



# Patient Booklet



**Welcome to the Misericordia  
Community Hospital**



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## Your Voice Counts

You and your family are the most important members of your care team. We rely on you to let us know if you have any comments or concerns so that we can plan your care together. Respectful, open communication sets a strong foundation for quality care. We greatly appreciate your patience, cooperation, and understanding.

We encourage you to first speak to your health care team (nurse, doctor, unit manager or other care providers) with any concerns, as they are most familiar with your situation and may be in the best position to help you.

If your concern is unresolved or if you have a compliment, please contact Covenant Health Patient Relations:



Phone:	780-735-7494	Email:	<a href="mailto:PatientRelations@covenanthealth.ca">PatientRelations@covenanthealth.ca</a>
Mail:	Patient Relations Covenant Health 16940 – 87 Avenue Edmonton, Alberta T5R 4H5		



## General Information

### Parking

Public parking is available outside the main entrance located along 87<sup>th</sup> Avenue. (Zone 9141) and on the East side of the hospital in front of the old Emergency Department. (Zone 9142)

You can use the  app to search, pay, reserve, and extend your parking. Weekly passes are also available for purchase on the  app.

Payment machines are located inside the front entrance or in the parking lots. The machines accept coins and credit cards only. Change machines are in the main lobby and the Emergency Department waiting room.

### Visitor Information

- Visiting hours are generally from 9 am to 9 pm on most units but are subject to change. Please ask the unit you are on their policy regards to visitors, visiting hours, and designated support persons.
- Washrooms in patient rooms are reserved for patients only. Family and visitors must use public washrooms.
- Children must be always accompanied and supervised by an adult.
- In accordance with the Freedom of Information and Protection of Privacy Act (FOIP), information regarding your care will only be given to the person listed as your emergency contact.

### Telephone

Patient telephones can be rented for most rooms. Please ask the unit to make arrangements for you to have a phone set up for you.

### Wireless Internet Access

Wireless internet access is available to patients, families and guests on the complementary AHS “healthspot” wireless network.



### MyAHS Connect

My AHS Connect lets you see some of your Alberta Health Services health information online including test results and upcoming appointments. It can help you take part in your healthcare and communication with your healthcare team. To learn more about the features and how to sign up ask your healthcare team for sign-up instructions and more information. You can receive the information via email, as a printed letter during your visit or included on your After Visit Summary.



**TIP:** You can scan this QR code to get started



## Falls Prevention

We are committed to keeping our patients safe, and this includes preventing falls. Here are some ways you can avoid falling:

- Wear footwear with non-skid soles, closed heels and toes. Wear clothing that fits and will not cause you to trip or fall.
- Keep your call bell, mobility aides and personal items within reach.
- Ask for help if you need assistance to sit up, stand or walk to the bathroom.
- If instructed by the health care team to not get up or walk on your own, please ask for help.
- If you have had a fall or injury, it is important you know how to support your mobility. Ask your care team if you have any questions.
- Ask for more information on ways to prevent a fall/injury

## Clean Hands

Clean hands are the best way to prevent and stop the spread of infections!

It only takes **20 seconds** to kill germs on our hands that can cause infections.

It is okay to remind your visitors and health care team to clean their hands.

### How to clean your hands

You can use soap and running water or alcohol-based hand rubs (also called hand sanitizers).

### When to clean your hands

#### **Every one of us should clean our hands:**

- Before and after touching wounds and devices
- Before eating, drinking, taking medications and touching your face
- After using the washroom
- When entering or leaving your room
- When interacting with visitors

#### **Members of your Health Care Team should clean their hands**

- Before contact with you/your room space
- Before doing procedures
- After contact with blood and bodily fluids
- When exiting your room/space





## Smoking, Street Drugs, and Alcohol Policy

Covenant Health strives to positively influence the health of Albertans by providing a tobacco free environment and promoting smoking cessation. Smoking is NOT allowed inside the hospital or on hospital property.

## Interpreter Services

AHS and Covenant Health have transitioned to using mostly phone and video interpretations, with in-person interpretation used only in limited circumstances.

Interpreters are trained to provide accurate, unbiased and confidential interpretation.

## Your Medication List

Having your own medication list is important!

Carry a list of all your current medication, including creams, patches, drops and over the counter medicines (e.g. cold medication and pain relievers), herbal supplements, vitamins and minerals. Tell your health care team about any allergies or bad reactions to medicine in the past.

Your medication list should include the following information for each medication:

- Name of the medication (e.g. Lipitor)
- How much you take (e.g. one pill or 20mg)
- What time of day you take it (e.g. morning, bedtime)
- How often you take it (e.g. twice a day)
- Why you use it (e.g. to lower cholesterol)
- How you take it (e.g. with food)
- What date did you start taking the medication (e.g. May 04, 2020)

## Before Your Surgery

### Pre-Admission Clinic (PAC)

Before your surgery, you may need an appointment with the Pre-Admission Clinic. This visit may be done by telephone, virtually or in person.

During your visit you will be asked to provide information about your general health and a history of your medical problems. You may talk with a nurse, pharmacy technician, anesthesiologist, internal medicine physician, or other therapists.

Please have any lab tests, ECG or additional tests done in the community before your scheduled Pre-Admission Clinic appointment. Tests ordered by your surgeon can be reviewed during your visit.



## Your Surgery Date and Time

You will be given your surgery date from your surgeon's office. You will receive a phone call from Surgical Day Ward/ Same Day Admission to confirm your surgery time between 11 a.m. and 8 p.m. the day before your surgery.

If your surgery is following a holiday, you will receive a call the business day before your scheduled surgery.

## The Night Before My Surgery

- Bathe or shower and wash your hair the night before or morning of surgery, and don't forget to clean your belly button
- Other preparations: \_\_\_\_\_

## The Day of Surgery

- **Do Not** wear makeup, nail polish, gel/ acrylic nails, scents, jewelry or tampons
- Wear comfortable and loose-fitting clothing
- Brush your teeth well and/or rinse your mouth
- If applicable you are encouraged to wear your glasses/dentures/ partial plates until you go into the Operating Room. You will be given a clear plastic container upon arrival to store your glasses/dentures/partial plates while in the OR and will be returned to you as soon as safe to do so in the Recovery Room.

## Preparing for Surgery

If you are experiencing any of the following, tell your surgeon's office right away:

- Flu, cough, fever, shortness of breath, sore throat, running nose, vomiting, diarrhea, fatigue, extreme exhaustion, loss or/change to sense of smell
- On isolation due to COVID contact, travel or awaiting COVID test result
- Open sores or skin infections
- Unforeseen personal circumstance

Please be aware that your surgery may be postponed and rescheduled due to emergencies and/or unforeseen circumstances beyond our control.





## Enhanced Recovery After Surgery (ERAS)

You will take an active part in getting ready for surgery and in healing after surgery. The Misericordia Community Hospital has made Enhanced Recovery After Surgery (ERAS) a part of your surgical journey to help you get better faster. It is based on international guidelines developed from extensive research.

ERAS uses a team approach, and you are an important part of that team. Your active participation in preparing for surgery and recovery will play a key role in your healing process. The effort you put into these steps can shorten your hospital stay and support your long-term health, reducing the chances of needing to return.

For more information about ERAS, visit [www.albertahealthservices.ca/eras](http://www.albertahealthservices.ca/eras)

## After Your Surgery

### What to Expect After Surgery

- The length of your surgery and stay will vary depending on the surgery you have.
- You will have a call bell to call for help if you need it

### Common Questions After Surgery

#### 1. How long do I need my IV?

Your IV can usually be stopped after you are drinking well. Ask your nurse if you've had enough fluids to stop your IV.

#### 2. When can I get up?

Most patients can walk after surgery. On the day of surgery, aim to take a very short walk or sit in a chair. Ask for assistance when needed.

#### 3. After my surgery, can I eat and drink?

Most patients can eat and drink after surgery. Start with small amounts. Do not force yourself. If you feel sick, let your nurse know so they can work with you to help manage your nausea.





## Moving and Exercising After Your Surgery

When moving in bed, it is best if you can turn by rolling. It is important to move your knees, hips, and shoulders at the same time. This helps to prevent strain in the area of your surgery. If you have difficulty moving, the nurses will help you turn frequently.

Be active. Sit up in a chair and get out of bed as soon and as often as possible (unless otherwise directed by your healthcare team). The first time you sit up, have your nurse with you. Sit in a chair to eat meals.

It may be hard to move around right after surgery, but moving will help you heal faster. Moving soon after surgery can lower the chance of complications such as blood clots or an infection in your lungs (pneumonia). It also helps you to regain your muscle strength, helps your breathing and digestion and can decrease post-operative gas pain.

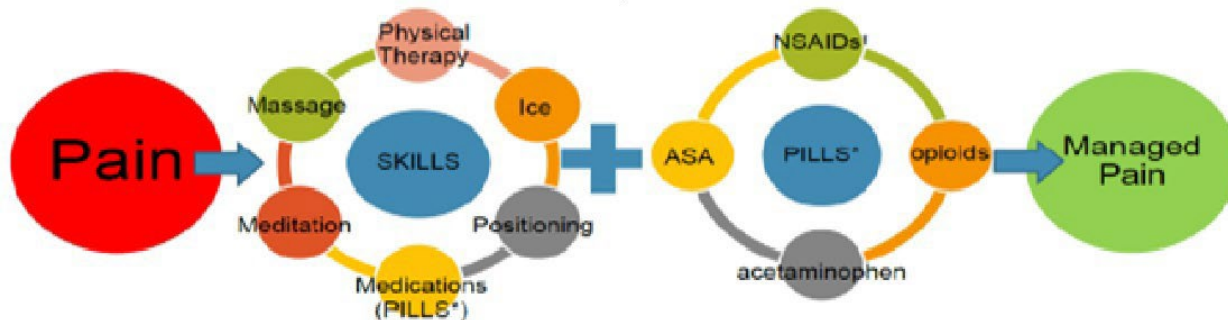
For your safety, it's important to have a nurse or physical therapist with you the first time you get up. Remember to wear proper footwear. At first you may need some help. As you become stronger, you'll be able to move around more on your own. You may need to take short rests in between walks.

It's normal to feel dizzy and uncomfortable when you first get up. Remember to move slowly. If you have more pain or dizziness, please tell your nurse or physical therapist.

Try to walk in the hall several times a day. Take short walks at least 3 times each day and increase your activity as tolerated. Do not over-exert yourself.



## Post-Surgical Pain Management Information for Patients



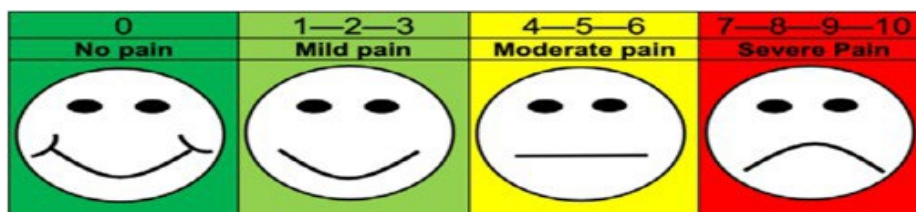
Only use pills (like acetaminophen, NSAIDs, opioids) on the advice of a healthcare professional.  
Only use one NSAID at a time (examples: ibuprofen, **or** naproxen, **or** ketorolac)

### Did you know?

- The **BEST way to manage your pain includes using SKILLS and PILLS**.
- Not all pain needs PILLS and most pain will require very little, if any opioids/narcotics.
  - Most post-surgical pain requires no more than 3 days of opioids.
- Consider using SKILLS for pain management.
  - Examples of SKILLS: Ice therapy, Repositioning, Physical Therapy, Acupuncture, Reiki, Meditation, Mindfulness, Massage and more.
- Rate your pain based on how your pain is affecting your ability to do activities.
- Set a functional pain goal for yourself - ask yourself **how much pain is realistic to expect** for the activity I am doing? (see table below)

### After your Surgery:

- **EXPECT** to have pain, be sore and have swelling.
- **EXPECT** more pain with movement and physical therapy.
- **EXPECT** to use many ways to manage your pain - SKILLS and PILLS.
- Work closely with your healthcare team to help with your pain management goals.



0	No pain	No disruption to activities; no discomfort experienced.
1—2—3	Mild pain	Able to maintain activities; mild discomfort experienced. Use SKILLS to assist with pain management. <b>Expect this level of pain when resting.</b>
4—5—6	Moderate pain	Requires effort for activities; moderate discomfort experienced. Use SKILLS and consider PILLS to help with pain management. <b>Expect this level of pain when you are moving; during physical therapy.</b>
7—8—9—10	Severe pain	Struggling to or Unable to participate in activities; severe discomfort experienced. Use SKILLS and strongly consider PILLS to help with pain management.
<b>Activities you will be doing during your stay in the hospital include:</b> taking deep breaths; getting up to the bathroom or chair; walking; participating in physical therapy; sitting in a chair for meals.		



## Pain Management Opioid Journal

- The **BEST** way to **manage your pain** includes using **SKILLS and PILLS**.
- Use Acetaminophen (Tylenol) in between opioid doses to help manage pain for longer periods. The maximum daily dose is 4000mg or 3000mg for people over 65 or who have liver impairment.
- Tapering and Stopping Opioids starts with;
  - First lowering your dose, then increasing the time between doses
  - Each day try to take less opioids than the day before
  - Use Tylenol in between opioids.

Journal Example: Opioid Pill: Hydromorphone 1 – 2mg every 4 hours ONLY as needed

								Total
Time	7 am	11 am	3 pm	8 pm	11 pm			
Day 1	2 pills	2 pills	1 pill	1 pill	1 pill			7 pills
Time	7 am	11 am	5 pm	11 pm				
Day 2	2 pills	1 pill	2 pills	1 pill				6 pills
Time	7 am	1 pm	6 pm	11 pm				
Day 3	2 pills	1 pill	1 pill	1 pill				5 pills
Time	7 am	2 pm	10 pm					
Day 4	1 pill	1 pill	1 pill					3 pills

**Your Journal:**

								Total
Time								
Day 1								
Time								
Day 2								
Time								
Day 3								
Time								
Day 4								
Time								
Day 5								
Time								
Day 6								



## Deep Breathing, Coughing, and Foot & Ankle Exercises After Surgery

The following exercises will help clear your lungs, lower your risk of pneumonia, and prevent blood clots. They should be done every hour while awake.

- Deep breathing exercises
- Coughing exercises
- Foot and ankle exercises

### Deep Breathing Exercises

Do these exercises every hour when you're awake.



1. Breathe in deeply and slowly through your nose, expanding your lower rib cage, and letting your abdomen move forward.
2. Hold for a count of 3 to 5.
3. Breathe out slowly and completely through pursed lips. Don't force your breath out.
4. Rest and repeat 10 times every hour. Rest longer if you become dizzy or lightheaded [Coughing Exercises](#)



1. If you're lying on your back, bend your knees (if your surgeon says you can), and rest your feet on the bed.
2. Depending on the surgery you had, support your incision firmly with your hands or a small pillow before you try to cough.
3. Breathe in deeply and cough firmly. If you cough up some mucous, clear it into a tissue. Repeat the coughing until there isn't any more mucous. If you have a lot of mucous, you may need to take a break so you don't get too tired.

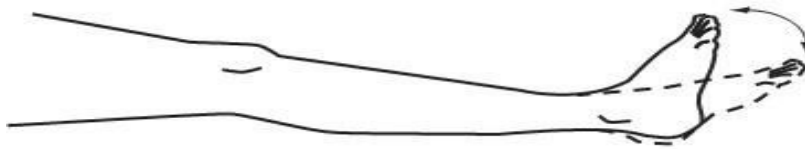
It's best to do coughing exercises when you're feeling comfortable. Your healthcare provider will tell you if you shouldn't do the coughing exercises in this handout.



## Foot and Ankle Exercises

### Ankle pump

1. Pump your ankles up and down for 1 minute.
2. Relax both feet.
3. Repeat 5 times then relax.



### Ankle circles

4. Circle both ankles; first to the right, and then to the left.
5. Repeat 5 times then relax.



### If your surgeon says you can:

6. Bend each knee one at a time, sliding your foot up along the bed and then back down.
7. Repeat 5 times then relax.

Foot and ankle exercises help your muscles to stay strong and reduce swelling. It's also important to move and change your position often.

If you have any questions about these exercises, please ask your physical therapist or nurse.

## Managing Leg Swelling

Your Leg may swell as you become more active after surgery. To control the swelling;

- Do not sit for more than 30 minutes at a time
- Lie on your back, with your swollen leg resting on pillows so that your foot is above the level of your heart. Keep your leg as straight as you can. Make sure the pillow isn't under the back of your knee. Raise your swollen leg this way 2 – 3 times a day for 45 minutes each time.
- Place a cold pack (crushed ice in bag, instant cold pack, or frozen peas or corn) on swollen areas. Make sure to put a thin towel between your skin and the cold pack to protect your skin. Do not leave the cold pack in one place for more than 20 minutes at a time.





## Preventing Blood Clots

When a person isn't moving well after surgery, blood can pool in the legs and cause blood clots to form. This is called venous thromboembolism (VTE). A blood clot usually happens in the lower leg but can happen in any vein. There is a risk that part of the clot can break off and travel through the blood stream to the lungs, causing a pulmonary embolus (PE).

To prevent blood clots, it's important to move often. Change your position every hour while awake, or as directed by your nurse. You may be prescribed medicine to stop blood clots from forming. You may also have stockings or Sequential Compression Devices (SCDs) on your legs. SCDs inflate and deflate to keep good blood flow in your legs.

You may be at risk if you:

- Have had an injury or trauma to your legs or head
- Have been in a hospital bed most of the time for the last 3 or more days
- Have a history of blood clots (or family history)
- Are having a surgery that is more than one hour long
- Are being treated for cancer or have cancer that isn't in remission
- Are pregnant
- Use a birth control pill with estrogen in it
- Weigh more than 120 kg or your BMI is greater than 35

Tell your healthcare team right away if you have:

- Chest pain, a cough, or shortness of breath.

If you have these symptoms after you are discharged from the hospital, call 911 or have someone take you to the hospital right away.

## Preventing Pressure Injuries

A pressure injury, also known as a bed sore or pressure ulcer, happens when the skin is damaged as a result of unrelieved pressure. The damage may appear as a red area, blister (purple or blood-filled area), or open wound. The area may be warmer, swollen, or painful.

Pressure injuries can develop quickly. They can be difficult to heal, cause pain, infection and even death. Most pressure injuries are preventable and skin safety is important!

You may be at risk if you:

- Have problems changing position or have limited ability to walk
- Lie down for long periods of time
- Have reduced feeling or sensation (such as people with diabetes or spinal cord injuries)
- Are unable to hold urine or stool (incontinence)
- Have poor appetite, poor circulation, weight loss or severe illness





### Tips for Preventing Pressure Injuries:

- **MOVE** often. Make frequent position changes and small body movements. Special bed surfaces can help prevent pressure related skin damage.
- **OBSERVE** your skin daily. Tell your health care provider or doctor if you notice any changes. If you can't see your skin, ensure someone checks your skin regularly for you.
- **VALUE** your skin. Keep it clean, dry, and protected. Protecting your skin also involves eating and drinking well. If you can't protect your skin yourself, ensure someone helps you.
- **EXPECT** to be cared for by a qualified team of health care professionals.

What you can expect from your health care team:

- Your skin will be assessed on admission and regularly for changes
- A mattress and cushion will be provided depending on your level of risk and skin condition
- We will help you with repositioning using correct equipment (e.g. sliding sheets) as needed
- Incontinence will be assessed and skin kept clean and moisturized
- We will look at your nutrition needs and help you eat and drink if needed. We may also offer supplements and snacks and refer you to a dietician.
- If you have an existing pressure injury we will develop a treatment plan for you and make referrals to assist in your care

## Discharge From the Hospital

- Typically, the discharge time for surgeries that require a hospital stay is 9 a.m. on the day of discharge. You can confirm your discharge time with your active care provider while in hospital.
- You must have a responsible adult pick you up when you are ready. It is recommended that they stay with you for 24 hours after your surgery. This is for your own safety, in case of an emergency.
- When you leave the hospital, you will receive discharge instructions from a nurse. We ask that a family member or friend listen to the instructions with you to help you remember what was said and to prevent confusion.





## Checklist for Going Home

Before you are discharged from the hospital, your nurse will go through discharge teaching and instructions with you. This will include teaching you about:

- Signs of infection
- Wound care/dressing change/cast care Hygiene
- Diet and hydration Bowel and Bladder
- Activity from rehabilitative services if applicable
- Pain management  
Prescription(s)
- Follow-up Appointments

## Driving Instructions

You should not drive for 24 hours after receiving anesthetic. The length of time that you should not be driving after your surgery will be decided by your surgeon. Do not drive while taking pain medication.

## Incision Care After Surgery

After surgery, you will need to take care of the incision as it heals. This can limit scarring, help you avoid pain or discomfort, and may help lower the risk of problems like infection. Your incision will become itchy as it heals. This is normal. DO NOT scratch it as this may delay healing and cause infection.

Your doctor used either stitches, staples, tissue glue, or tape strips to close the incision. You will need to keep the area clean, change the dressing according to your doctors'/nurses' instructions, and watch for signs of infection. (Please see attached incision and dressing information)

You may notice some soreness, tenderness, tingling, numbness, and itching around the incision. This is normal and no cause for concern.

### **What NOT to do:**

- Scrub or rub incisions
- Remove the tape strips (such as Steri-Strips) from incisions unless your doctor or nurse tells you to
- Use lotion or powder on incisions
- Expose incisions to sunlight
- Take a bath unless you can keep the incision dry. Instead, take showers or sponge baths until your doctor says it's okay to take baths. Before you shower, cover the dressing with a plastic wrap or use another method of keeping it dry





## How to Find Answers to my Questions:

Pre-Admission Clinic..... 780-735-2905

Surgical Day Ward/ Same Day Admission..... 780-735-2818

### **MyHealth.alberta.ca**

For additional resources go to [www.myhealth.alberta.ca](http://www.myhealth.alberta.ca) under “Health Information and Tools” to find information on the following topics:

- Health A-Z: general health information
- Healthy Living: resources for living a healthy lifestyle
- Tests and Treatments: easy to understand information about tests and treatments
- Medications: easy to understand medication information
- Find Healthcare: locating hospitals and programs in Alberta
- Health Alerts: health alerts provincially and around the world
- Patient Care Handouts: handouts and information on over 2600 topics related to care, anatomy and surgeries

### **Health Link**

Call Health Link by dialing 811 for quick advice from a registered nurse 24/7. They will ask questions to determine the best care for you. **In a medical emergency, always call 911 or visit the nearest emergency department.**



This booklet was written by the Surgical and Operative Services of the Misericordia Community Hospital 2024