



Preparing for Outpatient Surgery

The staff of the postanesthesia care unit (PACU) of the outpatient surgery clinic has prepared this information to help you understand and prepare for your outpatient surgery visit. The outpatient surgery clinic is located in the Department of Anesthesia and Surgical Services on the second floor of the Clinical Center. This information may not answer all questions about your upcoming operation, so feel free to ask your doctor or nurse. You will find a glossary in the back that will acquaint you with some of the words used during outpatient surgery. Checklists for preoperative* and postoperative* care are also included. Please bring this information with you on the day you are scheduled for surgery.*

**Words in italics are defined in the Glossary.*

Before the operation

Before the operation, you will speak with the surgeon in the outpatient clinic. This may be one or several days before the procedure. The surgeon will tell you if your procedure will be done under *local, general, or monitored anesthesia*. He or she will give you any special instructions to prepare for your procedure (for example, dietary restrictions or laboratory tests).

Unless your doctor instructs you otherwise, do not eat or drink anything after midnight of the night before surgery. It is very important to follow this instruction because it lessens your risk of vomiting food or liquid during the operation. If you vomit while sedated, the material could go down your windpipe and cause serious complications.

A date and time for your surgery will be set. You will then be told when to arrive at the outpatient surgery clinic.

If the procedure is scheduled under local anesthesia, we recommend that a friend or family member accompany you to the operating room and wait for you to be discharged.

If you are told that general or monitored anesthesia is to be given, a family member or responsible adult **must** accompany you. This adult must be able to be with you when you are discharged and see that you arrive home safely.

Note: You cannot drive after receiving monitored or general anesthesia. The procedure will be cancelled if someone is not available to be with you during this time.

On the day of surgery, you will meet the outpatient surgical team: PACU nurses, operating room nurses, and your surgeon. If you will be receiving general or monitored anesthesia, you will also meet an *anesthesiologist* and/or a *nurse anesthetist* who will examine you and administer the anesthesia. The surgical team will carefully supervise your care before and after the operation.

Sometimes, unforeseen events may necessitate your staying overnight in the Clinical Center. This is extremely unlikely, but it may happen. If this need arises, your doctor will explain the reason for this hospital stay.

Coming to the operating room

On the day of surgery, you may go to the outpatient check-in desk in the Clinical Center. A staff member will direct you to the elevator at the end of the first floor corridor through the departments of Diagnostic Radiology and Nuclear Medicine. This elevator will take you to the outpatient surgery area.

When you reach the second floor, you will see a telephone on the wall. Pick up the phone, (which will connect you to the operating room desk) to inform the staff of your arrival. You may then go to the outpatient lounge located through the wooden door marked “Surgery/ Outpatient Entrance/2C525.”

You may relax in this room with your family or friends until a PACU nurse comes out to meet you. Sometimes, unpredictable changes in the operating room schedule may occur which will delay your surgery. You will be informed of these changes at that time.

Changing your clothes for surgery

When the operating room is ready for you, the PACU nurse will take you to the changing area. To safeguard your clothes and valuables, you will be given a locker with a lock. We request that you remove all jewelry. If you are accompanied by friends or family members, leave your valuables with them. Nail polish should not be worn.

You will be asked to take off all of your clothing and to put on a hospital gown, operating room cap, and foot covers. There is also a rest room in the changing area for your use.

Coming to the PACU before surgery

Before the operation, you will be brought into the PACU and assisted onto a stretcher. Then, your *vital signs* will be taken by the PACU nurse. The nurse will also ask such questions as “Are you allergic to any medications?” “Are you presently taking any medications?” and “When was your last meal?” An identification band with your name and patient number will be placed on your wrist.

If you will be receiving monitored or general anesthesia, you will be examined and interviewed by an anesthesiologist.



Shortly afterwards, the surgeon will come to talk with you. He or she will ask you to sign an *operative consent form*.

Depending on the surgical procedure, or on the surgeon’s request, an I.V. (intravenous line) may be placed in one of the veins of your arm or hand. (If you will be receiving general or monitored anesthesia, an I.V. will be used.) The line is used to maintain your body fluid balance and to give you intravenous anesthesia. The sedation sometimes burns a little as it is administered. The line will remain in place temporarily and will be removed before you are discharged.

The operating room nurse will then come to the PACU to meet you. You will be checked to see that you have an identification band and that the operative consent form has been signed. The operating room nurse may ask you questions similar to those asked by the PACU nurse.

The operating room nurse will then accompany you to the operating room where your procedure will be performed.

The surgical procedure

When you enter the operating room, you will be assisted from the stretcher to the operating room table. Because the temperature and humidity are kept low, you will find the operating room rather cold.

If the procedure will involve an area of your skin, the operating room nurse will cleanse your skin at the operative site with an antiseptic solution. If necessary, this area will also be shaved. The area will then be draped with sterile paper or cloth sheets. If these sheets bother your face or breathing, ask the nurse to adjust them.

Your vital signs will be monitored during the procedure, and a grounding pad will be attached to your leg or thigh. This is attached to the *electrocautery device* which the surgeon uses to stop the small amount of bleeding that occurs during some operations.

A local anesthetic, such as Xylocaine, will be used to numb the operative site. Depending on the type of procedure, the anesthetic will be given by the surgeon in one of two ways: injected at the operative site or sprayed (for patients scheduled for an *endoscopy*).

During the procedure, the surgeon may need to give you more local anesthetic. So, if you feel any discomfort, let the surgeon know. If the procedure requires a monitored anesthetic, intravenous sedation as well as local anesthesia will be used. Again, any discomfort, nausea, or unusual sensations should be reported.

A general anesthetic will be used when it is best for you to be asleep. Throughout the procedure, the anesthesia team will keep a close watch on your vital signs.

When the procedure is completed, the surgeon will close any incisions with *sutures* or with special sterile tape. A gauze dressing or a small bandage will be placed over the area. The surgical drapes will be removed, and you will be transferred from the operating room table to a stretcher. You will then be taken back to the PACU.

Coming to the PACU after surgery

When you return to the PACU, your nurse will check your vital signs and the incision dressing, if there is one. The length of time you spend in the PACU will depend upon the type of procedure performed, the amount of medication given, and your physical status after the procedure. If you have had a monitored or a general anesthesia, you may expect to stay in the PACU from 1 to 3 hours.

Discharge

To be able to leave the hospital, you must meet the following conditions:

- You must be alert and able to walk or return to your previous level of activity without difficulty.
- Your vital signs must be stable.
- After some procedures, you must be able to urinate.
- You must have a family member or a responsible adult to accompany you home.

The surgeon and PACU nurse will provide instructions on followup care. If a return appointment is needed in the surgical clinic, your nurse will arrange it for you.

When you are released from the PACU, you will go to the locker area and put on your street clothes. From there, you are free to have other tests or procedures or to go home.

Glossary

anesthesia

The type of anesthesia required for your procedure is determined by your surgeon. Local anesthesia is administered by the surgeon. If general or monitored anesthesia is requested, it will be given by an anesthesiologist or a nurse anesthetist. Before general or monitored anesthesia can be administered, several laboratory tests must be completed. These tests should be ordered by your surgeon and be completed about a week before your outpatient surgery is scheduled.

Local anesthesia is administered at the incision site to block temporarily any feeling of pain in that area. It may be given in the following ways: topically-to the skin surface by a dropper or spray (usually in eye, nose, or throat procedures), or by infiltration- injection directly into the area being operated on.

Monitored anesthesia is performed when the surgeon administers local anesthesia, and the nurse anesthetist and/or anesthesiologist administers intravenous sedation to make the patient relaxed, but not completely asleep.

General anesthesia uses intravenous drugs and/or gas to anesthetize the entire body. The patient feels nothing during the surgery and remembers nothing of the surgical procedure.

anesthesiologist

A medical doctor who has been trained to administer all types of anesthesia and to supervise nurse anesthetists.

biopsy

Removing a small piece of tissue from the body that is examined under a microscope to establish a diagnosis.

CBC

Complete blood count. This test includes a hematocrit, hemoglobin, and white blood cell count.

CXR

Chest x-ray.

EKG

Electrocardiogram: a test of heart function.

electrocautery device

An electrical device used to stop the small amount of bleeding that occurs during an operation. The nurse attaches a grounding pad to the patient's leg or thigh. The device makes a buzzing noise when it is used.

endoscopy

A procedure using a scope to visually examine the interior of a body cavity or an organ. Examples of endoscopy procedures include gastroscopy (passage of the scope through the mouth and esophagus to examine the stomach) and colonoscopy (passage of the scope through the rectum to examine the colon).

NPO

A Latin term meaning "nothing by mouth." No foods or fluids are allowed for a certain period of time.

nurse anesthetist

A registered nurse who is certified to be a member of the anesthesia team under the supervision of an anesthesiologist. This health care worker is also known as a certified registered nurse anesthetist (C.R.N.A.).

operative consent form

A legal document signed by the patient in which the patient gives the medical staff permission to perform anesthetic procedures, operations, and any other procedures necessary during surgery.

PACU

Postanesthesia Care Unit. Formerly known as the recovery room.

preoperative and postoperative care

Tests and procedures that will take place before and after an operation (for example, EKG, CXR, blood studies).

stitches, sutures

Various types of materials used to close the incision after surgery.

vital signs

Temperature, pulse, respiration, and blood pressure readings.



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