Breast Surgery
Patient Care Manual

Knowledge is Power
SCCA Patient and Family Education
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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.sccapatiendeducation.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
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 “Surgical 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 Services (206) 288-1148
Patient & Family Education (206) 288-1033 or (206) 288-1472
Patient & Family Resource Center  (206) 288-2081 Fax: (206) 288-2105
Patient Financial Services  (206) 288-1113
Patient Relations Office  (206) 288-1056
Pharmacy:
Monday- Friday 8am-8pm  For refills, please call(206)-288-6500
Saturday and Sunday 8:30am-5pm  Clinic Pharmacist (206) 288-2017 or (206) 288-1044
Breast or Gyn Onc (206) 288-1044
Anticoagulation Pharmacist (206) 288-6756
Physical Therapy  (206) 288 6373
Procedure Suite  (206) 288-7200
Radiation Oncology  (206) 288-7318
Rain or Shine / Shine Gift Shop  (206) 288-8270 or (206) 288-7560
Receptionist 1st floor  (206) 288-1000
Regulatory Guidance  (206) 616-8222
Security (Lost and Found)  (206) 288-1111
Shine  (206) 288-7560
Social Work Office  (206) 288-1076
Survivorship  (206) 288-1024
Volunteer Services  (206) 288-1075
UWMC Human Subjects  (206) 543-0098
UWMC Patient Data Service  (206) 598-4344
UWMC Patient Relations  (206) 598-8382
UWMC Pharmacy  (206) 598-4363
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.
Maps and Directions

SCCA Clinic
825 Eastlake Avenue East
Seattle, WA 98109-1023
(206) 288-7222

UWMC
1959 NE Pacific St
Seattle, WA 98195
(206) 598-3000

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 clinic building.

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.
  – Hold ACE inhibitor x24 hours per PAC
  – Hold Angiotensin II Receptor x 24 hours

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

Overview
When your doctor tells you to avoid certain medicines or supplements, to prevent bleeding problems. This handout lists specific medicines and supplements that you should avoid before your surgery. Please review with your doctor all medicines that you are taking. Before your surgery, make sure you review with your doctor all medicines and supplements you are taking.

Getting Ready for Surgery
To prevent bleeding problems, your doctor may want you to stop taking some prescription, nonprescription and herbal medicines before your surgery.

Talk with your doctor BEFORE you stop taking these prescription anti-platelet drugs used to prevent blood clots heart attack, or stroke:

- Aspirin
- Clopidogrel (Plavix)
- Dipyridamole (Persantine)
- Dipyridamole/aspirin (Aggrenox)
- Prasugrel (Effluent)
- Ticagrelor (Brilinta)

These prescriptions anticoagulant (blood-thinning) drugs require special instructions before you stop or restart taking them. Ask your doctor or Anticoagulation Clinic for instructions.

- Apixaban (Eliquis)
- Dabigatran (Pradaxa)
- Dalteparin (fragmin)
- Edoxaban (Savaysa)
- Enoxaparin (Lovenox)
- Foudaparinux (Arixtra)
- Rivaroxaban (Xarelto)
- Wafarin (Coumadin)
Avoid the Products Listed Below
You will need to avoid the products listed below in the days before and after surgery. Here are your specific instructions from your doctor:

- Stop taking the products listed in this handout ______ days before your surgery
- You may resume taking these products ______ days after your surgery
- You may take acetaminophen (Tylenol) as needed for minor aches and pains
- You may take medications such as Ibuprofen as instructed by your surgery team

Please note that the lists in this handout are not complete. Other products or supplements may also cause bleeding problems. Check with your doctor if you have question about specific products.

☐ Prescription pain-relief drugs that contain aspirin or other salicylates:
  - Ascomp with codeine
  - Carisoprodol compound
  - Empirin with codeine
  - Fiornal
  - Lanorinal
  - Percodan products
  - Salsalate products
  - Soma products
  - Trisalicylate products
  - Zorprin

☐ Prescription pain-relief drugs that contain nonsteroidal anti-inflammatory agents:
  - Diclofenac (Volataren, Cataflam)
  - Etodolac (Lodine)
  - Fenoprofen (Nalfon)
  - Flurbiprofen (Ansaid)
  - Ibuprofen (Motrin)
  - Indomethacin (Indocin)
  - Ketoprofen (Orudis, Oruvail)
  - Ketorolac (Toradol)
  - Meclofenamate (Meclomen)
  - Mefenamic Acid (Ponstel)
  - Meloxicam (Mobic)
  - Nabumetone (Relafen)
  - Naproxen (Naprosyn, Anaprox)
  - Oxaprozin (Daypro)
  - Piroxicam (Feldene)
  - Sulindac (Clinoril)
  - Tolemetin (Tolectin)

☐ Other prescription pain-relief drugs:
  - Celecoxib (Celebrex)
  - Valdecoxib (Bestra)
Nonprescription products that contain aspirin or salicylate:

- Alka-Seltzer products
- Anacin
- Bayer products
- Buffasal
- Bufferin
- Buffinol
- Doans’
- Durlaza
- Ecotrin
- Empirin
- Excedrin products
- Fem-prin
- Halfprin
- Miniprin
- Pain-off
- Pepto-Bismol
- Saleto
- St. Joseph Adult
- Vanquish

Nonprescription products that contain nonsteroidal anti-inflammatory drugs:

- Advil products
- Aleve products
- Ibuprofen products
- Midol Extra Strength
- Motrin
- Naproxen

Herbal Products and Other Natural Supplements
Starting 7 days before your surgery, stop taking ALL:

- Herbal products
- Natural supplements
- Vitamins
- Other supplements

You may start taking them again when your doctor says it is OK.
On this page is a list of foods, herbs, and natural products that may cause extra bleeding. These products are especially harmful to take if you are having surgery.

Foods, natural supplements and herbs that may cause bleeding problems during and after surgery:

- Agrimony
- Alfalfa
- Aniseed
- Arnica
- Artemesia
- Asa Foetica
- Bishop's weed
- Bladderwrack
- Bochu
- Bogbean
- Boldo
- Bromelains
- Brdock
- Capsicum
- Cassio
- Celery seed
- Chamomile
- Chinese wolfberry
- Chondroitin
- Clove
- Cod liver oil
- Coltsfoot
- Dandelion
- Danshen (salvia)
- Devil’s clas
- Dihydroepiandrosterone
- (DHEA)
- Dong quai (angelica)
- Fenugreek
- Feverfew
- Fish oil
- Flax seseed
- Gamma linoleic acid
- Garlic
- Ginger
- Ginkgo
- Ginseng
- Glucosamine
- Horse chestnut
- Horseradish
- Licorice
- Meadowsweet
- Melatonin
- Melilots
- Nattokinase
- Onion
- Pantethine
- Papain (papaya extract)
- Parsley
- Passionflower
- Policososanol
- Poplar
- Prickly ask
- 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 healthcare provider if you have questions or concerns.

SCCA Pharmacy: (206)288-6500

Adapted with permission from “Medicines to Avoid Before Surgery”, 2015, University of Washington Medical Center
Wire Localization for Surgical Excision

Overview
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 to 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 will be given an arrival time by the scheduler. It may be as early as 7:45 a.m.. 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.

Continued on next page →
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.
Hibiclens® (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).
- Follow the pre-surgery fasting guidelines provided to you
- Shower the night before and morning of surgery. Use Hibiclens 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 be as active as is comfortable, 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. It is permissible to get the steri-strips covering the mastectomy incision wet in the shower.
- 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 after one week post-surgery.
- Follow the activity and weight restrictions on the caremap given to you in the hospital. In general, do not lift more than 10 pounds until cleared by your doctor.
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.
Caring for Your Closed Bulb Drain
For a Jackson-Pratt (JP) or Blake drain

When you go home, you may have drains still in place. You will have a Jackson-Pratt (JP) or Blake self-contained drainage system. This handout explains how to care for your drains at home until your health care provider takes them out.

Your closed bulb drain helps your wound heal because it drains fluid away from your surgical site. This helps keep blood and body fluids from building up under your skin and causing swelling.

The drainage tube goes through your skin near your surgical incision. It is held in place by a stitch (suture).

While you have the drain:

- You may or may not have a dressing

- You will need to change your dressing (bandages) at these times:
  - If you have an antimicrobial disk (BioPatch or Tegaderm), change the dressing on day 7 (see “How to Change Your Dressing” on page 35).
  - If you are using gauze and tape, change the dressing around the tube once a day (see “How to Change Your Dressing” on page 35).

- Empty the bulb/collection container at least 2 times a day (morning and before bedtime). Empty it more often if needed, whenever it is 1/3 full.

- When you empty less than 30 cc of drainage from the bulb/collection container in two 24-hour periods, for 2 days in a row, after one week, call your health care provider. It may be time to remove the drain.

- Keep the area where your drain leaves your body clean and dry.

Continued on next page →
How to Empty Your Drain

Empty your drain at least 2 times every day, or whenever it is \( \frac{1}{3} \) full. Follow these steps:

- Wash your hands with soap and warm water.
- You will receive a measuring cup when you leave the hospital. Use this to measure your drainage. Record the drainage amount on the record sheets (see “Record for Drain 1” and “Record for Drain 2” on pages 5 and 6).

Wash your hands well with soap and warm water before and after you empty your drain.

- 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 (see “How to Strip Your Drain” on page 4).
- 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. (See the drawing on the left side of the page.)
- Clean the plug and spout again with an alcohol wipe.
- Squeeze the bulb flat with your hand. (See the bottom drawing on the left side of the page.) Put the plug back into the spout.
- Never squeeze the bulb after you have put the cap 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. 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.

How to Change Your Dressing

If you have an antibacterial disk and occlusive dressing (such as Biopatch and Tegaderm):

Remove your dressing and the disk 7 days after you leave the hospital. Remove the dressing and disk before then if your dressing gets wet or dirty. The disk will swell if your dressing 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 from sweat. Call your provider if you are not sure if you need to change the dressing.
• Leaving the disk on your skin too long when it is wet may cause skin problems.

When you change your dressing:
• Carefully remove the clear plastic tape and disk at 7 days. Do not pull on the tube. You will see a stitch holding the tube in place.
• Do not use scissors around the tube.

After you remove the disk, change your dressing every day until your follow-up visit. Use dry gauze as the dressing when you change it.

If you have a gauze and tape dressing:
Change your dressing once every day, or more often if your dressing gets wet, dirty, or if the JP insertion site is oozing. To change the dressing:
• Gather and prepare supplies:
  – 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
• Wash your hands with soap and warm water.
• Loosen the tape and remove the old dressing from the drain site. Check for any redness or bad smell. It is best to change your dressing after you shower.
• 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.
**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 and for stripping your drain)
- 2 inch x 2 inch gauze pads
- Paper tape

**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.

**Showering**
- 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.
  - To keep your drain in place in the shower, attach it to a lanyard or shoelace looped loosely around your neck.
  - You may take a bath after the drain is removed, your skin has healed, **and** there is no more drainage from the site.

**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.
- You have a fever higher than 100.5°F (38.5°C).

**After Clinic Hours**
*If you are concerned for any reason and the clinic is closed, please call 206-598-6190. Ask for the Resident doctor on call for your Attending doctor to be paged.*
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Pain Management
Patients may at some time during the course of their illness experience pain. Most pain can easily be treated with pain medication and/or other treatments. Your doctor 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.

How Can We Treat Your Pain?
Your pain can be treated/managed through many different ways. Your doctor may choose to prescribe Tylenol®, ibuprophen 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 recovery.

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.

Information adapted with permission from “Recovering at Home After Anesthesia”, UWMC ©2011
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.
  • Biscodyl 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.

Questions?
Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

On weekdays, call:
  • Dr. Byrd at the SCCA Clinic at 206-288-1160
  • Breast Health Clinic at 206-288-7563
  • 8-Southeast Oncology Unit at 206.598.8300 (8 a.m. to 4:30 p.m.)

After hours and on weekends and holidays, call 206.598.6190 and ask for the resident on call for Surgery to be paged.

Or, ask for your doctor to be paged

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 that forms in the deep veins of the body. Most DVTs form in the legs, either above or below the knee.

Healthy Problems linked with DVTs include pulmonary embolisms (blood clots in the lungs) and venous thromboembolism (a medical term for blood clots).

What causes a DVT?
DVTs can occur:
- After surgery or any injury
- From being inactive for a long time when in the hospital or bedridden
- After long trips in a care or plane
The risk of getting a DVT can be increased by some diseases or by taking medicines that increase the risk of blood clotting. DVTs may also occur without a clear cause.

What are the signs of DVT?
DVT most often occurs in a leg or arm. The most common sighs include:
- Swelling
- Pain or tenderness
- Redness or odd coloring in your skin

Why is it important to prevent blood clots?
We take preventing DVTs very seriously. This is because:
- DVTs are common in patients who have had surgery or are in the hospital and cannot move very much.
- DVTs can cause pain and can increase the risk of getting another blood clot in the future.
- When DVTs occur, extra treatment is needed, which can make your stay in the hospital longer.
- If a DVT is not treated right away, clots in the legs can break apart and travel to other parts of the body. A blood clot that travels to the lungs I called a pulmonary embolism (PE). This type of clot can be life-threatening because it cuts off the blood supply to the lungs.

How do healthcare providers help prevent blood clots?
If you are in the hospital for a long time, or if you are admitted to the hospital after surgery, your healthcare providers will use one or more methods to prevent blood clots. These include:
Blood-thinning Medicines
You may receive medicine to prevent blood clots. This medicine may be:
- Given as an injection under your skin—common injectable medicines are heparin and enoxaparin (brand name Lovenox)
- Taken as a pill 1 to 2 times a day—common types are warfarin (Coumadin), apixaban (Eliquis), and rivaroxaban (Xarelo)

Sequential Compression Devices
Sequential compression devices (SCDs) are wraps that are put around your legs. From time to time, you will feel the SCDs inflate with air, then deflate. This imitates the action of walking and helps prevent blood clots.

If you are having surgery at UWMC, these wraps will be put on your legs and turned on before you go in the operating room.

Walking
Walking soon after surgery can help prevent blood clots. But, walking by itself is not enough to prevent a blood clot when you are in the hospital. It is best if you can walk while also using other ways of preventing blood clots, such as wearing SCDs or taking blood-thinking medicines.
Ask your doctor or nurse what method to prevent blood clots is being used for you.

What can you do to prevent blood clots?
You are an important member of your care team. Here are things you can do to help prevent blood clots?
- If you have any signs of DVT (see page 1), tell your nurse or doctor right away.
- Take any blood-thinning medicine that has been ordered for you.
- Wear your SCDs any time you are in bed or up in a chair.
- Get out of bed and walk in the halls as soon and as much as you can.
- Before you get out of bed, ask for help removing your SCDs.
- If you are on fall precautions, ask for help before you get out of bed.
- Do this simple exercise 10 times every hour while you are awake (see drawing below):
  - Point your toes toward the end of the bed
  - Then point your toes up toward your head

Do this simple exercise while you are in bed to help prevent DVT

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

UWMC Rehabilitation Clinic: 206-598-4295

UWMC Surgical Specialties Center: 206-598-4549
UWMC 4-Southeast: 206-598-4400
UWMC 4-South: 206-598-4670

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

Adapted with permission from "Deep Vein Thrombosis", ©2015, 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:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Do NOT take these on the day of the surgery:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Take these on the day of surgery with 2 ounces (4 tablespoons) of water:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

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 Care Planning

A serious illness or accident can happen to anyone at any age. Advance care planning can help you document decisions about your health care in case you become ill or injured and can no longer speak for yourself. Completing your advance directives is one of the best ways to make sure that your family, friends, and doctors know about and follow your health care choices.

An advance directive is a combination of two legal documents (provided to you in this section of the manual), called:

- **Durable Power of Attorney for Health Care (DPOAHC):** This form lets you name a health care agent. A health care agent is someone who can make decisions about your care, including decisions about life support, if you can no longer speak for yourself. If you do not designate your health care agent, Washington law will assign one for you.

- **Health Care Directive:** This form expresses your wishes in writing regarding your medical care, including decisions about life support if you cannot speak for yourself—for instance, if you are in a coma. Having written instructions can help reduce confusion or disagreement among your family members or health care providers. Your family and doctors are required by law to follow the instructions in your health care directive.

You can complete either just the PDOAHC or the combined Health Care Directive/DPOAHC. The combined form takes more time to complete as it lets you name your health care agent and describe what treatment you would want if you have a serious accident or illness and cannot speak for yourself.

Once you have filled out the forms you want, give photocopies of the signed original to your health care agent(s), physician(s), lawyer, family, close friends, clergy, and anyone else who might become involved in your health care.

For your convenience, the SCCA provides complimentary notarization of your advance care planning documents in the Patient and Family Resource Center located on the 3rd floor of the clinic.

If you have questions or need guidance in preparing your advance care planning documents, please call our SCCA Supportive Care services at 206-288-1076 and a staff member will be glad to assist you.
Durable Power of Attorney for Health Care (DPOAHC) Questions and Answers

What is a Durable Power of Attorney for Health Care (DPOAHC)?
The DPOAHC lets you name a health care agent, to make decisions about your medical care. These include decisions about life support if you can no longer speak for yourself.

How should I choose a health care agent?
Be sure the person you appoint as your health care agent understands your wishes, agrees to honor them, and will take responsibility for making medical decisions for you even if others challenge your wishes.

The person you name to be your health care agent:
- Must be at least 18 years old and mentally competent.
- May be a family member or close friend you trust to make serious decisions.
- Does not have to be your spouse, partner, or a member of your biological family.
- Need not live in Washington but would need to be readily available in a medical emergency.

The person you appoint as your health care agent cannot be:
- Your physician or an employee of your physician.
- An owner, operator, administrator, or employee of a health care facility in which you are a patient at the time you sign your DPOAHC.

What happens if I do not choose a health care agent?
If you do not designate a health care agent, Washington law will assign one for you. An agent will be chosen from the list below in the following order:
- A guardian with health decision-making authority, if one has been appointed by a court.
- Your spouse or registered domestic partner (even if you are separated but not legally divorced). Your adult children.
- Your parents.
- Your adult siblings.

When there is more than one person given authority, such as your children, parents, or siblings, all must agree.

What if I have a same-sex spouse or registered domestic partner?
Your domestic partner or spouse may not have the right to make your health care decisions or even have access to you in an emergency medical situation outside of Washington. List your domestic partner or spouse as your health care agent on your DPOAHC form if you travel outside of Washington and want him/her to make health care decisions for you.
What if the court appoints a guardian for me?
Washington law does not direct that a health care agent should be the court’s first choice for guardian. It makes sense to request that one of your health care agents serve as your guardian, because that is the person you trust. A judge is not required to appoint the person you request, but the court would probably give your wishes serious consideration.

How can I revoke or cancel my DPOAHC?
You may revoke your DPOAHC at any time by doing any one of the following:
- Canceling, defacing, obliterating, burning, tearing, or otherwise physically destroying it or having another person destroy it for you in your presence. All copies should be destroyed.
- Executing a written and dated revocation
- Orally expressing your intent to revoke it.

Where should I keep my DPOAHC?
Keep the original signed documents in a secure but accessible place that your agent knows about. Copies of your DPOAHC are just as valid as the original. Give photocopies of the signed original to your health care agent(s), physician(s), lawyer, family, close friends, clergy, and anyone else who might become involved in your health care. If you enter a nursing home or hospital, have photocopies of your documents placed in your medical records. To ensure your DPOAHC is accessible, you may want to keep copies in your wallet/purse, car or in a suitcase.

What if I want to make changes?
If you want to make changes to your documents after they have been signed, you should complete a new document. However, updating addresses or phone numbers is permissible. Updates should be initialed and dated.

What if I travel to other states?
If you travel, you may want to take copies of your DPOAHC with you, as other states may honor it. Although they may have specific requirements about notarization or witnessing, most states do not require a specific form or format.

Do I need to have my DPOAHC witnessed or notarized?
Beginning January 1, 2017, the DPOAHC must be either witnessed by 2 witnesses or notarized in order to be legally binding.

The witnesses must be:
- At least 18 years old,
- Not related to you by blood, marriage, or adoption,
- Not your health care agent named in this document,
- As far as they know, not beneficiaries of your will, and no claim against your estate,
- Not directly involved in your health care,
- Not an employee of your physician or a health care facility where you may reside.

DPOAHC completed prior to January 1, 2017, will remain legally valid as long as its version complied with the Washington State law at the time of its completion. In addition, some states do require DPOAHC to be notarized. SCCA provides complimentary notarization of advance care planning documents in our Patient and Family Resource Center located on the 3rd floor of the clinic.
DURABLE POWER OF ATTORNEY FOR HEALTH CARE of: ________________________________

This document is meant to inform and guide my health care agent, if I become unable to speak for myself. I understand that before I sign this directive, I can add to, delete from, or otherwise change the wording of this directive. I may add to or delete from this directive at any time, and any changes shall be consistent with Washington State law or federal constitutional law to be legally valid. I hereby cancel all healthcare powers of attorney previously signed by me.

1. When I Want This Document To Apply
I want this document to apply if I become unable to make my own health care decision(s) due to disability or incapacity. I understand that such inability may be temporary. I also understand that if I become unable to make certain decisions, I may still be able to make others. When I can make my own health care decisions, I want to do so.

2. My Health Care Agent
I appoint as my agent: ____________________________________________

Name ____________________________________________
Address ____________________________________________
Telephone ____________________________________________

My alternate agent (optional):

Name ____________________________________________
Address ____________________________________________
Telephone ____________________________________________

I have previously completed {initial all that apply}:

Health Care Directive (i.e. living will, advance directive) ________Yes ________No

Physician Order for Life-Sustaining Treatment (POLST) ________Yes ________No

3. The Authority I Give My Agent
I grant my agent complete authority to make all decisions about my health care. This includes, but is not limited to:

- Consenting, refusing consent, and withdrawing consent for medical treatment recommended by my physician, including life-sustaining treatments;
- Asking for particular medical treatments;
- Accessing my medical records and information;
- Employing and dismissing health care providers;
- Changing my health care insurers;
- Making a Physician Order for Life-Sustaining Treatment (POLST) form for me;
- Removing me from any health care facility to another facility, a private home, or other place.

This release authority additionally applies to information governed by the Health Insurance Portability and Accounting Act (HIPAA) of 1996 as hereafter amended.

4. If A Court Appoints A Guardian For Me
If I have named a health care agent, I want my agent to be my guardian. If he/she cannot serve, then I want my alternate agent to be my guardian. If the court decides to appoint someone else, I ask that the court require the guardian to consult with my agent (or alternate) concerning all health care decisions that would require my consent if I were acting for myself.

5. How This Directive Can Be Revoked Or Canceled
This directive can be revoked by a written statement to that effect, or by any other expression of intent to revoke. However, if I express disagreement with a particular decision made for me, that disagreement alone is not a revocation of this document.
6. Summary And Signature
I understand what this document means. If I am ever unable to make my own health care decisions, I am directing my agent to make health care decisions for me. I make this document of my free will, and I believe I have the mental and emotional capacity to do so. I want this document to become effective even if I become incompetent.

Signature {sign only in the presence of two witnesses, if witnessing OR notary, if notarizing} Date

Note: You must complete either section 7 (Statement of Witnesses) or section 8 (Notarization) in order for this document to be legally binding.

7. Statement Of Witnesses {print your name - not the names of your witnesses – on the line below}

________________________________________ is personally known to me, and I believe him/her to be capable of making health care decisions. I affirm I am at least 18 years old, not related to him/her by blood, marriage, or adoption, and not his/her health care agent named in this document. As far as I know I am not a beneficiary of his/her will or any addition to his/her will, and I have no claim against his/her estate. I am not directly involved in his/ her health care, and I am not an employee of his/her physician or a health care facility where the person making this document may reside.

WITNESS 1 WITNESS 2

Signature Date Signature Date

Printed Name Phone Printed Name Phone

Address

8. Notarization
State of Washington, County of ____________________________
signed this document and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in this document.
Dated this ____________ day of ______________________, 20 __________

_____________________________ NOTARY PUBLIC in and for the State of Washington

Residing at ____________________________

My commission expires ____________________________

Note: SCCA provides complimentary notarization for your DPOAHC in the Patient and Family Resource Center located on the 3rd floor of the clinic.

Photocopies and faxes of this signed document are legal and valid
Advance Directive Questions and Answers

What is an Advance Directive?
An Advance Directive protects your right to refuse or request treatment, if you are not able to make decisions. Combining the two documents helps you to keep the information in one place. An Advance Directive is a combination of two legal documents, called:

- Health Care Directive
- Durable Power of Attorney for Health Care

What is a Durable Power of Attorney for Health Care?
The Durable Power of Attorney for Health Care lets you name a health care agent. A health care agent is someone who can make decisions about your care, including decisions about life support, if you can no longer speak for yourself.

What is a Health Care Directive?
The Health Care Directive lets you state your wishes if your physician decides that you have developed a terminal condition and can no longer make your own medical decisions. The Health Care Directive also applies to conditions of persistent unconsciousness or vegetative state, and irreversible coma. Another physician must agree with your physician's decision.

What if I need help with preparing my advance directive?
Consider filling out the Values Worksheet form located on the last two pages of this document. It may help to gather your thoughts and clarify your values about your end-of-life choices. If you feel that it helps to explain your beliefs about your end-of-life wishes, you may choose to include it with your signed advance directive. If you have questions or need guidance in preparing your advance directive, please call our Supportive Care services at 206-288-1076 and a staff member will be glad to assist you.

How should I choose a Health Care Agent?
Be sure your health care agent understands your wishes and agrees to follow them. This person will take responsibility for making your medical decisions, even if others challenge your wishes.

The person you name to be your health care agent:
- Must be at least 18 years old and mentally competent.
- May be a family member or close friend you trust to make serious decisions.
- Does not have to be your spouse, partner, or a member of your biological family.
- Does not need to be in Washington, but needs to be available in a medical emergency.

The person you appoint as your health care agent cannot be:
- Your physician or an employee of your physician.
- An owner, operator, administrator, or employee of a health care facility where you are currently a patient.
What happens if I do not choose a Health Care Agent?
Choosing a health care agent is recommended. If you do not choose a health care agent, Washington law will assign one for you. An agent will be chosen from the list below in the following order:

- A guardian with health decision-making authority, if one has been appointed by a court.
- Your spouse or registered domestic partner (even if you are separated but not legally divorced).
- Your adult children.
- Your parents.
- Your adult siblings.

When there is more than one person given authority, such as your children, parents, or siblings, all must agree.

What if I have a same sex-spouse or registered domestic partner?
Your domestic partner or spouse may not have the right to make your health care decisions or even have access to you in an emergency medical situation outside of Washington. List your domestic partner or spouse as your health care agent on this form if you travel outside of Washington and want him/her to make health care decisions for you.

What is a POLST form and why is it important?
The POLST form is intended for any adult, 18 years of age or older, with serious health conditions. The form translates your wishes regarding life-sustaining treatments into a physician's orders and requires a physician's signature to be valid. Some physicians may not sign the form if the patient is not the person who has filled it out. Allowing your health care agent to complete a POLST form in your Advance Directive may lessen your physician's concern.

What if I do not want life sustaining treatment for conditions in which my physician is unsure whether I will ever regain consciousness?
In section 5(a) on the Advance Directive form, you can decide the number of weeks you would want life-sustaining treatment to continue if your condition is deemed medically futile. If you prefer to rely on your physician's judgment you can write “Dr.'s judgment” instead.

What if I want temporary life sustaining treatment used?
Sometimes it is hard for physicians to know if using temporary life-sustaining treatment will help a patient recover. You might want life-sustaining treatments if there is a good chance of recovery. You might not want life-sustaining treatment; because once treatment has started it might be difficult to have it stopped.

It can be very difficult for doctors and health care agents to give up trying when they know it means a patient will soon die. Stating a time limit will give them permission to stop treatment when there is no reasonable expectation of recovery.

How do I express my wishes regarding comfort care and pain medication?
High doses of pain medication can decrease breathing, sometimes resulting in death. Decreased breathing from pain medication does not cause suffering because the medication causes heavy sedation. Drug dependency in a dying person is not an ethical or legal concern. Developing a tolerance to pain medication is not addiction.

What if a health care institution refuses to honor my wishes?
Catholic or other religiously affiliated health care institutions follow certain religious directives or moral teachings. Because of this, they may not honor your Advance Directive if it conflicts with their institutional values. If you are terminally ill or death is likely, religiously affiliated institutions will usually honor your choices to stop or not start life-sustaining treatment. However, in situations involving pregnancy or persistent vegetative state, they may refuse to honor your wishes. Moving to a different facility is sometimes the best option.
**Does my Advance Directive remain in effect after death?**
Washington law does not explicitly allow health care directives to remain in effect after death. You can state your intention that the document remains in effect to carry out any procedure you request or consent to, including experimental treatments, organ/tissue donation, autopsy, and medical research or education, on your Advance Directive form.

**What if the court appoints a guardian for me?**
Washington law does not direct that a health care agent should be the court’s first choice for guardian. It makes sense to request that one of your health care agents serve as your guardian, because that is the person you trust to make a decision to end your life. A judge is not required to appoint the person you request, but the court would probably give your wishes serious consideration.

**What if I choose to revoke or cancel my Advance Directive?**
You may revoke your Advance Directive at any time by doing any one of the following:
- Canceling, defacing, obliterating, burning, tearing, or otherwise physically destroying it or having another person destroy it for you in your presence. All copies should be destroyed.
- Executing a written and dated revocation.
- Orally expressing your intent to revoke it.

You should notify your health care agent and your physician(s) in writing of your intent to revoke. If you are unable to write, you can have someone else write a statement for you explaining that you are unable to write, but want your Advance Directive revoked.

If possible, destroy copies of your revoked document, or ask those who have revoked copies to destroy them. Keep one copy of your revoked Advance Directive in your records with the word “REVOKED” written across the front. This shows how long you have thought about these issues and could help if it becomes necessary to rely on a new Advance Directive shortly after you prepared the document.

**Who can witness the signing of my Advance Directive?**
In order to make your directive legally binding, you must sign the document in the presence of two adult witnesses (and a notary if notarizing).

The witnesses cannot be:
- Related to you by blood or marriage.
- Entitled to any portion of your estate through the operation of law or through any will.
- A person who has a claim against your estate.
- Your physician or an employee of your physician.
- An owner, operator, administrator, or employee of a health care facility in which you are a patient at the time you sign your Advance Directive.

**Where should I keep my Advance Directive?**
Copies of your Advance Directive are just as valid as the original. However, you should keep the original in a secure but accessible place. Do not give the original to your attorney or put it in a safe deposit box or any other security box that would keep others from having access to them in the event of an emergency. Your health care agent(s) or other close family and friends should know where to find your document. To ensure your Advance Directive is accessible, you may want to carry copies in your wallet/purse, car or in a suitcase.
Who should have a copy?
Give copies of the signed originals to your health care agent(s), physician(s), lawyer, family, close friends, clergy, designated agent(s) for funeral arrangements, and anyone else who might become involved in your health care. If you enter a nursing home or hospital, have copies of your documents placed in your medical records.

How do I tell important people my wishes?
It is important to discuss your Advance Directive with people close to you. Discuss your wishes concerning medical treatment with your health care agent(s), physician(s), clergy, family, and friends often, particularly if your medical condition changes. Make clear to other family members that your health care agent(s) will have final authority to act on your behalf.

Will my physician honor my wishes?
When you present your Advance Directive to your physician(s), ask if he or she will honor it. If not, find a physician who will.

What happens if I am offered other health care directive forms when admitted to a health care facility or enrolled in a home-based health care program?
Do not fill out these forms. Give admissions staff a copy of your completed Advance Directive. Most other forms are not as comprehensive or effective and may be interpreted in a conflicting way.

What if I want to make changes?
If you want to make changes after your Advance Directive has been signed and witnessed you should complete a new document. However, updating addresses or phone numbers is permissible. Updates should be initialed and dated. Be sure to review your Advance Directive occasionally to be sure it reflects your current preferences and values. Initial and date it whenever you review it.

Will my Advance Directive be effective in a medical emergency?
No, your Advance Directive will not be effective in the event of a medical emergency. Ambulance personnel are required to provide cardiopulmonary resuscitation (CPR) and other life-sustaining treatments unless a valid Physician Orders for Life-Sustaining Treatment (POLST) form is present.

What if I travel to other states?
If you travel, you may want to take copies of your Advance Directive with you, as other states may honor it. Although they may have specific requirements about notarization or witnessing, most states do not require a specific form or format. Washington State registered domestic partners should be diligent about carrying their Advance Directives when traveling outside of Washington.

Do I need to have my Advance Directive notarized?
Notaries do not normally affirm anything beyond the identity of the person signing the document before them. While Washington State does not require notarization of this advance directive to make it legal, this form includes a notary statement because we believe that notarization eliminates doubt about the validity of your document in the future. Additionally, some states do require advance directives to be notarized. SCCA provides complimentary notarization of advance directives in our Patient and Family Resource Center located on the 3rd floor of the clinic.

Note: Using a notary is not a legal substitution for having your advance directive witnessed. In order to make your advance directive legally binding, you must sign it in the presence of two adult witnesses.
The following are questions you may want to consider as you make decisions and prepare documents concerning the kind of health care you want to receive now and in the future. You may want to write down your answers and provide copies to your family members and health care providers, or simply use the questions for discussion. How important are the following items?

**VERY IMPORTANT**

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<th>Item</th>
<th>4</th>
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<td>Letting nature take its course.</td>
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<td>Preserving quality of life.</td>
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<td>Staying true to my spiritual beliefs/traditions.</td>
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<td>Living as long as possible, regardless of quality of life.</td>
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<td>Being independent.</td>
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<td>Being comfortable and as pain free as possible.</td>
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<td>Leaving good memories for my family and friends.</td>
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<td>Making a contribution to medical research or teaching.</td>
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<td>Being able to relate to family and friends.</td>
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<td>Being free of physical limitations.</td>
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<td>Being mentally alert and competent.</td>
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<td>Being able to leave money to family, friends, or charity.</td>
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<td>Dying in a short while rather than lingering.</td>
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<tr>
<td>Avoiding expensive care.</td>
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</table>
What will be important to you when you are dying (e.g. physical comfort, no pain, family members present, etc.)?

How do you feel about the use of life-sustaining measures in the face of terminal illness? Permanent coma? Irreversible chronic illness, such as Alzheimer’s disease?

Do you have strong feelings about particular medical procedures? Some procedures to think about include mechanical breathing (respirator), cardiopulmonary resuscitation (CPR), artificial nutrition and hydration, hospital intensive care, pain relief medication, chemo or radiation therapy, and surgery.

What limitations to your physical and mental health would affect the health care decisions you would make?

Would you want to have financial matters taken into account when treatment decisions are made?

Would you want to be placed in a nursing home if your condition warranted?

Would you prefer Hospice care, with the goal of keeping you comfortable in your home during the final period of your life, as an alternative to hospitalization?

In general, do you wish to participate or share in making decisions about your health care and treatment?

Would you always want to know the truth about your condition, treatment options, and the change of success of treatments?
HEALTH CARE DIRECTIVE and DURABLE POWER OF ATTORNEY FOR HEALTH CARE

of: ________________________________

{print your name here}

This document states my choices about life-sustaining medical treatment and comfort care. It is meant to inform and guide my agent/guardian and clinicians who will make health care decisions for me if I become unable to speak for myself. I understand that before I sign this directive and durable power of attorney for health care, I can add to, delete from or otherwise change the wording of this directive. I may add to or delete from this directive and durable power of attorney for health care at any time and acknowledge that these changes must be consistent with Washington State law or federal constitutional law to be legally valid.

I want this form to replace and cancel all health care powers of attorney and health care directives signed by me in the past.

1. When I Want This Document To Apply

I want this document to apply if I become unable to make my own health care decision(s) due to disability or incapacity. I understand that such inability may be temporary. I also understand that if I become unable to make certain decisions, I may still be able to make others. When I can make my own health care decisions, I want to do so. Each section filled out below will cancel and replace any health care directive and durable health care power of attorney signed by me in the past.

   **Durable Power of Attorney for Health Care**

2. My Health Care Agent

I appoint as my agent: ________________________________ My alternate agent (optional): ________________________________

Name ____________________________________________ Name ____________________________________________

Address ____________________________________________ Address ____________________________________________

Telephone ____________________________________________ Telephone ____________________________________________

3. The Authority I Give My Health Care Agent

I grant my agent complete power to make all decisions about my health care. This includes, but is not limited to:

- Consenting to, or refusing/withdrawing consent, for medical treatment recommended by my physician, including life-sustaining treatments;
- Asking for particular medical treatments;
- Accessing my medical records and information;
- Employing and dismissing health care providers;
- Changing my health care insurers;
- Making a Physician Order for Life-Sustaining Treatment (POLST) form for me; and
- Removing me from any health care facility to another facility, a private home, or other place.

This release authority additionally applies to information governed by the Health Insurance Portability and Accounting Act (HIPAA) of 1996 as hereafter amended.

Photocopies and faxes of this signed document are legal and valid.
4. **How To Make My Health Care Decisions**

I want whoever makes my health care decisions to follow the choices I state in this document. If what I would want is not known, then I want decisions to be made in my best interest, based on:

- my values,
- the contents of this document, and
- medical information provided by my health care providers.

**Health Care Directive**

I make this health care directive to provide clear and convincing proof of my choices and instructions about my treatment.

5. **When I Do Not Want Life-Sustaining Treatment**

If I am in the following condition(s), I would want to be allowed to die: *initial all that apply*

- **(a)** If I am unable to think or communicate due to any medical condition (including coma) and this condition is probably permanent or will not improve for __________ week(s).
  
  {write number of weeks or “Dr.’s judgment”}

- **(b)** Total dependence on others for my care because of my physical condition, which is probably permanent.

- **(c)** Pain which cannot be controlled, or can be eliminated only by sedating me so heavily that I cannot communicate.

- **(d)** Dementia such as Alzheimer’s Disease.

- **(e)** Other circumstances in which I would not want life-sustaining treatment (optional):

  *If this space is not sufficient, write: “See attached page.” Any attached page should be signed and witnessed (notary is optional). If you have a potentially life-threatening, chronic condition, discuss specific instructions with your physician.*

6. **Temporary Use Of Life-Sustaining Treatment**

I understand temporary life sustaining treatment might be an option when my physician thinks that my quality of life might improve. If so, then: *initial one*

- **(a)** I want life-sustaining treatment, for up to __________ week(s).

  {Insert number of weeks or “Dr.’s judgment”}


*Photocopies and faxes of this signed document are legal and valid*
7. **Life-Sustaining Treatment I do not want**

If I experience a condition I initialed in section 5 or if I experience a quality of life my agent believes I would consider unacceptable, I do not want these life-sustaining treatments started, and, if already in use, I want them stopped (except for temporary use if I authorized that in section 6): {initial all that you do not want}

- ________ Nutrition and hydration other than ordinary food and water delivered by mouth, if I cannot eat and drink enough to sustain myself.
- ________ All cardiopulmonary resuscitation (CPR) measures to try to restart my heart or breathing, if those stop, including artificial ventilation, stimulants, diuretics, heart regulating drugs, or any other treatment for heart failure.
- ________ Blood dialysis or filtration to clean life-threatening substances from my blood, if my kidneys do not work normally.
- ________ Transfusion of blood, plasma, blood products, or other fluids to replace lost of diseased blood.

8. **My Wishes Concerning Comfort Care And Pain Medication**

If I appear to be in pain, experiencing breathlessness or otherwise uncomfortable, and am unable to communicate my wishes, I want vigorous treatment to relieve my pain and symptoms and to make me comfortable, even if my physicians or other medical providers believe this might make me unconscious or lead to my death: {initial one}

- ________ Yes       ________ No

Furthermore, use my POLST form (if completed) to learn about my other preferences.

9. **Regarding A Health Care Institution Refusing To Honor My Wishes**

If I am a patient in a health care institution whose policies or religious beliefs are in conflict with this Advance Directive, my admission does not give implied consent to procedures or courses of treatment in conflict with this Advance Directive. Furthermore, if the health care institution in which I am a patient does not follow my wishes as stated in the Advance Directive, I want to be transferred in a timely manner to a hospital, nursing home, or other institution which will agree to honor the instructions set forth in this advance directive.

10. **My Wishes Concerning Other Matters**

I want this directive to remain in effect after my death for autopsy, organ donation, use of my body for research, and for my agent to make arrangements for my remains if I authorize it below. {initial all that apply}

YES  NO

- a. I consent to medical treatments that are experimental.
- ________  ________

- b. I want to donate organs/tissues.
- ________  ________

- c. I consent to an autopsy.
- ________  ________

- d. I consent to use of all or part of my body for medical education or research.
- ________  ________
I have named the following individual as my designated agent for funeral arrangements: {initial one}
If you do not use this section, cross it out.

________________________ My Health Care Agent (listed in section 2 of this document) is also authorized to make funeral arrangements

________________________ I have named an alternate agent for funeral arrangements

My alternate agent for funeral arrangements:
Name _______________________________
Address _______________________________
Telephone _______________________________

I want my remains to be disposed of as follows:
If you have left instructions in a property will or have made arrangements with a funeral home or People’s Memorial Association, there is no need to complete this part. If you do not use this section cross it out.

11. If A Court Appoints A Guardian For Me
If I have named a health care agent, I want my agent to be my guardian. If he/she cannot serve, then I want my alternate agent to be my guardian. If the court decides to appoint someone else, I ask that the court require the guardian to consult with my agent (or alternate) concerning all health care decisions that would require my consent if I were acting for myself.

12. How This Document Can Be Revoked Or Canceled
This health care directive and durable power of attorney for health care can be revoked by a written statement to that effect, or by any other expression of intention to revoke. However, if I express disagreement with a particular decision made for me, that disagreement alone is not a revocation of this document.

13. Summary And Signature {sign only in the presence of two witnesses}
I understand what this document means. If I am ever unable to make my own health care decisions, I am directing whoever makes them for me to do as I have said here. This includes withholding and/or withdrawing life-sustaining medical treatment, which might result in my death occurring sooner than if everything medically possible were done. I make this document of my free will, and I believe I have the mental and emotional capacity to do so. I want this document to become effective even if I become incompetent.

Signature ___________________________ Date ___________________________

Photocopies and faxes of this signed document are legal and valid
14. Statement Of Witnesses {print your name - not the names of your witnesses – on the line below}

____________________________________ is personally known to me, and I believe him/her to be capable of making health care decisions. I affirm I am at least 18 years old, not related to him/her by blood, marriage, or adoption, and not his/her health care agent named in this document. As far as I know I am not a beneficiary of his/her will or any addition to his/her will, and I have no claim against his/her estate. I am not directly involved in his/her health care, and I am not an employee of his/her physician or a health care facility where the person making this document may reside.

WITNESS 1

Signature       Date
Printed Name    Phone
Address

WITNESS 2

Signature       Date
Printed Name    Phone
Address

15. Notarization {optional if used in State of Washington}

____________________________________       __________________________
Signature {sign only in the presence of a notary}       Date

State of Washington, County of __________________________

I certify that I know or have satisfactory evidence that ________________________ signed this document and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in this document.

Dated this __________ day of ________________, 20 ______

____________________________________
NOTARY PUBLIC in and for the State of Washington Residing at __________________________

My commission expires __________________________

Note: Notarization of Advance Directives is optional in Washington State. This form includes notary statement because we believe that notarization eliminates doubt about the validity of your document. Additionally, some states do require advance directives to be notarized. SCCA provides complimentary notarization of advance directives in our Patient and Family Resource Center located on the 3rd floor of the clinic.

Photocopies and faxes of this signed document are legal and valid
Chapter 4:
Notes/Miscellaneous
Chapter 5: Resources
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: 207 Pontius Ave N., Suite 101
Seattle WA 98109

Store Hours:
M-F 10am to 6 pm, Saturday 10 am to 3 pm
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. The drain(s) should be removed prior to being fit

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 Department
10002 Aurora Ave North, Bldg. 2 Ste 12,
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

West of Seattle
Jims Pharmacy/Home Health
424 East 2nd Street
Port Angeles, WA 98362
(360)457-3462
(800)421-0406
www.jimsrx.com