Breast Surgery

Patient Care Manual

Knowledge is Power
SCCA Patient and Family Education

Seattle Cancer Care Alliance
Fred Hutch • Seattle Children's • UW Medicine
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Seattle Cancer Care Alliance 2016
Welcome to the SCCA

Surgery can be overwhelming, your doctor and nurse will answer questions regarding your specific concerns. This Breast Surgery Education Manual is a tool to help guide you, your family and friends navigate the uncertain waters of surgery and recovery. Knowledge is power.

Patient Education Videos
Many classes are filmed and posted on the SCCA Patient and Family Education Facebook page, so you can share the information with family members. View the monthly calendar for upcoming classes and information at www.sccapiatendeducation.org. To find the page, go to Facebook and search “SCCA Patient and Family Education”, or go to facebook.com/SccaPatientFamilyEducation - no Facebook log in is needed. Then, click on the link to the Video Library under the “About” section.

Educational Materials Online
If you would like to download a digital copy of your manual or other educational materials to your personal computer, tablet, or phone, go to the SCCA website at www.seattlecca.org/patienteducation. You can also find these items by following these steps:

- Go to www.seattlecca.org
- Scroll down to the bottom of the page and click on “SCCA Links”
- Scroll down and click on “SCCA Patient Education Document Downloads”

Never hesitate to contact us if you need information about classes, your manual or other Patient Education questions.

Sincerely,

Patient and Family Education Department
patienteducation@seattlecca.org

Connie Burkhardt         206.288.1033
Bryana Bohl               206.288.1472
SCCA Important Phone Numbers

For questions about clinic visits and your surgery contact the SCCA Clinic.
For scheduling concerns and questions, call your Team Coordinator:
Scheduler Name: ______________________________________
Scheduler Number: ____________________________________

For questions about your treatment, symptoms and prescription needs, call your Clinical Nurse Coordinator:
Nurse Name: _________________________________________
MD Name: ___________________________________________

3rd Floor Daytime Reception Desk call 206-288-7300 and ask for your nurse to be paged
8am-10pm, Monday-Friday
8am-6pm, Weekends
8am-5pm, Holidays

After Hours for 3rd call 206-598-6190 and ask the paging operator for “Oncology Fellow or Resident on-call” to be paged
10pm-8am, Monday-Friday
6pm-8am, Saturday & Sunday
5pm-8am, Holidays

In the event of an SCCA phone outage, please call 206-467-4950 or 206-467-4951.

In the case of severe weather or a natural disaster, please check the SCCA website for any announcements regarding operational hours. If you are unable to travel, please call your scheduler to reschedule your appointment.

Apheresis (206)288-2120
Chaplaincy (206) 288-1099
Guest Services (206) 288-6701

Health Information Management/Release of Information (For assistance with obtaining or transferring your medical records.) (206) 288-1114
Infusion (206) 288-7500
Institutional Review Office (206) 667-6567
Interpreter Access Line (855) 670-9798
Living Tobacco Free (206)288-7766
Medical Nutrition Therapy (206) 288-1148
<table>
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<tr>
<th>Services</th>
<th>Phone Numbers</th>
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<tr>
<td>Patient &amp; Family Education</td>
<td>(206) 288-1033 or (206) 288-1472</td>
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<tr>
<td>Patient &amp; Family Resource Center</td>
<td>(206) 288-2081 Fax: (206) 288-2105</td>
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<td>Patient Financial Services</td>
<td>(206) 288-1113</td>
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<td>Patient Relations Office</td>
<td>(206) 288-1056</td>
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<td>Pharmacy:</td>
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<td>Monday- Friday 8am-8pm</td>
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<td>Saturday and Sunday 8:30am-5pm</td>
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<td>For refills, please call (206)-288-6500</td>
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<tr>
<td>Clinic Pharmacist (206) 288-2017 or (206) 288-1044</td>
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<tr>
<td>Breast or Gyn Onc (206) 288-1044</td>
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<tr>
<td>Anticoagulation Pharmacist (206) 288-6756</td>
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<td>Physical Therapy</td>
<td>(206) 288-6373</td>
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<td>Procedure Suite</td>
<td>(206) 288-7200</td>
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<td>Radiation Oncology</td>
<td>(206) 288-7318</td>
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<tr>
<td>Rain or Shine / Shine Gift Shop</td>
<td>(206) 288-8270 or (206) 288-7560</td>
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<tr>
<td>Receptionist 1st floor</td>
<td>(206) 288-1000</td>
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<td>Regulatory Guidance</td>
<td>(206) 616-8222</td>
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<tr>
<td>Security (Lost and Found)</td>
<td>(206) 288-1111</td>
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<td>Shine</td>
<td>(206) 288-7560</td>
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<td>Social Work Office</td>
<td>(206) 288-1076</td>
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<td>Survivorship</td>
<td>(206) 288-1024</td>
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<td>Volunteer Services</td>
<td>(206) 288-1075</td>
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<td>UWMC Human Subjects</td>
<td>(206) 543-0098</td>
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<tr>
<td>UWMC Patient Data Service</td>
<td>(206) 598-4344</td>
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<tr>
<td>UWMC Patient Relations</td>
<td>(206) 598-8382</td>
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<td>UWMC Pharmacy</td>
<td>(206) 598-4363</td>
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UWMC Helpful Contacts
You may find these phone numbers helpful. If you are using a phone inside the hospital, press only the last 4 digits of numbers that have a 598 prefix.

Admitting 206-598-4310
Billing:
  Financial counseling 206-598-4320
  Doctor fees (UW Physicians) 206-543-8606
  UWMC billing 206-598-1950
Emergency Medicine Service (ER) 206-598-4000
Interpreter Services 206-598-4425
TTY 800-833-6384
Lost and Found 206-598-4909
Operating Room 206-598-4270
Patient Relations 206-598-8382
Pavilion Surgery Center 206-598-4214
Pre-Anesthesia Clinic 206-598-5053
Roosevelt Ambulatory Surgery Center 206-598-0900
Social Work and Care Coordination
  Housing Services: 206-598-4170
Surgical Specialties Center Nurse Advice Line:
  Monday to Friday, 8 a.m. to 4 p.m.  206-598-4549
  After hours and on weekends and holidays, you can reach your doctor through
the
  paging operator: 206-598-6190

Locations
  • UWMC is at the south end of the University of Washington campus, at 1959 N.E.
    Pacific St., Seattle.
  • UWMC Roosevelt is about 1 mile west of UWMC, at 4245 Roosevelt Way N.E.,
    Seattle.
Parking
You may park in the SCCA parking garage. The parking fee is no more than $4 per day with ticket validation. Parking fees will be prorated for shorter visit times at the clinic. The parking garage is open Monday through Friday from 6:30am to 8pm and weekends/holidays from 6:30am-5pm. You must notify the attendant if your car is being left overnight. The height limit in the garage is 6’7”.

All University of Washington Medical Center garages and the SCCA garage offer same-day reciprocal parking. Simply bring your receipt from a participating garage to your next appointment at the other location and any remaining paid time will be honored. In and out parking is available. Keep your parking receipt and present it to the attendant.

There is limited metered street parking near all buildings.

At UWMC, parking is available in 3 places at the hospital (see map below):

- Triangle Parking Garage
- Surgery Pavilion Parking Garage
- S-1 Parking Garage

Valet parking service is offered weekdays 8 a.m. to 5 p.m. The valet booth is on the drive to the main hospital entrance. At UWMC Roosevelt, the parking garage is under the building.

Driving Directions to UWMC, 1959 N.E. Pacific St.:
• From Interstate 5: Take Exit 168B (Bellevue, State Route 520) heading east. Take the first exit (Montlake Boulevard) and follow the signs to University of Washington Medical Center.
• From Interstate 405: Take Exit 14 (Seattle via Evergreen Point Bridge, State Route 520) heading west. Take the first exit (Montlake Boulevard) and follow the signs to University of Washington Medical Center.

To UWMC Roosevelt, 4245 Roosevelt Way N.E.:
• From Interstate 5: Take the N.E. 45th St. exit and go east on N.E. 45th St. Turn right heading south on Roosevelt Way N.E. Go 2½ blocks. UWMC Roosevelt is on the right.

Questions?
Your questions are important. Ask your caregiver any questions you may have about the care you receive. If you have concerns, tell a staff member or call UWMC’s Patient Relations at 206-598-8382. UWMC clinic staff are also available to help.
The SCCA and the University of Washington Medical Center Garages (Surgery Pavilion and Triangle) offer same day reciprocal parking. Simply bring your receipt from a participating garage to your next appointment and it will be honored.

**To SCCA from I-5 North or Southbound:**
1. Take Exit 167 Seattle Center/Mercer St.
2. Move to the far right lane and turn right at Fairview Ave. N.
3. Turn right at Aloha St and go 2 blocks
4. SCCA clinic will be on the right. Visitor parking for the SCCA clinic is beneath the
To UW Medical Center from SCCA:
1. Travel north on Fairview Ave N or Eastlake Ave E (street becomes Eastlake Ave E)
2. Cross the University Bridge
3. Turn Right at NE Campus Pkwy
4. Turn Right at Brooklyn Ave NE
5. Turn Left at NE Pacific St

To UWMC Surgical Pavilion: On Pacific Street, turn left at turning lane toward the Surgical Pavilion. Veer left into the Pavilion Parking Garage. Take garage elevator up to third floor (garage height restriction is 6’ 8”).

To UWMC 8SE: From main entrance, follow signs for the “Cascade Elevators.” Take elevators to 8th floor (8SE). Turn right from elevators and check in at the 8SE Reception Desk (parking can be validated here).

To UWMC Triangle Garage: Access from NE Pacific Place off of Pacific Street, across the street from the Medical Center via a pedestrian tunnel under NE Pacific (garage height restriction is 6’ 8”).
Chapter 1- Pre-Surgery Information
Breast Surgery - What to Expect and How to Prepare

Preparing for Your Breast Surgery
Things for you to remember one week before your operation:

☐ You should not take any aspirin or aspirin-like products (for example Aleve, Ibuprofen and refer to the handout “Medicines to Avoid Before Surgery” for additional information on aspirin or aspirin-like products) for one week before your operation.

☐ You will be sent home from the hospital the same day or within 24 hours, depending on the type of surgery you have. Arrange for someone to drive you home from the hospital.

Things for you to do 24 hours before your operation:

☐ Shower: Using the antibacterial soap your nurse gave you, shower and soap your body. **Do NOT use the antibacterial soap on your face and hair.** (See handout on “HIBICLENS®”). Use your own soap and shampoo on your face and hair. Use clean towels to dry off, and put on clean clothing.

☐ Arrival Time: The pre-surgery nurse will call you by 5:00 pm the night before your operation. If you are having surgery on Monday, the nurse will call you on Friday. If you do not hear from the nurse by 5:00 pm, please call 206-598-6334. The pre-surgery nurse will tell you when to come to the hospital. They will also remind you to:
  – Not eat or drink after a certain time.
  – Have someone drive you home.
  – Advise about your regular medications. You should take high blood pressure, thyroid and seizure medication the day of surgery if regularly prescribed. Use only enough water to swallow your pills.

What to Expect After Your Breast Surgery
Medicine given during and after your operation will affect you. For 24 hours after your surgery, or while you are taking pain medication **Do not:**

- Drive or travel alone.
- Operate machinery.
- Drink alcohol.
- Sign legal papers.
- Be responsible for the care of another person.
Medicines to Avoid Before Surgery

Preparing for Surgery
Your doctor wants you to stop taking aspirin, aspirin-like products, or non-steroidal anti-inflammatory agents. Here is a list of specific medicines and supplements to avoid before and after your surgery or procedure:

- Stop taking these products _______ days before your procedure.
- You may resume taking these products _______ days after your procedure.
- You may take acetaminophen (Tylenol®) as needed for minor aches and pains.
- Review with your doctor all medicines and supplements that you are taking.

The lists in this handout are not complete. Other products or supplements may also cause bleeding problems.

Important note for patients who have had cardiac stents or other heart surgery in the past year: Talk with your cardiologist (heart doctor) before you stop taking any aspirin product or clopidogrel (Plavix).

Products to Avoid
Avoid these products in the days before and after surgery as indicated by your doctor.

Prescription products with aspirin or other salicylates:

- Amigesic®
- Ascomp® with codeine
- Alor®
- carisoprodol compound
- Darvon® compound 65
- diflunisal
- Dolobid®
- Empirin® with codeine
- Fiornal ®
- Lobac®
- Lortab® ASA
- Magan®
- Magsal®
- Mobidin®
- Monogesic®
- Norgesic®
- Novasal®
- Orphengesic®
- Panasal®
- Percodan® products
- Roxiprin®
- Salflex®
- salsalate products
- Salsitab®
- Soma® products
- Synalgos-DC®
- Talwin® Compound
- Trilisate®
- trisalicylate products
- Zorprin®
Prescription products with these nonsteroidal anti-inflammatory agents (brand name in parentheses):

- diclofenac (Voltaren®, Cataflam®)
- etodolac (Lodine®)
- fenoprofen (Nalfon®)
- flurbiprofen (Ansaid®)
- ibuprofen (Motrin®)
- indomethacin (Indocin®)
- ketoprofen (Orudis®, Oruvail®)
- ketorolac (Toradol®)
- meclofenamate (Meclomen®)
- mefenamic acid (Ponstel®)
- nabumetone (Relafen®)
- naproxen (Naprosyn®, Anaprox®)
- oxaprozin (Daypro®)
- piroxicam (Feldene®)
- sulindac (Clinoril®)
- tolmetin (Tolectin®)

Other prescription drugs:

- celecoxib (Celebrex®)
- cilastozol (Pletal®)
- clopidogrel (Plavix®)
- dipyridamole (Persantine®)
- dipyridamole/aspirin (Aggrenox®)
- valdecoxib (Bextra®)
- ticlopidine (Ticlid®)

Nonprescription products with aspirin or salicylates:

- Alka-Seltzer® products
- Anacin®
- Arthropan®
- Ascriptin®
- Aspergum®
- Asprimox®
- Bayer® products
- Bufferin®
- Doans
- Ecotrin®
- Empirin®
- Excedrin® products
- Halfprin®
- Mobigesic
- Pepto-Bismol®
- Saleto®
- Vanquish®

Nonprescription products with nonsteroidal anti-inflammatory agents:

- Advil® products
- Aleve® products
- Dristan® Sinus
- Haltran®
- ibuprofen products
- Menadol®
- Midol® Extra Strength
- Motrin®
- naproxen

**Warfarin (Coumadin®)**

Ask your doctor:

- How many days BEFORE your surgery to stop taking this drug.
- If you need bridge (short-term) therapy with an injectable anticoagulant (blood-thinner) such as heparin, or a low molecular weight heparin such as enoxaparin (Lovenox®).
Herbal Products and Other Natural Supplements

Stop taking ALL natural products, herbal medicines, vitamins, and other supplements 7 days before your surgery. They may be resumed when your doctor says it is OK. Following are herbs and other supplements that are especially harmful to take if you are having surgery because they can cause extra bleeding:

- agrimony
- alfalfa
- aniseed
- arnica
- artemesia
- asa foetica
- bishop’s weed
- bladderwrack
- bochu
- bogbean
- boldo
- bromelains
- burdock
- capsicum
- cassio
- celery seed
- chamomile
- Chinese wolfberry
- chondroitin
- clove
- cod liver oil
- coltsfoot
- dandelion
- danshen (salvia)
- devil’s claw
- dihydroepiandrosterone (DHEA)
- dong quai (angelica)
- fenugreek
- feverfew
- fish oil
- flax seed
- gamma linoleic acid
- garlic
- ginger
- ginkgo
- ginseng
- glucosamine
- horse chestnut
- horseradish
- licorice
- meadowsweet
- melatonin
- melilot
- nattokinase
- onion
- pantethine
- papain (papaya extract)
- parsley
- passionflower
- policosanol
- poplar
- prickly ash
- quassia
- red clover
- resveratrol
- sea buckthorn
- sweet clover
- sweet woodruff
- tonka beans
- turmeric
- vinpocetine
- vitamin E
- wild carrot
- wild lettuce
- willow bark
Questions?

Your questions are important. Call your doctor or nurse if you have questions or concerns. UWMC and SCCA clinic staff are also available to help.

- UWMC Outpatient Pharmacy: 206-598-4363
- SCCA Pharmacy: 206-288-6500

Adapted with permission from "Medicines to Avoid Before Surgery", ©2010, University of Washington Medical Center
Wire Localization for Surgical Excision

The wire localization procedure is done at the Seattle Cancer Care Alliance (SCCA) in the breast-imaging department. A wire localization is a procedure to place wire markers to guide the surgeon’s removal of the lesion. This is typically the case when a lesion can be seen on mammography and ultrasound, but not felt by physical exam. A radiologist finds the lesion in the breast with assistance of mammography or ultrasound, the skin and breast are then numbed, and a thin wire is inserted. The thin wire is a guide to help the surgeon find and remove the lesion.

What do I have to do prepare?
On the day of the procedure do not wear jewelry, lotions, powders or deodorant around your breasts or under your arms. You will be asked to wear a gown from the waist up. Please follow instructions from the surgical staff for showering or bathing on the day of the procedure. Do not eat or drink after midnight unless you are told otherwise. Wear loose clothing that will not interfere with bandages. We suggest that you not wear white clothing, and that you bring a button-up shirt for ease of dressing after the procedure. Bring a family member or friend with you.

What can I expect during the procedure?
The first step is similar to a mammogram or ultrasound. If done via ultrasound, the probe is placed over the site of the breast lesion. You will receive numbing medication followed by insertion of a needle to localize the exact position of the lesion. The needle may need to be positioned more than once to get it in the correct location. Once the radiologist determines that the needle is in the correct location, a thin wire will be put in to mark the location.

If done mammographically, your breast will be placed in compression for a short time to allow the Radiologist to numb the skin and insert the needle to localize the exact lesion.

The final step for both ultrasound and mammography wire placements is to take a mammographic image to document the placement of the needle. This image is printed and sent with you to give to the surgeon.

In some cases, more than one wire and needle will be placed to accurately mark the area of concern. This will help your surgeon remove the entire lesion.

How long will it take?
You should arrive at the SCCA at 7:30am. Once the procedure is underway, it will typically take 30-45 minutes to complete. Please come with a companion as you will need someone to accompany you to the hospital.

What can I expect after the procedure?
After your wire localization is complete, the Breast Imaging staff will cover the wire with gauze.

You will go directly to the Surgery Pavilion at the UWMC and check in on the 2nd floor Surgery Center Reception. Parking is available in the garage beneath the Surgery Pavilion building.

**Who can I contact for problems or questions?**
If you have questions specific to the wire localization procedure at the SCCA, please call the Nurse Advice Line.
Hibiclen® (Chlorhexidine Gluconate)

Preoperative Surgical Scrub
Please shower with the special soap provided two times before surgery. This special soap will cleanse your skin and help prevent infection.

Shower the night before and the day of surgery.
• Use approximately one ounce of antiseptic soap (30 ml), washing below the neck only.
• Rinse well.
• Repeat above steps.
• Use freshly laundered towel to dry off after each shower.
• Put on freshly laundered garments (night clothes, underwear, etc.).

WARNINGS – This soap is for external use only. DO NOT USE ON FACE. Keep soap out of eyes, ears, and mouth. Misuse around eyes could cause serious and permanent eye injury. If soap should contact your eyes or ears, rinse out thoroughly and promptly with water. Notify your physician. Keep this and harmful products out of reach of children. NOT for use as a shampoo or douche.
Pre-Operative Breast Surgery Checklist

Preparation
☐ Stop aspirin or aspirin like products prior to the surgery (see Medications to Avoid before Surgery Handout).
☐ Nothing to eat or drink after midnight the night before surgery including water.
☐ Shower the night before and morning of surgery. Use Hex-A-Clens® soap to clean only the area of surgery.
☐ Arrange for a family member, friend or escort to bring you to the surgical procedure and take you home.
☐ A nurse from the Pre-Anesthesia clinic will call the evening before surgery to confirm time and location for check in for your surgery (call will occur Friday if you are scheduled for Monday surgery). If you have not received a call by 4 p.m., you may call the Pre-Surgery clinic at 206-598-6334. Please discuss any medications you usually take in the morning with the nurse.

Day of Surgery
☐ Leave jewelry and valuables at home.
☐ Wear your glasses instead of contacts if you have them.
☐ Please do not use deodorant or lotions on your skin.
☐ Avoid using hair spray or gel.
☐ Wear comfortable clothing.
☐ Avoid wearing white clothing.

Post-Op Instructions
☐ You will be given pain medication which can leave you constipated. Increasing fluid, fiber and fruits in your diet may be helpful in avoiding this problem.
☐ You may return to a normal diet immediately following surgery.
☐ Return to your daily activities as tolerated. Use pain as your guide and take frequent rest periods.
☐ Refer to your handouts regarding care of your incision and/or drains.
☐ You will return to the clinic the week following surgery. At this appointment, we will remove your dressings and you will receive pathology results from your doctor.

Adapted with permission from Pre-Operative Breast Cancer Specialty Clinic Instructions.
University of Washington Medical Center, Seattle, Washington.
Chapter 2- Post-Surgery Information
Wound Care Instructions for Post-Operative Breast Surgery

Breast Biopsy/Lumpectomy/Lumpectomy and Sentinel Node:
- Your dressing will be made up of steri-strips, Telfa® (a white bandage strip), and Tegaderm® (clear sticky dressing), or paper tape if you have a Tegaderm® allergy. The dressing should be removed (at home) after 48 hours, except for the steri-strips, which should stay on until your initial post-operative visit.
- A supportive surgical bra, with additional fluffy dressings, will also be placed. This bra may be worn both day and night if you are experiencing discomfort. You may switch to your own, supportive bra once you feel ready to do so.
- You may shower at any time after surgery, even the first day.
- You may do as much with your arm as you desire, let pain be your guide. Stop doing any activity that causes you discomfort.

Mastectomy/Axillary Node Dissection (Anything with a drain):
- Your dressing will be made up of steri-strips, plus an additional external dressing. There will likely be an additional fluffy dressing placed over this. A split dressing will be placed around the drain site(s) and held in place with paper tape.
- You will be given a prescription for a post-surgical camisole at your pre-operative visit. The camisole, or surgical bra if one is provided, may be worn after surgery for as long as you desire.
- You should remove all dressing layers, except for the steri-strips, after 48 hours. Following the removal of these dressings, you may shower with one of the Aquaguards covering the drain exit site. It is permissible to get the steri-strips covering the mastectomy incision wet in the shower, just not the drain site.
- Drains should be stripped and emptied twice a day (more often if needed). Be sure to bring your drain records to your post-operative appointment. Drains will be removed when the output is less than 30ml/24 hours for two days in a row.
- You may do as much with your arm as you desire, let pain be your guide. Stop doing any activity that causes you discomfort.

Commonly Asked Questions

When can I return to work?
This will vary with the type of surgery you have. Your doctor will suggest a plan that fits your needs.

What can I eat?
Resume your regular diet. If you are constipated, increase fluids and fiber in your diet. Try the ideas in the handout, “Constipation after Your Operation”.

What should I do for pain management?
Use extra-strength Tylenol® or pain medicine your doctor has prescribed for you. Each patient has pain at a different level. The medicine is provided to help you keep comfortable. Use it as you need to resume your regular activities.

**What about my medications?**
You should continue to take your regular medicine as prescribed.

**When should I call the nurse advice line or my doctor?**
- You have bleeding that soaks your dressing;
- Temperature taken by mouth between 38-38.2°C (100.4-100.8°F) for one hour or more, or a temperature that is 38.3°C (100.9°F) or above.
- Temperature taken under the arm between 37.5-37.7°C (99.5-99.9°F) for one hour or more, or a temperature that is 37.8°C (100°F) or above.
- If you have chills;
- You have any sign of infection: redness, increased pain, swelling, foul-smelling drainage, or increase in the amount of drainage from your wound;
- You are sick to your stomach and throwing up;
- You notice an increasing fullness of your skin where your drain site was;
- You have concerns that cannot wait until your follow-up visit.
Closed Bulb Drain Care

When you go home, you may have drains still in place. You will have either a Jackson-Pratt (JP) or Blake self-contained drainage system. Your closed bulb drain helps your wound heal by draining fluid away from your surgical site. This helps keep blood and body fluids from building up under your skin, causing swelling. The drainage tube goes through your skin near your surgical incision. It is held in place by a stitch (suture).

Changing the Dressing
To view a short video on how to change your dressing, go to the Patient and Family Education Video Library:

- Go to www.facebook.com/SccaPatientFamilyEducation. No facebook log-in is required.
- Under the About section, click the link to the Video Library.
- Find the search bar in the top right hand corner. Type in “JP Drain” and click the search symbol.
- Click on “How to Change Your JP Drain Dressing” to view the video.
- If you are viewing this online, click here to go directly to the video.

When to Change the Dressing
- You will have an antimicrobial disk (BioPatch® and Tegaderm®) dressing when you leave the hospital. Remove your dressing and the antimicrobial disk 7 days after you leave the hospital and replace it with a gauze and tape dressing.
- Change the dressing and disk before 7 days if it gets wet or dirty. The disk will swell if it gets wet. Use your best judgment to decide whether the disk is wet or not. Also look for moisture that may collect under the dressing. Leaving the disk on your skin too long when it is wet may cause skin problems.
- Call your nurse if you are not sure if you need to change the dressing.
- After you remove the disk and switched to a gauze and tape dressing, change it every day until your follow-up visit.

Supplies for Changing the Dressing
- Tape
- Slit gauze (such as drain gauze) or 2 pieces of gauze folded in half to put around the drain where it goes into your skin

How to Remove the Antimicrobial Disk Dressing
- Carefully remove the clear plastic tape and disk.
- Do not pull on the tube. You will see a stitch holding the tube in place.
- Do not use scissors around the tube.
- Apply a gauze and tape dressing. See below for further instructions.

How to Change the Gauze and Tape Dressing
• It is best to change your dressing after you shower.
• Wash your hands with soap and warm water.
• Loosen the tape and remove the old dressing. Check for any redness or bad smell.
• Remove the slit gauze from the package or use 2 pieces of folded gauze. Touch only the edges of the gauze and place it on your skin around the tube.
• Tape the gauze in place. Try not to put the tape on the tube itself.

Emptying the Drain
To view a short video on how to empty your drain, go to the Patient and Family Education Video Library:
• Go to www.facebook.com/SccaPatientFamilyEducation. No facebook log-in is required.
• Under the About section, click the link to the Video Library.
• Find the search bar in the top right hand corner. Type in “JP Drain” and click the search symbol.
• Click on “How to Empty Your JP Drain” to view the video.
• If you are viewing this online, click here to go directly to the video.

When to Empty the Drain
• Empty the bulb/collection container at least 2 times a day, in the morning and before bedtime. Empty it more often if needed, whenever it is 1/3 full.
• When you empty less than 30 mL of drainage from the bulb/collection container for 2 days in a row, call your doctor or nurse. It may be time to remove the drain.
• Keep the area where your drain leaves your body clean and dry.

Supplies for Emptying the Drain
• Measuring cup (you will get this in clinic or when you leave the hospital)
• Alcohol wipes (for cleaning Jackson-Pratt stopper)

How to Empty the Drain
• Wash your hands with soap and warm water.
• Loosen the safety pin(s) or clip that holds the drain tubing to your clothing.
• Strip the tubing if your doctor or nurse has told you to do so. See steps below under “Stripping the Drain.”
• Clean the plug and spout with an alcohol wipe.
• Open the plug on the drain.
• Turn the drain collection container upside down over the measuring cup. Gently squeeze the bulb to empty it into the cup.
Clean the plug and spout again with an alcohol wipe.
Squeeze the bulb flat with your hand. Put the plug back into the spout.

Never squeeze the bulb after you have put the plug back in place. This can push the drainage back into your wound.
Look on the side of the measuring cup to see how much fluid you drained. Write this amount, in milliliters (mL), on your drainage record sheet included at the end of this document. If you have more than one drain, label them 1 and 2.
Check the drainage for color and smell. If it smells bad, call your clinic or the doctor on call if your clinic is closed.
Empty the drainage into your toilet and flush.
Pin or clip the drain bulb back onto your clothing.
Wash your hands with soap and warm water.

Stripping the Drain

Supplies for Stripping the Drain

• Alcohol wipes

How to Strip Your Drain
Stripping your drain will keep it from clogging. If your doctor or nurse has told you to strip your drain:

• With one hand, wrap an alcohol wipe around the tubing near your dressing.
• With your other hand, keep the tubing in place by holding it firmly between your dressing and the alcohol wipe.
• With your first hand, squeeze the section of the tubing covered by the alcohol wipe. Keep this pressure while sliding the wipe down the tubing to the bulb, and then let go.
• Be careful not to pull on the suture while stripping the drain.

Showering

Supplies for Showering

• AquaGuard® or other plastic wrap

When to Shower with Your Drain

• Do not take a bath, sit in a hot tub, or go swimming while you have the drain.
• You may shower after you have had the drain in place for 48 hours, after you have removed your outer surgical dressing (if you have one), or if you do not have an outer dressing.
• You may take a bath after the drain is removed, your skin has healed, and there is no more drainage from the site.

How to Shower with Your Drain
• To keep your drain in place in the shower, attach it to a lanyard or shoelace looped loosely around your neck. Do not let the drain hang loosely.
• Protect your dressing as much as possible from getting wet. Cover it with plastic wrap and tape the edges to your skin to make it waterproof. If your dressing gets wet, remove it after the shower. Let your skin dry completely and then change your dressing.

When to Call the Clinic
Call the clinic if:
• You have redness, swelling, or drainage at your incision or drain site.
• Your bulb/collection container refills with blood or drainage right after you empty it.
• You have more pain than usual, or your pain is not eased by your pain medicines.
• Your drain bulb will not stay compressed.
• Your drainage is cloudy or has a bad smell.
• The tube falls out.
• The suture comes out.
• Temperature taken by mouth between 38-38.2°C (100.4-100.8°F) for one hour or more, or a temperature that is 38.3°C (100.9°F) or above.
• Temperature taken under the arm between 37.5-37.7°C (99.5-99.9°F) for one hour or more, or a temperature that is 37.8°C (100°F) or above.

Adapted with permission from “Caring for Your Closed Bulb Drain” © 2013 University of Washington Medical Center, Seattle, Washington.
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Pain Management
Cancer patients may at sometime during the course of their illness experience pain. Most pain can easily be treated with pain medication and/or other treatments. Your oncologist and nurse will assist you to find the best possible way to control your pain. On occasion your doctor may ask a doctor who specializes in cancer pain management to manage your pain.

Patient Rights and Responsibilities:
As a patient of the SCCA, you have the right to:
• Information about pain and pain management;
• Have your pain treated promptly;
• Have health care providers who believe your report of pain.

As healthcare providers, we expect you to:
• Describe and rate your pain;
• Ask about pain management;
• Discuss options with your doctor or nurse;
• Ask for pain relief when you first experience pain;
• Inform us if pain treatment is not working;
• Help us develop a treatment plan for you.

What is Pain?
Pain is an unpleasant sensation that ONLY you can feel. It is what you say it is. It may be caused by your cancer or by the treatment of the cancer.

How Can We Treat Your Pain?
Your pain can be treated/managed through many different ways. Your doctor may choose to prescribe Tylenol®, ibuprofen or narcotics/opioids such as morphine. Sometimes he/she may choose to use a local anesthetic. The method depends on the location and severity of your pain.

Pain Medication May be Given Different Ways:
• Pills
• Patch (like a bandage placed on the skin)
• Intravenous
• SQ (under the skin)
• PCA-intravenous (a small computerized pump that lets you control how much pain medication you get.)
• Epidural (a small tube inserted into your back)

Some pain medications should be taken on a regular basis (called long-acting medication), while others should be taken only when you begin to feel pain (break-through medicine).
Myths About Narcotics/ Opioids:
• Some people will think they will become addicted. Research has shown that this is not true. If your pain medication is used the way your doctor prescribes it, it is very rare to become addicted.
• Some patients do not want narcotics because they fear the side-effects.
• Nausea, vomiting, sleepiness, constipation and itching are common side effects, but can easily be managed by changing your medication or adding other treatments.

Non-Drug Methods of Pain Relief:
• Hot or cold packs
• Massage/therapeutic touch
• Hypnosis
• Relaxation and music therapy.

Taking Care of Your Pain:
• Taking care of your pain will help you sleep better, feel stronger and better able to cope with your illness.

Assessment of Your Pain:
Your nurse or doctor will ask you to “rate” your pain using a simple method. Remember, only YOU know what and where your pain is, and YOU need to help us help you.

Your nurse or doctor will ask you to “point” to the area of your pain. They will also ask you, What will bring on the pain? as well as, What do you think will get rid of the pain? Another question is: What is the quality of your pain? (e.g. burning, radiating, throbbing, stabbing)

It is the goal of the staff at the SCCA to provide you with the best possible treatment of your pain. We ask that you help us to do so by telling us about your pain when you first experience it.
Recovering at Home After Anesthesia

This handout gives activity guidelines to follow after anesthesia. It also explains what side effects are normal after anesthesia and when you should call for help.

If you have any of these symptoms, call 9-1-1 right away:

- Difficulty breathing
- Chest pressure or heaviness
- A change in your mental status (feeling confused) or being unable to speak normally
- A change in your facial expressions
- New weakness or numbness

What to Expect

You will finish your recovery at home. You may feel drowsy and have minor side effects after your procedure or surgery with anesthesia. These side effects include:

- Sore throat
- Headache
- Muscle aches
- Dizziness off and on
- Nausea
- Vomiting (rarely)

Some of these symptoms may be from the pain medicine you are taking. The side effects from anesthesia usually go away quickly in the hours after your procedure. Still, it may take several days for your body to recover from the stress of surgery and anesthesia.

If you received a “nerve block” type of anesthesia in your arm, leg, ankle, or anywhere else, you will be told when the numbness should wear off and when to start your oral pain medicine. Be careful with how you use and move the numb part of your body. While it is numb, it may not have as much feeling or be as strong as it is normally.

If you feel nauseated, drink only clear liquids until the nausea passes. Call your doctor if your nausea does not go away.

Getting Home

You must have a responsible person take you home. It is against the law to drive if you are impaired in any way. Protect yourself and others by making arrangements for an escort or driver before your procedure. If you have any questions about this policy, please call your provider.

Medicines

Do not take any medicines unless they were prescribed or approved by your doctor. Normally, you will be able to start taking your usual medicines right away. If you have questions, please ask the doctor who prescribed your medicines.
What to Do and Not Do
You have had general or regional anesthesia, or local anesthesia with intravenous (IV) sedation. Follow these instructions for at least 24 hours, or for as long as you are taking narcotic pain medicines:

Do NOT:
• Drive a car or use machinery
• Drink alcohol
• Make important legal or personal decisions
• Be responsible for the care of another person

Do:
• Stay home for the day and rest
• Have an adult stay with you
• Drink liquids at first, then progress slowly to your usual diet
• Arrange for someone to care for your children, pets, or others you are responsible for, at least for the day of your surgery. You should not be responsible for anyone other than yourself the day of surgery.
• Move carefully while you are taking narcotic pain medicine (you may feel dizzy if you make sudden movements)
• Protect any numb limbs from pressure, heat, cold, or anything else that could harm them

Urinary Retention
Urinary retention (not being able to urinate) may occur after some procedures. If you are unable to urinate within 8 hours of going home after your procedure, or if your bladder feels painful and full, call your doctor. Allowing your bladder to get too full can cause serious problems. You may need to go to the emergency room for treatment.

After Spinal and Epidural Anesthesia
• You may have mild lower back pain after spinal or epidural anesthesia.
• Rarely, patients develop a headache that is present when they are upright, but decreases or disappears when they lie down. If you have a headache like this, call one of the numbers shown below. Anesthesia staff will assess your symptoms and recommend treatment as needed.

Questions?
• Your questions are important. Call your doctor or health care provider if you have questions or concerns. UWMC clinic staff are also available to help.
• For questions about your anesthetic care: Call Anesthesiology at 206-598-4260, weekdays 7:30 a.m. to 4:30 p.m.
• After hours and on weekends and holidays: Call 206-598-6190 and ask for the Anesthesia Resident on call to be paged.
• For questions about your procedure or medicines, contact the Nurse Advice Line.
Constipation After Your Operation

Causes of Constipation After Surgery
- A change in your regular eating habits can affect your digestive system.
- Narcotic pain medicines slow down your body’s digestion process.
- A decrease in your daily activity also slows down food digestion.

Tips to Decrease Constipation
- **Take the stool softener** medicine that your doctor prescribed (Colace® or Docusate®).
- **Increase the amount of liquids** that you drink to keep your stools soft. Drink 6 to 8 glasses (8 ounces each) of water every day in addition to other liquids you drink with your meals. Signs that you are not drinking enough are:
  - The amount that you urinate is less than normal.
  - Your urine is dark colored.
  - You feel dizzy when you stand up.
- **Eat a diet high in fiber.** The best source of fiber is breakfast cereal with a fiber content of 5 grams or more. Fiber content is listed with the nutrition information on the side of the cereal box. Some high-fiber cereals include Spoon Size Shredded Wheat, All-Bran, and Oat Bran. Other foods high in fiber include dry and unsalted peanuts, whole wheat bread, other whole-grain products, parsnips, white or red grapefruit, cantaloupe, cooked carrots, prunes, peas, baked beans, kidney and other beans, lentils, and split peas.
- **Try to have meals, especially breakfast, at the same time each day.** This helps get your bowels back on a regular schedule.
- **If you are allowed to drink coffee, have some at breakfast.** Decaf coffee will work, too. Coffee stimulates your bowels.
- **Drink prune juice** (cold or warm) at breakfast.
- **Walk or do other exercise after breakfast** to help food move through your intestines.
- **If you feel the urge, try and go.** Most people feel the urge to have a bowel movement about 20 minutes after a meal.
- **Do not just sit on the toilet and read a book.** Sitting on the toilet for a long time can cause painful swelling or hemorrhoids. Wait until you feel the urge to have a bowel movement, and then go and sit on the toilet.

Laxatives
- Sometimes after an operation, a laxative is needed to help get things started. You can buy these medicines without a prescription (“over the counter”) at any drug store:
  - **Milk of Magnesia liquid:** Works overnight.
  - **Bisacodyl rectal suppositories:** Work in about 20 minutes.
  - **Fleets® enema:** Works in about 15 minutes.
Call the Nurse Advice Line or Your Doctor If:

- It has been 2 or 3 days since your surgery and these tips have not helped you to have a bowel movement.
- You are sick to your stomach and throwing up.
- You feel dizzy or lightheaded when you stand up.

Information adapted with permission from “Constipation After Your Operation,” ©UWMC 2009
Deep Vein Thrombosis (DVT)

What is a DVT?
A deep vein thrombosis (DVT) is a blood clot (thrombus) that forms in the deep veins of the body. Most DVTs form in the legs, either above or below the knee.

A DVT can happen to anyone who has movement problems or has had recent surgery. Lack of muscle use in the legs can cause blood to collect in the veins of the legs and feet. This can cause a thrombus to form.

Conditions that may put you at risk for a DVT are increasing age, hormones, cancer and its treatment, major surgery (of the abdomen, pelvis, legs, or feet), trauma (fracture of a pelvis, hip, or leg bone), obesity, stroke or paralysis, indwelling central venous catheter, varicose veins, heart problems, chronic respiratory failure, and prior venous thrombus. DVTs can also form during or after long-term bedrest or long trips in a car or airplane.

What are the signs and symptoms of DVT?
The most common signs and symptoms of DVT are:

- Swelling
- Redness or discoloration
- Tenderness, pain, or unusual warmth in the leg

If you suspect that you have a DVT, call your doctor right away or come to the Emergency Room.

What are the risks of DVT?
Clots that form in the veins can break apart and travel to other parts of the body, including the lungs. A blood clot in the lungs is called a pulmonary embolism (PE). This type of clot can be life-threatening and must be treated right away.

Signs and symptoms of pulmonary embolism are:

- Difficulty breathing (shortness of breath)
- Chest pain
- Rapid heartbeat or fainting
- Low-grade fever
- Cough with or without bloody sputum (spit)

If you have these symptoms, call 9-1-1 right away.

How can a DVT be prevented?
Follow these tips to avoid DVT:

- Avoid tight clothing, nylons, or socks, especially ones that are too tight at the top and/or
leave marks on your skin. These may restrict the blood flow through your veins.

- Raise your legs 6 inches above your heart from time to time. This will help improve blood flow and reduce swelling.
- If your health care provider has prescribed elastic stockings (also called compression stockings) or Ace wraps, wear them as instructed. While they may feel tight, they actually promote blood flow and do not pose a risk of cutting off circulation.
- Follow your exercise plan.
- Change your position often. Do not sit or stand for over 1 hour at a time.
- Reduce sodium (salt) in your diet, since it causes fluid retention.
- Avoid bumping or injuring your legs.
- Avoid crossing your legs.
- Look for unusual or sudden swelling or redness of your legs every day.
- Do not put pillows under your knees when you are in bed.
- If possible, raise the foot of your bed 4 to 6 inches on blocks or books.
- If your doctor prescribes medicine to decrease the risk of DVT, take it as you are told.

Questions?
Your questions are important. Call your doctor or health care provider if you have questions or concerns. Clinic staff are also available to help.

UWMC Rehabilitation Clinic: 206-598-4295

UWMC Surgical Specialties Center: 206-598-4549
□ UWMC4Southeast: 206-598-4400
□ UWMC4South: 206-598-4670

Seattle Cancer Care Alliance:
□ SCA Women’s Center: 206-288-7300 or the Nurse Advice Line.

Adapted with permission from “Deep Vein Thrombosis”, ©2011, University of Washington Medical Center
Chapter 3- General Surgery Information
About Your Surgery Experience

Checking in for Your Surgery
Your arrival location is:

- Pavilion Surgery Center
  2nd Floor, Surgery Pavilion, UWMC
  1959 NE Pacific St, Seattle, WA 98195
  206 598 0900

Arrival Time
A staff member from the Pre-Anesthesia Clinic will call you between 2 p.m. and 5 p.m. the day before your surgery. They will verify your arrival location, tell you what time to arrive, and review your pre-surgery instructions. If your surgery is on a Monday, this call will be on the Friday afternoon before. If you have not heard from us by 4 p.m., you are welcome to call 206-598-6334.

Interpreters
UWMC has interpreters to assist you, if needed, before and after surgery. Please tell the patient care coordinator or Pre-Anesthesia Clinic nurse if you would like an interpreter. Or, call Interpreter Services at 206-598-4425 to ask for an interpreter.

Your Pre-Surgery Checklist
Please read and follow these instructions:

- Follow the pre-surgery fasting guidelines.
- Follow the pre-surgery shower and shaving instructions.
- Do not use makeup, deodorant, lotions, hair products, or fragrances on the day of surgery.
- If you are an outpatient and will be going home the same day as your surgery, you must have a responsible adult drive you home. You cannot drive yourself home or take a taxi or bus by yourself.
- Remove all jewelry and body piercings.
- Bring your medical insurance card and photo ID with you.
- Bring your pharmacy insurance card, Labor and Industry (L&I) claim number and card, and your Medicare/Medicaid information, if you have them.
- Bring a list of all the medications that you take and the doses of each one. This includes vitamins, supplements, and anything else you buy without a prescription. Do not bring the actual medicines unless you have been told to do so by the Pre-Anesthesia Clinic nurse.
- Bring a method of payment for any co-pays for medicines needed after surgery.
- Pavilion Surgery Center accepts cash, check, or credit card. Roosevelt Ambulatory Surgery Center accepts VISA or MasterCard only.
- Bring a copy of your health care directive and/or durable power of attorney for health care if you want these placed in your medical record.
• If you have sleep apnea and use a CPAP machine at night to help you breathe, bring it with you.
• Do not bring unattended minors with you. Children age 17 and under must be accompanied by a responsible adult at all times in the waiting room and other areas of the hospital.
• Adjust your medicines:
Stop taking these _____ days before surgery:
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Do NOT take these on the day of the surgery:
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Take these on the day of surgery with 2 ounces (4 tablespoons) of water:
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Meeting with Your Surgeon
Before your surgery, you will meet with your surgeon. At this meeting, your surgeon and other care providers will discuss your medical history and home medicines, complete a physical exam, talk with you about the surgery, and have you sign a consent form.

Your Pre-Anesthesia Clinic Visit
We need information about your health before your surgery. At your pre-anesthesia visit, you will be asked to complete a health survey and a home medicine list. When you come to the Pre-Anesthesia Clinic, be sure to bring:
• Bring a list of all the medications that you take and the doses of each one. This includes vitamins, supplements, and anything else you buy without a prescription. Do not bring the actual medicines unless you have been told to do so by the Pre-Anesthesia Clinic nurse.
• The results of tests you have had at any other hospital or clinic, especially heart or lung diagnostic testing such as an electrocardiogram (EKG), stress test, echocardiogram, pulmonary function tests, etc. We will include copies of these records in your surgical information packet. If you need help getting test results from your doctor or clinic, please ask us and we can help you.

Having this information is important. It will help your doctors know about things that may affect your care and recovery.
Nurses trained in anesthesia assessment will review your health survey, medical history, and home medicine list. If needed, blood tests, an EKG, and a chest X-ray will be done. Depending on your type of surgery, other tests may also be needed.

You will not meet your anesthesia team at this visit, but will meet them the day of your surgery.

**Medicines Before Surgery**
It is important to talk with your surgeon and Pre-Anesthesia Clinic staff about the medicines you are taking. You may need to stop taking some of them for a day or more before your surgery.

Some medicines you may need to stop taking are:
- Oral diabetes medicines and insulin
- Warfarin (Coumadin®)
- Aspirin and other over-the-counter medicines that affect blood clotting, such as ibuprofen (Advil®, Motrin®) and naproxen, (Aleve®, Naprosyn®)
- Certain diet medicines
- Herbal remedies and supplements

A nurse will tell you which of your medicines you can take the morning of surgery.

**Anesthesia**
A team of anesthesia providers will be with you during your surgery to keep you comfortable and manage your breathing, heart rate, blood pressure, and any medical issues that might arise.

The 3 main types of anesthesia that may be discussed at your pre-surgery visit are:
- General – you are unconscious and have no awareness of the surgery.
- Regional – a numbing medicine is injected into a cluster of nerves, so you do not have sensation (feeling) in a large area of your body. You may also be given medicine to relax you or help you sleep.
- Local – a numbing medicine is injected into the skin and tissues near the area of surgery. This numbs only the area of surgery, similar to the local anesthetic given for dental work. You may also be given medicine to relax you or help you sleep.

Please tell your nurse if you would like to discuss special concerns with an anesthesiologist during your visit.

**24 Hours Before Surgery**
Your Arrival-Time Phone Call
A staff member from the Pre-Anesthesia Clinic will call you the afternoon before your surgery day to verify your arrival location, tell you when to arrive, and review your pre-surgery instructions. If your surgery is on a Monday, this call will be on the Friday afternoon before.

Please make sure we have the correct phone number where you can receive this pre-surgery phone call. If you do not receive this call by 5 p.m., call the Pre-Anesthesia Clinic at 206-598-6334.

Fasting Guidelines
Unless you have instructions from your doctor about bowel cleansing, eat normally and take your usual medicines the day and evening before surgery.

It is very important to follow these guidelines about not eating or drinking before surgery. These guidelines reduce your chance of vomiting and inhaling stomach contents into your lungs. For your safety, if you forget and/or do not follow these fasting guidelines, your surgery may need to be rescheduled for another day.
Some patients may drink liquids after midnight the night before surgery. Other patients, based on their medical condition and type of surgery, will not be able to eat or drink anything after midnight the night before surgery. The Pre-Anesthesia nursing staff will explain the guidelines that you need to follow.

For ALL patients:
- Do NOT eat after midnight.
- Do NOT drink alcohol after midnight.
- Do NOT drink liquids after midnight that are not clear. This includes coffee or tea with cream or milk, lattes, milk, or orange juice.

For patients who are told NOT to drink liquids after midnight:
- Do NOT drink ANY liquids after midnight. The Pre-Anesthesia nurse will tell you if you may have up to 2 ounces (4 tablespoons) of water for taking the medicines you are allowed to take.

For patients who are told they MAY drink liquids after midnight:
- From midnight until 4 hours before you arrive at the hospital, you may drink an unlimited amount of CLEAR liquid. This means you may have liquids such as water, clear juices (no pulp), carbonated drinks, Gatorade, and clear tea.
- After this time, do not drink anything before coming to the hospital.

**Shower Instructions**
Use a special soap called Chlorhexidine gluconate (CHG) to shower or bathe, both the night before and the morning of surgery. You can buy CHG at most large drugstores. It comes as a 2% and a 4% solution. Either one is OK. A common brand is Hibiclens®, but any brand is OK. Follow the manufacturer's instructions for using it.
- Use the CHG soap FROM THE NECK DOWN. Wash thoroughly, especially around the area of your surgery.
- DO NOT use CHG on your face or to wash your hair (you may use your regular soap and shampoo to wash your face and hair).
- Rinse well and repeat.
- Pat dry with a clean towel. Put on clean clothes.
- After your morning shower or bath, DO NOT put on makeup, deodorant, lotions, hair products, or fragrances.

**Shaving**
To lower the risk of infection, do not shave any part of your body that you do not already shave every day. If you normally shave near your surgical site, DO NOT shave that area for 2 days (48 hours) before the morning of your surgery.
Parking and Directions
Parking at the hospital is validated for a reduced rate. Refer to the map on page 16 for directions to parking areas. For more information on:
  • Campus parking and current fees, call 206-685-1543
  • Hospital parking, call 206-598-3300
  • Driving directions, visit: www.washington.edu/admin/commuterservices/get_to_uw/visitors/index.php

Your Ride Home
If you are going home on the same day you have surgery, you must arrange for a responsible adult to take you home. Your ride must be ready within 30 minutes of your discharge. Your surgery may be cancelled if you arrive without a responsible adult to drive you home, get you settled, and make sure you are safe and comfortable. You cannot take a taxi or bus home by yourself.

Leaving for the Hospital
When you come for surgery:
  • Wear loose clothing that will be easy to take off and comfortable to wear home.
  • Please do not bring valuables with you.
  • Remove all jewelry and body piercings.
  • Do not use any makeup, deodorant, lotions, hair products, or fragrances.

Bring With You
  • Bring a list of all the medications that you take and the doses of each one. This includes vitamins, supplements, and anything else you buy without a prescription. Do not bring the actual medicines unless you have been told to do so by the Pre-Anesthesia Clinic nurse.
  • A photo ID, your insurance and pharmacy insurance cards, and co-payment for discharge medicine.
  • A copy of your health care directive and/or durable power of attorney for health care if you want one placed in your medical record.
  • Your L&I claim number, if you have one.
  • Your CPAP machine if you have sleep apnea and use it at night to help you breathe.
On the Day of Your Surgery

Check In
On the day of your surgery, report to your designated location. Most times, we ask you to come in 1½ hours before your surgery. This gives us time to prepare you for your surgery. During this time, you will:

- Sign admission forms.
- Be assessed for health status changes.
- Meet your anesthesiology team.
- Have your intravenous line (IV) started. An IV is a small needle and thin tube that is used to deliver medicines and fluids to your body.

Bring a book or a project to help pass the time. We will update you about any changes that might affect your surgery start time.

Note: Female patients may receive information about urine pregnancy testing before surgery. Tell your nurse or an anesthesia staff person if you would like to be tested.

Getting Ready for Surgery
The surgery “prep” area has many patients who are being prepared for surgery. In a private space, we will ask you to remove your clothes, including undergarments. You will put on a hospital gown. You will need to remove glasses, contact lenses, and hearing aids. In some cases, you will also be asked to remove dentures. Please bring cases to store these items, if you have them.

You will meet the nurses and anesthesia team who will care for you during your surgery. You will be able to ask them any questions you have about your care.

To reduce your risk of infection, you will be covered with a heating blanket to warm your body while you wait to go into the operating room. Ask for a heating blanket if you do not receive one.

Your Support Person
An adult support person is welcome to be with you during your “prep” time. They may be asked to step out if the need arises. Your support person may wait in the waiting room when you are transferred to surgery.

Your support person may want to bring something to read while they wait. If they bring a laptop computer, they may access the Internet through DSL connections in waiting areas.

We cannot provide child care. If you must bring a child age 17 or under to the hospital, please bring an adult to be with them at all times in the waiting room and other areas of the hospital.
Surgical Site Marking
We are committed to making sure you receive high-quality and safe care. While you are here, you or your family will be asked such questions as:

- What is your name?
- What is your date of birth?
- What surgery are you having done?

Do not be alarmed by these questions. We know who you are. We routinely ask some or all of these questions over and over again for your own safety.

Your doctor will check your medical record and talk with you or a family member to confirm your surgery or procedure site. Most times when you have surgery or a procedure, your doctor will mark the site in pen to help ensure your safety.

When your site does need to be marked, your surgeon will mark the site with his or her initials. Special care is taken if you are having surgery or a procedure on the right or left side of your body. Please do not mark yourself or write anything on your body.

If your site does not need to be marked, you will be asked to confirm what surgery or procedure you are having.

At right: A surgeon writing his or her initials on the patient’s surgery site.

Starting Your IV
After a numbing solution is applied to your skin, an IV will be placed in a vein in your arm or in the back of your hand. Medicine and fluids can be given to you quickly and easily through the IV, and it will be in place for a while after surgery. Sometimes, you will be given medicine through this IV to help you relax, or even sleep, before going into the operating room.
Recovery

In the Recovery Room
The recovery room is sometimes called the PACU, which stands for "Post-Anesthesia Care Unit." Most patients are in the recovery room for 1 to 2 hours after their surgery.

In most cases, your loved ones will be able to visit you in the PACU, if you wish. This will be after you have received the care you need to ensure your safety as you wake up from anesthesia and have your pain treated, if needed. There is limited space in the PACU area, so you may have only 1 adult visitor at a time.

A nurse will check your breathing, heart rate, and blood pressure often. Your nurse will help you with any nausea or pain you may feel. It is important that you are comfortable.

Be sure to ask your nurse for pain medicine before your pain gets too intense. Your nurse will ask you to rate your pain on a scale of 0 to 10, where 0 is no pain and 10 is the worst pain.

You may receive pain relief by:
- Mouth (pills, capsules, or liquid)
- Medicine put into your IV tube

If you are staying overnight in the hospital, you may also receive pain relief by:
- Medicine given through a small tube in your back (epidural).
- Patient-controlled analgesia (PCA). This is a machine that puts a dose of pain medicine into your IV tube when you push a button. Your doctors will prescribe the correct amount of medicine for your needs. With PCA, you do not have to wait for a nurse. You are in control of your pain relief. You will not become addicted to these medicines if you use the machine as prescribed.

WARNING: Only you should push the button on your PCA. DO NOT let your visitors push the PCA button.

Going Home
If you go home the day of surgery, make sure that you have a person who can take you home. You must also have a person who is able to get you into your home, stay with you, and make sure you are comfortable.

You can expect to have some pain and possibly some nausea after surgery. You may also be sleepy for the rest of the day. For your safety, you will need a responsible adult to stay with you for at least 24 hours after surgery.

For 24 hours after anesthesia, DO NOT:
- Drive
• Drink alcohol
• Travel alone
• Use machinery
• Sign any legal papers
• Be responsible for taking care of another person, such as a child

Ask your surgeon how your activity might be limited after surgery and how long these limits will last. Think carefully about what help you will need and arrange for this help before your surgery. Work out things like how you will get to the bathroom, go up and down stairs, prepare your meals, and care for yourself.

Before you leave the hospital, you will receive information about how to care for yourself at home. A follow-up appointment will be made for you, if you do not have one scheduled already.

Adapted with permission from “About Your Surgery Experience”, ©2013, University of Washington Medical Center
Advance Directives

What is an Advance Directive, and why do I need one?
An “Advance Directive” is a legal document that gives instructions about your future medical care. With an Advance Directive, you can direct your medical care even when you are too ill to communicate or are unconscious. You may also use an Advance Directive to appoint a person other than yourself to make health care decisions for you. An Advance Directive is an excellent tool to help those who care for you provide you with the type of care you really want.

As long as you can say what care you want, you can accept or refuse any medical care.

Is it my choice whether or not to complete an Advance Directive?
Yes. There is no legal requirement to have one. Washington State law gives you the right to make decisions about your medical care through Advance Directives if you choose to do so. If you plan ahead, you can direct your care even while unable to communicate.

Do I have to have an Advance Directive to go to a hospital?
No. Hospitals cannot discriminate based on whether or not a person has an Advance Directive. However, it is a good idea to have one in case you become unable to communicate your wishes.

There are two types of Advance Directives:
- Living Will
- Durable Power of Attorney for Health Care

What is a Living Will?
This is a legal document completed by you that lets you tell your doctor what you do or do not want if you are diagnosed with a terminal condition or are permanently unconscious and unlikely to recover. You may choose to decline treatment that prolongs the dying process.

What is a Durable Power of Attorney for Health Care?
This is a legal document completed by you that identifies the person you want to make your health care decisions for you if you are unable to make them for yourself. You can say what health care decisions you want made for you and what those decisions should be. You can also decide when the Durable Power of Attorney for Health Care goes into effect.
**What does terminal condition mean?**
This means a patient’s condition is not curable, whether caused by injury, disease, or illness. In this situation, life-sustaining treatment serves only to prolong the process of dying. Your doctor decides if you have a terminal condition.

**What does permanently unconscious mean?**
This means a patient has an incurable and irreversible condition from which he or she probably will not recover. Two doctors must agree when someone is permanently unconscious.

**How do I prepare an Advance Directive?**
Forms are available for both types of Advance Directives from hospitals, doctors, advocacy organizations, or attorneys. An attorney may also help you prepare your Advance Directive.

Living Wills must be signed and dated by you in the presence of two witnesses. These two witnesses must also sign and cannot be: related to you by blood or marriage; in line to inherit your money or property if you die; people you owe money to; your doctor or your doctor’s employees; or employees of the health care facility where you are a patient or resident.

A Durable Power of Attorney for Health Care must be signed and dated by you. It is recommended that it also be notarized in case you take it out of state. The person you choose to make health care decisions for you should be someone you trust. The person you choose cannot be: your doctor; an employee of your doctor; or an administrator, owner, or employee of a health care facility in which you live or are a patient (unless the person is also your spouse, adult child, or sibling).

**When does an Advance Directive become effective?**
A Living Will becomes effective after you sign it and when your doctor diagnoses you with a terminal condition or when two doctors diagnose you to be in a permanent unconscious state. You decide when a Durable Power of Attorney for Health Care becomes effective. It can be effective immediately, even if you are able to make decisions for yourself or it can become effective only when you are unable to make decisions.

**Where should I keep my Advance Directive?**
You and your family should agree on a safe place to keep your original Advance Directive. You should give copies to your doctor, attorney, and anyone you appoint to make health care decision for you. If you are admitted to a hospital, take a copy with you.

You can also register your advance directive at the Washington State Living Will Registry, which will allow health care providers to access your Advance Directive, even if you do not have it with you. Go to: [www.doh.wa.gov/livingwill/](http://www.doh.wa.gov/livingwill/) to register.

**Can I change my Advance Directive?**
Yes. You may change or cancel your Living Will or Durable Power of Attorney for Health Care by destroying them, putting your changes in writing, or telling someone about the changes. You should destroy all old copies.

When changing any Advance Directive you should tell your family, doctor, attorney, and anyone else who may be involved in your health care. You must tell your doctor of any changes or they may not be effective. You should also update any Advance Directive you have registered at the Washington State Living Will Registry.

**Will hospitals and doctors honor my Advance Directive?**

Yes. Hospitals and doctors support patients’ rights to make their own medical decisions. They follow Advance Directives that meet state law and medical ethics standards.

Hospitals must tell you their policies on Advance Directives and if there are any conflicts they know of between your Advance Directive and hospital policies. If there is a conflict, but you want to continue treatment with a doctor or facility, a written plan of action must be agreed upon and included in your medical record.

If you have more than one type of Advance Directive and there is conflict between them, the newer document will be followed.

**Questions?**

For more information on Advance Directives or a referral, please contact:

- Your hospital’s Social Services department
- AARP (American Association of Retired Persons): 1-888-687-2277
- Northwest Justice Project (for Low-Income non-King County clients): 1-888-201-1014
- King County Bar Association- Attorneys for Low-Income clients: (206) 267-7010
- Lawyer referral for all other clients: (206) 623-2551
- Washington State Medical Association: [www.wsma.org/Media/Patients-pdfs/advance-directive-forms.pdf](http://www.wsma.org/Media/Patients-pdfs/advance-directive-forms.pdf)

**Advance Directive Forms**

The following forms include a Health-Care Directive and a Durable Power of Attorney. It is helpful to talk with those you are close to when making decisions about advance directives. It may also be helpful to seek advice from an attorney. Please take some time and consider whether or not you want to complete either or both of the forms.

If you do complete the form, it is important to talk to your health-care provider and ensure that a copy is provided for your medical chart. If you wish to have a copy included in your UW Medical Center chart, bring the form in to your provider at your next clinic appointment, or mail the form to:
Health Care Directive

Directive made this _______________ day of ____________,_________________ (month, year).

I, ________________________(name), having the capacity to make health-care decisions, willfully and voluntarily make known my desire that my dying shall not be artificially prolonged under the circumstances set forth below, and do hereby declare that:

a) If at any time I should be diagnosed in writing to be in a terminal condition by the attending doctor, or in a permanent unconscious condition by two doctors, and where the application for life-sustaining treatment would serve only to artificially prolong the process of my dying, I direct that such treatment be withheld or withdrawn, and that I be permitted to die naturally. I understand by using this form that terminal condition means incurable and irreversible condition caused by injury, disease, or illness that would within reasonable medical judgment cause death within a reasonable period of time in accordance with accepted medical standards, and where the application of life-sustaining treatment would serve only to prolong the process of dying. I further understand in using this form that a permanent unconscious condition means an incurable and irreversible condition in which I am medically assessed within reasonable medical judgment as having no reasonable probability of recovery from an irreversible coma or persistent vegetative state.

b) In the absence of my ability to give directions about the use of a life-sustaining treatment, it is my intention that this directive shall be honored by my family and doctor(s) as the final expression of my legal right to refuse medical or surgical treatment and I accept the consequences of such refusal. If another person is appointed to make these decisions for me, whether through a Durable Power of Attorney for Health Care, or otherwise, I request that the person be guided by this directive and any other clear expressions of my desires.

c) If I am diagnosed to be in a terminal condition or in a permanent unconscious condition (check one):
   □ I DO want to have artificially provided nutrition and hydration.
   □ I DO NOT want to have artificially provided nutrition and hydration.

d) If I have been diagnosed as pregnant and that diagnosis is known to my doctor, this directive shall have no force or effect during the course of my pregnancy.

e) I understand the full import of this directive and I am emotionally and mentally capable to make the health-care decisions contained in this directive.
f) I understand that before I sign this directive, I can add to or delete from or otherwise change the wording of this directive and that I may add or delete from this directive at any time and that changes shall be consistent with Washington State law or federal constitutional law to be legally valid.

g) It is my wish that every part of this directive be fully implemented. If for any reason any part is held invalid, it is my wish that the remainder of my directive be implemented.

_________________________________ _________________________________
Patient Signature        Date    City, County, and State Residence

_______________________________
Name Printed                  Date of Birth

The declarer has been personally known to me and I believe him or her to be capable of making health-care decisions.

_________________________________ _________________________________
Signature        Date    Witness Signature Date

_________________________________  ___________________________________
Witness Name Printed               Witness Name Printed

[NOTE: Washington State law specifically prohibits an attending doctor, his or her employees, or employees of a health-care facility in which the declarer is a patient or any person who has a claim against any portion of the estate of the declarer upon declarer’s death at the time of the execution of the Directive from witnessing a Health-Care Directive; thus medical center staff, employees, and volunteers shall not witness this document.]
Durable Power of Attorney for Health Care

I, ...........................................(name), designate ________________________(name) as my attorney in fact, to act for me if I become incapacitated. I hereby revoke any and all health-care powers of attorney previously granted by me.

1. **Alternate Attorney in Fact.** If for any reason ________________________(name) fails or ceases to act, I designate ________________________ (name), then ________________________(name) as alternate attorneys in fact, to serve in the order named. An attorney in fact may resign by delivering written notice to that effect, in recordable form, to an alternate, successor, or co-attorney in fact. In this Durable Power of Attorney for Health Care, the “attorney in fact” means the acting attorney in fact.

2. **Power to Make Health-Care Decisions.** My attorney in fact shall have the right to make decisions, and to give informed consent on my behalf, as to my health care, to the extent permitted by law. This shall include, but not be limited to, the right to consent to the withholding or withdrawal of life-sustaining procedures that would only prolong artificially the moment of my death and prevent me from dying naturally, in those circumstances in which a doctor(s) has determined (a) that I am in a permanent unconscious condition, meaning an incurable or irreversible condition in which I am medically assessed within reasonable medical judgment as having no reasonable probability of recovery from an irreversible coma or a persistent vegetative state, or (b) that I have a terminal condition, meaning an incurable and irreversible condition caused by injury, disease, or illness that would within reasonable medical judgment cause death within a reasonable period of time in accordance with medical standards. I also authorize my attorney in fact to make decisions about the artificial administration of food and fluids, consistent with any Health-Care Directive (living will) I have executed.

3. **Effectiveness.** This Durable Power of Attorney for Health Care becomes effective upon my incapacity. Incapacity shall include the inability to make health-care decisions effectively for reasons such as mental illness, mental deficiency, incompetency, physical illness or disability, advanced age, chronic use of drugs, or chronic intoxication. Incapacity may be determined (i) by court order or (ii) by a qualified attending doctor.

4. **Duration.** The Durable Power of Attorney for Health Care becomes effective as provided in Section 3 and shall remain in effect to the fullest extent permitted by Chapter 11.94 of the Revised Code of Washington, or until revoked or terminated as provided in Section 5 or 6.

5. **Revocation.** This Durable Power of Attorney for Health Care may be revoked, suspended, or terminated by written notice from me to the designated attorney in fact and, if this document has been recorded, by recording notice of termination in the office where deeds are recorded for real estate located in the county of filing, that being _________________ County, Washington.
6. **Termination.** If appointed, a guardian of my person may, with court approval, revoke, suspend, or terminate the Durable Power of Attorney for Health Care.

7. **Reliance.** Any person dealing with the attorney in fact shall be entitled to rely upon the Durable Power of Attorney for Health Care so long as the person with whom the attorney in fact was dealing, at the time of any act taken pursuant to this Durable Power of Attorney for Health Care, had neither actual knowledge nor written notice of revocation, suspension, or termination of this Durable Power of Attorney for Health Care. Any action so taken, unless otherwise invalid or unenforceable shall be binding on my heirs, devisees, legatees, or personal representatives.

8. **Indemnity.** My estate shall hold harmless the attorney in fact from all liability for acts or omissions done in good faith.


10. **Execution.** This Durable Power of Attorney for Health Care is signed on the ____day of __________________ (month, year), to be effective as provided in Section 3.

   
   ____________________________________________  _______________________
   Declarer/Patient Signature                Date

   ____________________________________________  _______________________
   Printed Name                         Date of Birth

I certify that I know or have satisfactory evidence that __________________ signed this instrument and acknowledged it to be a free and voluntary act for the uses and purposes mentioned in this instrument.

..........................................................................................

   ____________________________________________  ________________________
   Date   Notary Public in and for the State of Washington   Date Appointment Expires

   ________________________________________________________________
   Residence

[NOTE: Washington State law does not require a Durable Power of Attorney for Health Care be witnessed and notarized; however, other states do require witnessing and notarizing, so the declarer may wish to do so if they travel out of state. Although Washington State law does not explicitly prohibit medical center staff and employees from witnessing a Durable Power of]
Attorney for Health Care document, due to the potential for conflicts of interest, medical center policy does not allow medical center staff, employees, and volunteers to witness this document. Medical center doctors and employees are prohibited by Washington State law from serving as an “agent” or “attorney in fact” for a patient unless he or she is the spouse, state-registered domestic partner, or adult child, or brother or sister of the designating individual.
Chapter 4- Notes/Miscellaneous
Information to Help You Navigate

Cancer Library, UWMC
Volunteers also assist patients’ family members and friends in the Cancer Library, located on floor 8 SE. The library has oncology-related books, videotapes, support resources and computers to access the Internet.

Chaplaincy
Chaplains provide respectful spiritual and emotional care for people of all faiths and spiritualties, including those that identify themselves as non-religious or non-spiritual. Chaplaincy provides worship and other services and can assist you in locating religious and spiritual resources. You can visit the Sanctuary, located on the 1st floor, for quiet prayer, reflection or meditation.

Child Life Program
Child Life promotes child development and helps your child maintain normal living patterns. This service helps your child cope with the stresses of illness. The Child Life Specialist uses medical play to explain treatment and procedures in language appropriate to their age and development. Child Life is available to help you or other family members with coping skills needed to care for a sick child.

Guest Services
To learn about Seattle and services for patients and families, please speak with our friendly Guest Services Volunteers in the Alliance Clinic’s main lobby. Volunteers can suggest recreational activities and acquaint you with the Clinic and surrounding areas. Volunteers also distribute donated tickets for Seattle attractions and special events. Guest Services Volunteers are also available to provide wheelchair escorts, give directions and provide assistance in calling taxis and shuttles. They are available to assist you from 8am until 4pm Monday through Friday.

Interpreter Services
Interpreters are present for non-English and limited English speaking patients and donors during medical consults, consent and department conferences and during donor screening. Interpreters are present during meetings with your team when you are learning how to manage your care and for getting updates on the progress of your treatment.

Living Tobacco -Free Services
Living Tobacco-Free services are available at no charge to SCCA patients, caregivers, and family members who are thinking about stopping tobacco use. Individuals can call and speak with someone directly to discuss quitting, develop a quit plan and to get support during the quitting process. Free nicotine patches, gum and lozenges are available to those who receive counseling. Quitting smoking is often the single most important thing one can do to improve their health. Those with a cancer diagnosis benefit greatly, as well.
Medical Care for Family Members
The SCCA Clinic provides medical services only to patients. All other family members who need medical treatment while in Seattle have the following options:
- They may go to their local physician.
- They may call Urgent Care at the University of Washington (206) 598-4000. Ask for an appointment with Urgent Care.
- They may go to the University of Washington Medical Center, Family Medical Center Roosevelt Clinic (206) 548-4055, or Belltown Clinic (206) 443-0400.
Any family member with symptoms of cold or flu should not come to the Clinic or the Inpatient Units until checked by a nurse or doctor. Please contact the patient’s nurse if you have questions or need help.

Medical Nutrition Therapy Services
The science of nutrition during cancer treatment is a specialized field. An oncology dietitian can provide real-life recommendations that are based on food preferences and tolerances, interest in food and specific social, economic and medical situations. A visit with a dietitian can provide you with inspiration about how to make healthful eating work even while undergoing treatment. Just being able to actively participate in your own healing process makes you feel better

Patient & Family Education
Knowledge is power! You have the right to information regarding treatment options, disease information, treatment process, managing and monitoring health status in the home setting and maintaining health after treatment. Ask your nurse for Patient and Family Education materials, such as the General Oncology Book, Transplant Manuals, Chemotherapy Cards, Symptom Sheets or Lecture and Lunch Events. Find Patient and Family Education on Facebook. The “About” section has a link to the SCCA video library with several classes to watch.

Patient & Family Resource Center
The Patient and Family Resource Center is located on the 3rd Floor of the Clinic. We provide educational materials, computer workstations, a business center, notary and a cancer lending library. We can provide listings for local and clinic events, as well as assistance locating support groups and other resources and events locally. All services and materials are free of charge.

Patient Navigators
Navigators are available to provide resources and support. The Patient Navigator has information available on different cancer types, treatments, coping with cancer, supportive care and survivorship issues.

Physical Therapy
Physical therapy plays a significant role in enhancing the quality of your life as you regain a
sense of hope and health while you move towards improvement of your physical capacity. Our
treatment is highly individualized and interventions are informed and guided by the available
evidence. To schedule physical therapy, you must be referred by a physician, physician
assistant or nurse practitioner.

Psychiatry and Psychology Services
Psychiatry and Psychology Services are available for you if you are experiencing difficulties
coping. Specialized medication, coping skills, imagery and behavioral techniques are some of
the many options available for managing stress, depression, anxiety, pain, nausea, eating or
sleeping difficulty, or other issues that are common during illness and treatment.

Rain or Shine
Product offerings at our in-clinic store, Rain or Shine, located on the 1st floor of the clinic,
consist of quality goods and items requested by our patients, families, staff and visitors. Our
product offerings include convenience sundries, books and newsstand, gift items, hats and
scarves, pass-time toys and games for all ages, as well as apparel. We also offer jewelry,
cookbooks, stationery and snacks.

Store Hours:
Monday-Friday 8:30am to 4pm
www.seattlecca.org/gift-shop-rain-or-shine.cfm

Shine
Shine is located on the first floor at the SCCA House, and provides an engaging assortment of
products intended to serve your needs and the needs of your caregivers. Specialty products
include skin care, breast prosthetics, bras, hair alternatives, post-surgical apparel, sexual
intimacy aids, compression garments, and light medical supplies. We carry physical therapy
recommended products like light weights, exercise balls, heart monitors and pedometers.
Services include a private fitting room area and a head shaving station along with trained,
certified and supportive staff to assist and encourage customers in finding products that best
enhance their treatment experience. Appointments are recommended for fittings of custom
compression garments and breast prostheses. A shuttle departs the SCCA Clinic every 20
minutes for the SCCA House – this is your most convenient way to visit Shine!

Location: Store Hours :
207 Pontius Ave N., Suite 101 M-F 10am to 6 pm, Saturday 10 am to 3 pm
Seattle WA 98109 www.seattlecca.org/shine.cfm

Social Work
Social Work services are available to patients and their families. You may request social work
assistance by calling the clinic social worker and leaving your name and phone number. The
social worker can also be paged by clinic staff and may be able to see you in the clinic that day
or will arrange another time to talk with you. Some of the services the clinic social worker can
offer are:

- Information and referral to community resources, especially resources for cancer patients and their families
- Help with insurance questions and public assistance programs
- Counseling to help with coping with illness and life changes
- Patient and family meetings for short and long-term care planning
- Information on housing and transportation resources for patients and families during treatment
- Advocacy and help with problem solving at any time during your treatment.

**Supportive and Palliative Care Services**

The goal of palliative care is to prevent and relieve suffering and to support the best possible quality of life for you and your family, regardless of the stage of your disease. Palliative care can be delivered along with life-prolonging treatment. Its goals include enhancing the quality of your life, helping with decision-making and providing opportunities for personal growth. Talk to your oncology team and let them know you are interested in seeing the Supportive & Palliative Care Service provider. Appointments can usually be scheduled within one to two weeks.

**Volunteer Services**

Compassionate volunteers provide practical and social support for patients and their families (or caregivers) in a variety of ways. For more information on the SCCA Volunteer Program, please call the appropriate contact numbers listed in the important phone numbers section of this document.

Patient/Family Volunteers offer companionship and practical assistance for families and caregivers of patients who are from outside of Western Washington with no local support. When possible, we match a volunteer with a family based on similar interests. Bilingual volunteers can assist families who do not speak English, if available. Following are examples of ways that a Patient/Family Volunteer can be supportive:

- Meet you at the airport when you arrive in Seattle. Provide rides to and from the airport for family members and friends who are your primary caregivers.
- Help you get to know the city and provide transportation for grocery shopping and errands once or twice a week.
- Offer social activities and opportunities to take relaxing breaks (examples: go out to lunch, visit parks, enjoy movies and sightseeing).
- Offer weekly recreational outings for children and teens.

Volunteers would like to help make your stay in Seattle as comfortable as possible. However, many volunteers work full-time and are unable to provide daily support.
Post Mastectomy Camisoles, Bras & Prosthetics

- Prescription is needed for all post-mastectomy garments.
- It is recommended that you call to make an appointment with a Certified Mastectomy Fitter and check insurance coverage at any of the stores below prior to surgery.
- Only pick up the Camisole(s) prior to surgery.
- Please wait 6 weeks after surgery to be fitted for bras and prosthetics.

Seattle
Shine
207 Pontius Ave N., Suite 101
Seattle, WA 98109
(206) 288-7560
www.seattlecca.org/shine.cfm

Nordstrom
Call to make an appointment with a Certified Mastectomy Fitter
More information can be found on www.Nordstrom.com or by calling 1-888-282-6060

North of Seattle
Mary Catherine’s
10002 Aurora Ave N Bldg 2, Suite 12 & 14
Seattle, WA 98133
(206)322-1128
http://marycatherines.com/

South of Seattle
Judy’s Intimate Apparel
4538 South Pine St
Tacoma, WA 98409
(253)474-4404
www.judysintimateapparel.com

Judy’s Intimate Apparel
2528 Pacific Ave SE
Olympia, WA 98501
(360)357-8807
www.judysintimateapparel.com