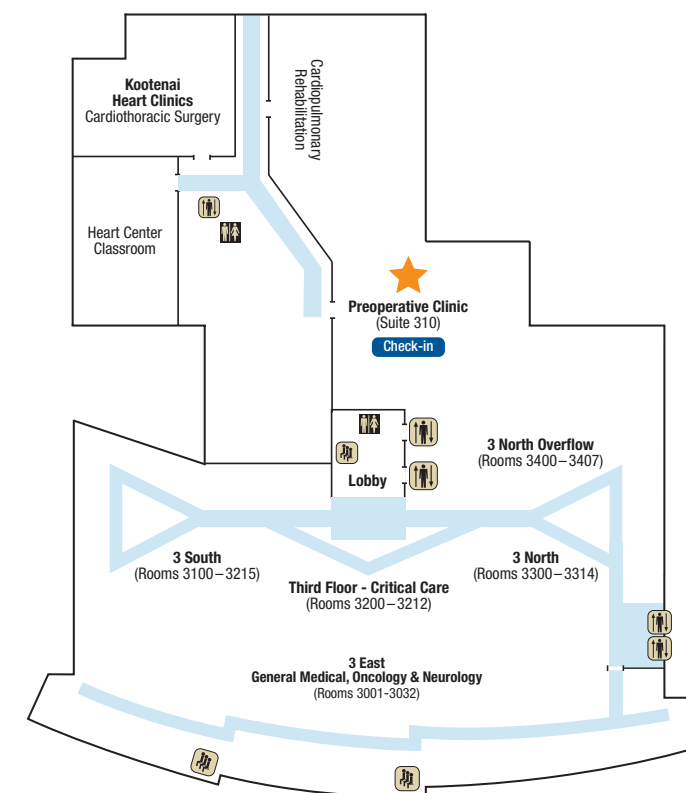
Thank you for choosing Kootenai Health for your care. The following information is here to help guide you through the process of having a procedure here at Kootenai Health. The information in this guide, along with information from your doctor, will provide you with what is needed to heal as well as possible after surgery.

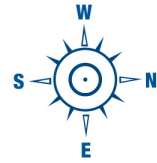
Sincerely,
The staff of Kootenai Health

Interior Hospital Map - Second Floor



Interior Hospital Map - Third Floor





Surgery:

Date: _____ Arrival Time: _____

Surgery Time: _____

Legend

-  Restrooms
-  Waiting Area
-  Elevator/s
-  Information
-  Valet & Security

Patient Care Questions

If you have any concerns or questions regarding your care here at the hospital please let the staff know so we may answer your questions.

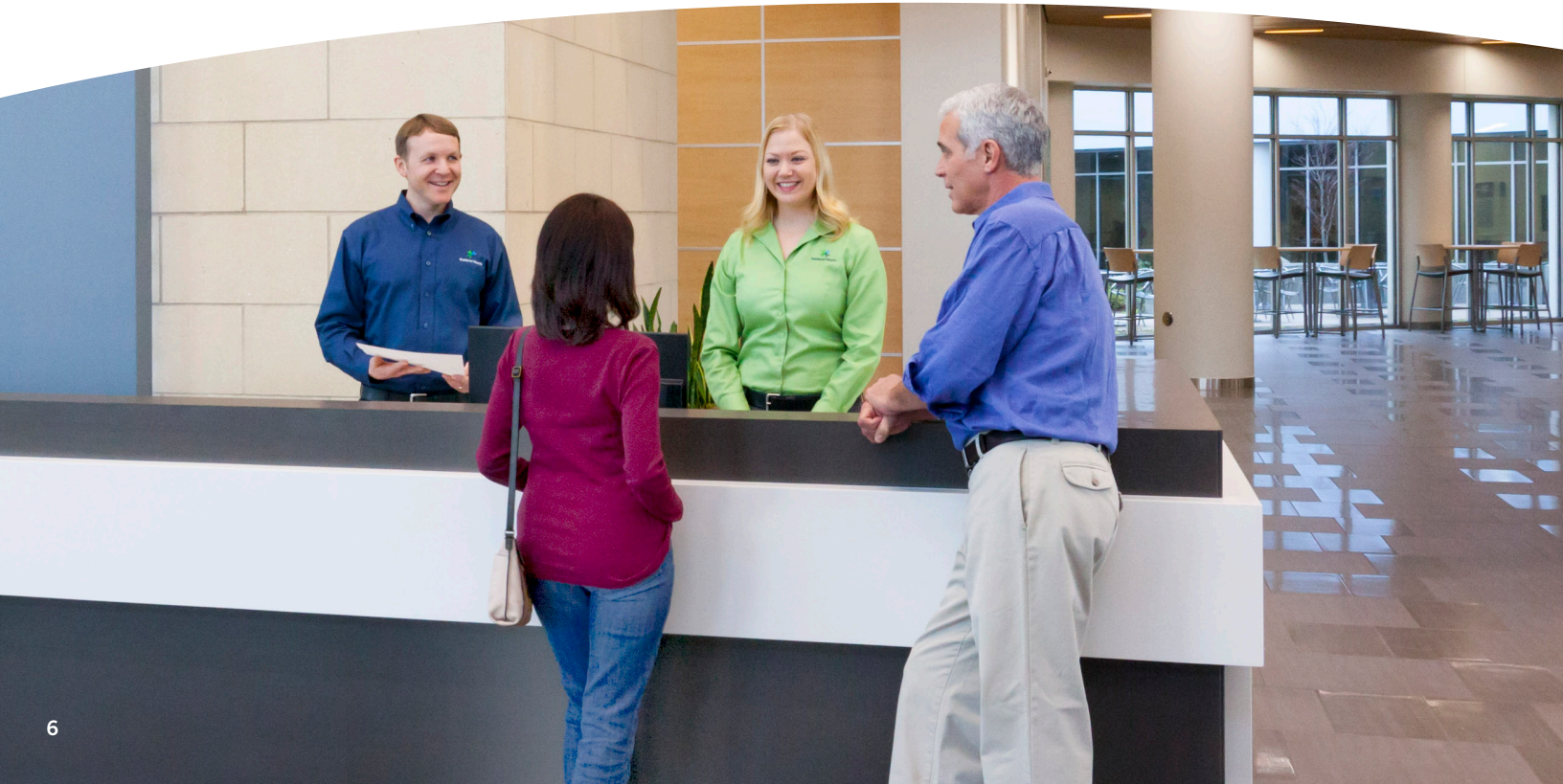
Kootenai Health Contact Information

Phone Numbers:

- Kootenai Health (208) 625-4000
- Patient Advocacy (Patient Support) (208) 625-4298
- Admitting/Patient Access..... (208) 625-4081
- Chaplain (208) 625-4797
- Medical Records (208) 625-6222
- Patient Billing/Business Services (208) 625-5000
- Preoperative Clinic (208) 625-4470
- Day of Surgery (208) 625-5420

Address:

Kootenai Health
2003 Kootenai Health Way
Coeur d’Alene, ID 83814



At Home Medication Time Chart Checklist

Use the four columns below to help you track your pain medications for 24 hours.

	1.	2.	3.	4.
Pain Medication:				
Dose / Frequency:				
a.m.				
12:00/12:30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1:00/1:30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2:00/2:30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:00/3:30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:00/4:30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:00/5:30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6:00/6:30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:00/7:30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:00/8:30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:00/9:30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10:00/10:30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11:00/11:30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p.m.				
12:00/12:30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1:00/1:30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2:00/2:30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3:00/3:30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4:00/4:30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5:00/5:30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6:00/6:30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7:00/7:30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8:00/8:30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9:00/9:30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10:00/10:30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11:00/11:30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Practice Good Hand Hygiene

- Good hand hygiene, cleaning and sanitizing your hands, is one of the best ways to stop the spread of infection.
- Expect anyone who has contact with or cares for you in the hospital or at home to wash or sanitize their hands.
- Before doing any care of your surgical site, wash your hands with soap and water or waterless alcohol based hand rub.
- It is very important to clean your hands:
 - Before and after touching any surgical wound or body fluids
 - Before eating
 - After using the bathroom
 - After blowing your nose, sneezing or coughing
 - After touching any animals

Signs and Symptoms of Surgical Site Infection

Check daily for:

- Warmth, increased pain or redness spreading around the surgical site.
- Cloudy drainage from the surgical site.
- Chills or fever of 100.4 degrees Fahrenheit (38 degrees Celsius) or greater.

When to Call Your Doctor

Call your doctor if you:

- Show any signs of infection (see list above).
- Have pain not helped by medication given to you by your doctor.
- Cannot pass gas or have a bowel movement.
- Have nausea or vomiting that does not get better, or worsens.
- Have diarrhea that does not get better, or worsens.

Follow Up After Surgery

It is important to continue to follow up with you surgeon after surgery. Make sure you attend all of you post-operative appointments. Call you surgeon with any concerns or questions.

About the Hospital

Visiting Hours

For the safety of patients and employees, the outside doors at Kootenai Health are locked from 8 p.m. to 4:30 a.m. During this time, all visitors must enter the building through the Emergency Department.

Visiting hours are different for each unit. We request visitors with a cold, sore throat or fever please not visit. Speak with a unit nurse for specific visiting hours or call (208) 625-4000.

Food Options

Cafeteria

Kootenai Health’s cafeteria is located on the first floor of the hospital.

Hours open:

- Breakfast6:30 – 9:30 a.m.
- Lunch 10:45 a.m. – 1:30 p.m.
- Dinner 4:45 – 7:30 p.m.
- Salad and sandwich bar 10:30 a.m – 7:30 p.m.

Big Blue Coffee Company

Big Blue is located just outside Kootenai Health’s Café. Visitors can buy many types of espresso drinks, coffee, tea, fresh pastries, treats, and pre-made meals to-go. Big Blue Coffee is open Monday through Friday from 6 a.m. to 9 p.m., and Saturday/Sunday from 6 a.m. to 1 p.m.

Cell Phones

Help us keep a quiet, calm and healing area for our patients by turning off the sound on your cell phone and making calls in waiting areas located near the elevators.

Smoking Policy

Kootenai Health is a tobacco-free campus. Use of tobacco products is not allowed in any indoor or outdoor areas. Nicotine replacement options may be ordered by your doctor to help you if you have a hard time not using tobacco while at Kootenai Health. Please talk to your doctor about this before surgery. (See page 22 for information to help you quit smoking.)

Gift Shop

Kootenai Health’s gift shop is located in the east lobby of Kootenai Health. It is a specialty gift shop with cards, gifts, flowers and candy. For information please call (208) 625-5141.

Hours open:

- Monday through Friday, 10 a.m. – 2 p.m.
- Closed on weekends and holidays.

MyChart Online Patient Portal

MyChart is a free, personalized online health record that provides secure access to help users manage their health care information. With MyChart, you can:

- View upcoming or past appointments and procedures
- Complete pre-visit tasks easily from home
- Review after visit and discharge summaries
- Send and receive private, secure messages with your health care team
- Request medication refills
- View test results as soon as they are available
- Pay your bills

Download the mobile app



or visit mychart.kh.org
to register!

Questions? E-mail us at mychart@kh.org, or call our MyChart Patient Support Line at (208) 625-3200.

Billing Questions

If at any point you have questions about your bill or how to pay for your bill, call (208) 625-5000, Monday - Friday, 7:30 a.m. - 4:30 p.m., and a patient account representative will help to answer your questions.

Interpreter Services

Kootenai Health offers interpretive services for the hearing impaired and for those who do not speak English. If you would like to use these services, please let your nurse know.

Valet Parking:

Valet parking is available at the hospital's:

- **North and South visitor entrances:** Monday through Friday, 7:30 a.m. – 5 p.m.

Valet parking is free and is there for all patients and visitors to use. Vehicles can be picked up until 5:30 p.m. To retrieve keys between 5:30 to 8 p.m., call (208) 625-4639. After 8 p.m., call Security Services at (208) 625-6200.

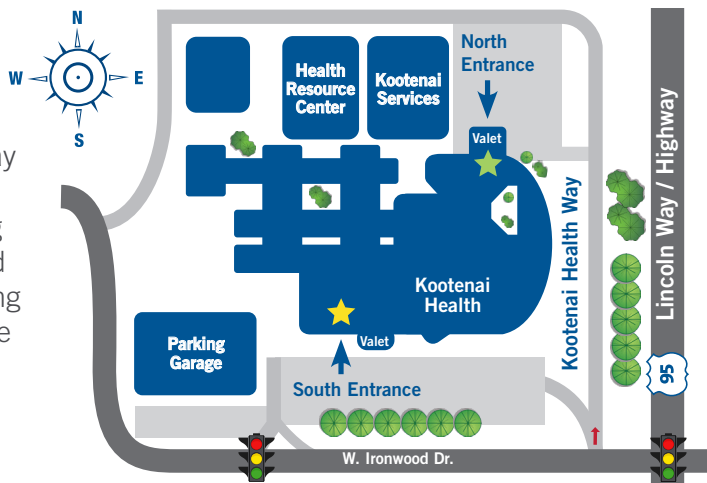
Driving Directions

★ Preoperative Clinic - South Entrance:

Take exit 12 for US-95 and turn south onto Lincoln Way (US-95 – signs for Moscow/Lewiston). Take the first right onto W. Ironwood Drive. Patient and valet parking are clearly marked at the south end of the hospital and can be accessed by turning right just before the parking garage. Park in a designated patient area and enter the hospital through the South Entrance.

★ Day of Surgery - North Entrance:

Take exit 12 for US-95 and turn south onto Lincoln Way (US-95 – signs for Moscow/Lewiston). Take the first right onto W. Ironwood Drive. Patient and valet parking are clearly marked at the north end of the hospital and can be accessed by turning right onto Kootenai Health Way. Park in a designated patient area and enter the hospital through the north side visitor entrance.



When You Get Home

Pain

- Follow your doctor's orders about your pain medication.
- Keep your pain under control.
- You want to continue to be comfortable at rest and be able to do light activity (if your doctor allows).
- If you have any questions about pain management please call your doctor. (See the Medication Checklist on page 19 to keep track of your pain medications at home.)

Fluids

- Stay hydrated.
- Your urine should be a light yellow to clear in color.
- Your urine should not be dark and concentrated.
- Staying hydrated will help to prevent constipation and low blood pressure.

Diet

- Eat small frequent meals or return to a diet as ordered by your doctor.
- Your meals should be healthy so that you can heal well.
- Small frequent meals will also help to prevent nausea and vomiting.
- Increasing your fruits and vegetables during this time will also help to prevent constipation.

Bowel

- Constipation is an expected side effect of pain medications.
- Using stool softeners regularly will help you continue to have bowel movements.
- Sometimes you need to use more than one product to help treat constipation.
- Staying hydrated and being active is helpful.

Follow Up

- It is important to continue to follow up with your doctor after surgery.
- Make sure you attend all of your doctor's appointments.
- Call your doctor with any questions.

Surgical Site Infection: Reducing Your Risk

You can take steps to reduce your risk of infection.

Before Your Surgery

- Discuss your specific risks of infection with your doctor before your surgery.
- Some of these risks may be related to the type of surgery you need to have.
- Other factors, such as weight, smoking, poor diabetes control and poor dental health, increase your risk, and you can work on these before your surgery.

Begin as Soon as Possible to Make Changes That Can Reduce Your Risk

- If you are overweight, talk with your doctor about a nutrition and exercise program that works for you.
- If you smoke, stop smoking. Ask your health care provider about resources available to help you quit. (See page 22 for information to help you quit smoking.)
- If you have diabetes, work with your doctor to help you gain the best control of your blood sugar prior to surgery.
- Practice dental hygiene and visit your dentist to decide dental infection risks.
- Discuss with your doctor any health conditions or history of previous infections that may need attention before surgery.
- Discuss medications that may need to be adjusted before surgery. These include:
 - Blood-thinning medications. If you are not sure if you are on medications that affect blood-thinning, contact your health care provider or pharmacist.
 - Diabetes medications.
 - Immunosuppressive medications such as cortisone, prednisone, methotrexate and many others.

24 Hours Before Your Surgery

- Tell your surgeon if you have any symptoms of cold, flu or other infection.
- Do not smoke.
- Do not shave the surgical site. Nicks and skin irritation increase the risk of infection.
- Follow directions if recommended by your surgeon for cleaning and bathing with special antibacterial soap the night before. (See shower rules on page 13.)



Day of Surgery (Before Surgery):

Parking

Patient parking, registration and valet services are located at the north visitor entrance.

Check In

Check in at the registration desks located at the north visitor entrance. Be sure to check in on time. Call (208) 625-5420 if you are running late.

Waiting Area

On the second floor of the main hospital of Kootenai Health.

Day of Surgery (After Surgery):

Outpatient Surgery

You will need a driver after your surgery. You may **NOT** drive yourself home and will need an adult with you during the ride home. We want your social support or significant other to stay at the hospital during your surgery. Be sure to give the preoperative nurse your contact person's name and phone number. Once you are stable after surgery and have met certain goals, you will be able to return home. The length of time in recovery may be different for each person, this is based on your surgery and recovery. When you go home, you will need an adult to stay with you for 24 hours after surgery.

Inpatient Surgery

Once you are safe to leave the recovery room, you will be sent to another unit for your care to continue. The amount of time you are in the hospital will depend upon your health and surgery type. Your doctor will decide your goals and when it is time for you to go home.

Weeks Before Surgery

Here are some things you need to think about and prepare for three to four weeks before surgery. Getting ready to go home after surgery (Discharge Planning) begins before you come to the hospital.

Help at Home

- Talk to your doctor about when you can go home.
- **Plan to have people help you.** Before you have surgery, ask a friend or family member to drive you home when you leave the hospital. If you live alone, you may need a family member or friend to stay with you.
- Talk to your doctor about what kind of help you may need after surgery.

Your Home

- Look at the safety of your home before you leave for the hospital. You may need to remove rugs, cords, and other items on the floor, as well as fixing any loose tiles or boards that may be a tripping hazard.
- Consider adding grab bars in your shower and around the tub for extra assistance.
- Move items in your home so you can get to them easily after surgery.
- Have chores finished before surgery, such as grocery shopping and cleaning, so you and your caregiver can focus on your recovery.

Traveling

- If you live far away from the hospital, you may want to stay at a hotel close by.
- If you have a long drive, be sure to get up and walk every hour or two. Walking for a few minutes will help your blood flow and may keep your muscles from cramping.
- Ask your care team about other ideas to help your blood flow well when you have to sit for a long time.

Driving

- Your doctor will inform you when you are allowed to drive again after surgery.
- Make sure you have a ride to and from the hospital as well as for your appointments after surgery.
- Do not drive while you are taking narcotics.

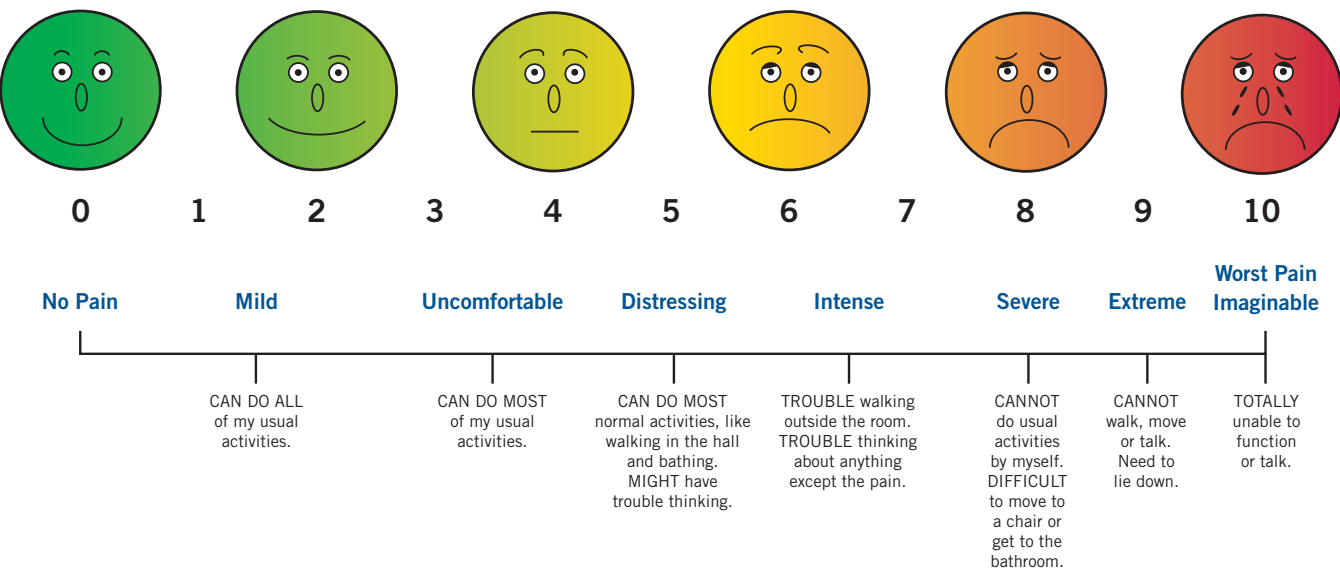
Work

- Your doctor will decide when you may return to work.
- In general, it usually takes two to three weeks before most patients can return to a desk job after surgery.
- Jobs where you need to do a lot of walking, driving, or lifting may take between four to six weeks before you can go back to work.
- You may need to wait for up to three months before returning to heavy labor jobs.

Communicating About Pain

Kootenai Health uses a scale of 0-10 to determine your pain rating. Zero (0) is no pain, while ten (10) is the worst pain imaginable. It is our goal to provide excellent pain relief. In order to do so, you and our staff need to be able to clearly communicate about your pain. Below is a pain communication tool that will be in your room to help in this process.

Pain Scale



Pain Descriptors

Below is a description of what each pain scale number represents. Because individuals feel pain at different levels, it is very important to discuss the following pain descriptors with your nurse or physician to rate your pain. This way, whether you have a low or high pain tolerance, we can clearly communicate with you about your individual pain and develop an effective pain management plan that provides you with meaningful pain relief.

0. Pain free
1. Very minor annoyance – occasional minor twinges
2. Minor annoyance – occasional strong twinges
3. Discomforting – can be ignored, may be occasionally annoying
4. Discomforting – can be ignored, but still distracting
5. Distressing – can't be ignored for more than 30 minutes
6. Distressing – can't be ignored for any length of time
7. Intense – makes it difficult to concentrate, interferes with sleep; you can still function with effort
8. Intense – physical activity moderately limited; you can interact and converse with effort; nausea and dizziness may be present
9. Severe – physical activity severely limited; extremely difficult to interact and converse
10. Unable or almost unable to function, interact or converse

Controlling Your Pain

Your Pain Goal

1. Pain is expected following injury, surgery and certain illnesses.
2. Your pain goal is set based on your medical history and current illness.
3. The lowest dose of pain medicine will be used to help you control your pain.
4. You should become comfortable enough to rest.
5. Pain will increase with activity. It can become two-to-three points higher than your resting pain goal. You should be comfortable enough to walk and sit up in a chair.
6. When you rest again, you should get back to your pain goal in about 30 minutes.

Activities of Daily Living (ADLs)

- You will need help in your daily life with house cleaning, making food, driving, and bathing for the first few weeks after you go home from the hospital.
- Your doctor will tell you how much you will be able to lift after surgery.

Personal Items

- Pack loose fitting clothing to wear after surgery.
- Please bring needed items such as glasses, dentures, hearing aids, and medical devices (CPAP, braces, walker, cane, crutches).
- Leave jewelry, money and wallets at home.
- Bring your ID and insurance cards. Once you have checked in on the morning of surgery, you will not need your ID or insurance cards.

Smoking

- If you smoke, stop smoking. Ask your health care provider about resources available to help you quit. (See page 22 for information to help you quit smoking.)

Medication and Fasting Rules

- You will be told which medications to take or stop taking during your doctor's visit or during a call from a hospital nurse.
- You will also be told when to stop eating and drinking.
- Do not eat or drink anything after 11 p.m. the night before surgery unless told differently.
- This includes no candy, gum, or tobacco products (the only thing you may take is your morning medications, as instructed by the hospital nurse, with a small sip of water).
- It is very important to follow these rules .
- Please see the Medication Guidelines Prior to Surgery on pages 12-13.
- If you have any questions please call the Preoperative Clinic or your surgeon.



Medication Guidelines

Recommended Use of Prescription Medication Prior to Surgery

Talk to your doctor about how to take your medicines before surgery. The list below has examples of medicines that might need to be changed so it is safe for you to have surgery. **You should only make changes to your medicines with your doctor’s okay.**

1. Medications that **SHOULD** be taken on the morning of surgery with a small sip of water:

- Beta-blockers and blood pressure medications: Lopressor/Toprol XL (metoprolol), Tenormin (atenolol), Coreg (carvedilol), Trandate (labetalol), Inderal (propranolol), Catapres (clonidine)
- Calcium channel blockers: Calan (verapamil), Cardizem (diltiazem), Procardia (nifedipine), Norvasc (amlodipine)
- Heart rhythm medication: Cordarone (amiodarone), Tambocor (flecainide), Betapace (sotalol), Lanoxin (Digoxin), Rythmol (propafenone)
- Narcotic pain medications in patients with chronic pain (long-acting medications): MS Contin (morphine), Oxycontin (oxycodone), Duragesic (fentanyl patch), Methadose (methadone)
- Long acting insulin: Lantus/Toujeo (insulin glargine), Levemir (insulin detemir), Novolin/Humulin N (insulin NPH). ***Dose to be discussed during pre-operative phone call or per your doctor’s instructions**
- Cholesterol medications: Lipitor (atorvastatin), Crestor (rosuvastatin), Pravachol (pravastatin), Mevacor (lovastatin), Lescol (fluvastatin), Livalo (pitavastatin)
- Gastrointestinal (antiulcer) medications: Prilosec (omeprazole), Protonix (pantoprazole), Nexium (esomeprazole), Pepcid (famotidine), Zantac (ranitidine)
- Asthma and COPD/emphysema medications: All inhalers/nebulizers, Singulair (montelukast), Accolate (zafirlukast), Deltasone (prednisone)

2. Medications that should be **STRONGLY AVOIDED** the morning of surgery:

- Oral medications used to treat Type II Diabetes: Glucophage (metformin), Glucotrol (glipizide), Diabeta (glyburide), Amaryl (glimepiride), Avandia (rosiglitazone), Actos (pioglitazone), Januvia (sitagliptin), Onglyza (saxagliptin), Tradjenta (linagliptin), Invokana (canagliflozin), Farxiga (dapagliflozin)
- Short acting injectable insulin: Humalog (insulin lispro), Novolog (insulin aspart), Novolin R (regular insulin)
- Diuretics (water pills): Lasix (furosemide), Demadex (torsemide), Bumex (bumetanide), Microzide (hydrochlorothiazide)
- Blood pressure medications that are “ACE Inhibitors” or ARBs (angiotensin receptor blockers): ACE inhibitor: Prinivil/Zestril (Lisinopril), Lotensin (benazepril), Vasotec (enalapril), Monopril (fosinopril), Capoten (captopril), Altace (ramipril) and ARBs: Cozaar (losartan), Diovan (valsartan), Benicar (olmesartan), Avapro (irbesartan), Micardis (telmisartan)
- Cholesterol medications: Niaspan (niacin), Tricor (fenofibrate), Lopid (gemfibrozil), Questran (cholestyramine), Colestid (colestipol), Zetia (ezetimibe)

3. Medications should be **AVOIDED LONGER** than the day before surgery:

- Anticoagulants (blood thinners): Coumadin (warfarin), Lovenox (enoxaparin), Eliquis (apixaban), Xarelto (rivaroxaban), Pradaxa (dabigatran), Savaysa (edoxaban) - **Date to stop will be determined by your doctor**
- Anti-platelet medication: Aspirin and Aspirin-containing products, Plavix (clopidogrel), Effient (prasugrel), Brilinta (ticagrelor), Aggrenox (dipyridamole with aspirin) - **Date to stop will be determined by your doctor**
- Nonsteroidal anti-inflammatory drugs (NSAIDs): Motrin/Advil (ibuprofen), Mobic (meloxicam), Aleve/ Naprosyn (naproxen), Zorvolex (diclofenac), Indocin (indomethacin) - **Stop seven days prior to surgery, unless otherwise specified by your doctor**
- Over the counter herbal supplements and vitamins should be stopped at least seven days prior to surgery

** This list does **NOT** include all medications; most common medications in categories are listed. **Talk with your doctor if you have questions about medications not included on this list.***

Shower Rules

Prepping skin before surgery reduces the risk of infection at the surgical site. The steps below outline the prepping process and should be carefully followed.

1. **DO NOT** remove any hair

Avoid shaving or the use of any topical hair removers. Shaving can increase the risk of infection. Once you start preparing for surgery, **DO NOT** apply lotions, moisturizers or makeup.

2. **Night before surgery:**

- Gather the antiseptic, a clean washcloth, and a clean towel.
- Have clean clothes available to put on after the shower.
- When showering wash and rinse your hair first using your normal shampoo.
- Make sure all the shampoo is rinsed from your hair and body.
- Turn the water off to avoid rinsing the soap solution off.
- Apply the antiseptic solution to a wet clean washcloth and lather your entire body from the neck down.
- Never use the solution near your eyes.
- Gently wash your body and focus the scrub on the areas where the incision(s) will be located for about three minutes. During this time watch a clock or set a timer.
- Avoid scrubbing your skin too hard.
- Turn the water on and rinse the solution off your body completely.
- **DO NOT** wash with regular soap after you have used the solution.
- Pat yourself dry with a clean freshly washed towel. **DO NOT** apply any powders, deodorants or lotions.
- Dress with clean clothes.