

Pre-Operative Checklist for Neurosurgical Patients

Did you:

- ☐ Read the Pre-Operative Instructions?
-
- ☐ Follow the guidelines for the medication instructions in your pre-operative packet?
 - **STOP taking Aspirin and other blood-thinning medications/supplements at least 10-14 days before surgery?**
 - ☐ Follow the guidelines regarding eating and drinking prior to your surgery (including not eating anything after midnight or at least 8 hours prior to your surgery check-in time)?
 - ☐ Follow the general skin cleansing instructions for bathing or showers using Chlorhexidine (CHG) shower soap to prevent infections?
 - ☐ Fill out the "Admission Medication History" and "Medical History" forms completely?
 - ☐ Bring a copy of your **Advance Directive** (if you have one), **insurance card**, and **photo I.D.**?
 - ☐ Leave all valuables at home?
 - ☐ Call the Procedure & Treatment Unit (PTU) the day before your surgery to find out what time to arrive at the hospital and inform the PTU staff if you need a translator?

Ronald Reagan UCLA Medical Center: **424-259-8070**
UCLA Medical Center, Santa Monica: **424-259-8060**
 - ☐ Arrange for transport home after your surgery?
 - ☐ Arrange for a caregiver/coach and transportation for at least 1-2 weeks after being discharged from the hospital?

Questions/Notes:

Pre-operative instructions for adult patients undergoing Planned Neurosurgery

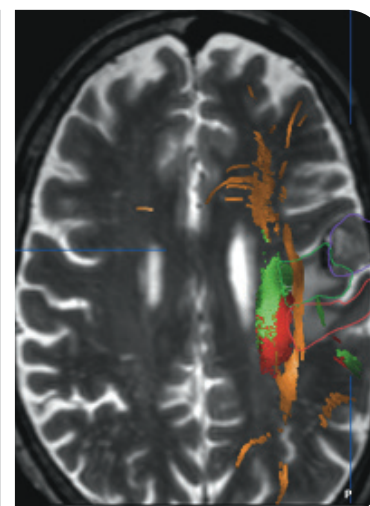
Patient: _____

Surgeon: _____

Care Coordinator: _____

Surgery date: _____

Procedure: _____



CONTACT INFORMATION

During business hours, please call UCLA Neurosurgery: **310-825-5111**. Ask to speak with your surgeon.

After business hours, please call the UCLA page operator: **310-825-6301**. Ask to have the neurosurgical resident on call contacted for urgent questions.

Pre-Operative Evaluation and Planning Center (Ronald Reagan UCLA Medical Center Main Operating Room):
424-259-8070. Please call between the hours of 2:00 p.m. and 4:00 p.m.

1. IN PREPARATION FOR YOUR SURGERY

Do I need to see any other doctor before my surgery?

- ☐ See your primary care physician (PCP). Laboratory tests and history and physical may need to be done within 30 days of surgery. Verify with your care coordinator if he/she will schedule the appointment (s).
- ☐ Inform your surgeon if you are under the care of a medical specialist (for example a cardiologist, pulmonologist, hematologist-oncologist, or other medical specialist). Additional pre-operative evaluations may be necessary from these specialists.

What paperwork needs to be filled out before my surgery?

- ☐ **Surgical Informed Consent:** This is a document you sign after discussing benefits, risks, and alternatives to surgery with your surgeon.
- ☐ **Blood Transfusion Consent:** You will be asked to consent or specifically refuse blood transfusions. If you would like to donate your own blood for surgery, please discuss this with your surgeon well in advance of your surgery.
- ☐ **Advance Health Care Directive:** This allows you to state your wishes about the medical treatment that you do or do not wish to receive. It also allows you to appoint an individual to make healthcare decisions on your behalf in the event you are unable to do so yourself. Please bring a copy of your Advance Health Care Directive if you already have one.
- ☐ **Disability Forms:** Please let your provider know if you need any disability forms completed. If applicable, you may apply online at www.edd.ca.gov/disability.

Do I need to identify a contact person (patient coach) before my surgery?

- ☐ Designate one person to serve as your contact person and “coach” throughout your hospital phase of care for possibly 2-3 weeks post-operatively. Their role will be to support you through this process.
- ☐ Your contact person or coach should also be present on the day of your discharge when you receive final discharge information from the care team.

How do I manage my medications before surgery?

- ☐ If you are taking **blood thinners** such as Plavix (Clopidogrel), Coumadin (Warfarin), Pradaxa (Dabigatran), Rivaroxaban (Xarelto) or Apixaban (Eliquis), **please contact your surgeon’s and PCP’s office as you may need to stop taking these medications.** Your surgeon and PCP will then need to work together for optimal management of these medications.
- ☐ **Diabetes medications** Please contact your PCP for instructions because you may not need these medications the morning of your surgery.
- ☐ **Blood pressure medications** If you take this in the morning, take it with only a sip of water the morning of surgery. If you take it in the afternoon or evening, take it the day **BEFORE** surgery.
- ☐ **Seizure medications** If you take this in the morning, take it with only a sip of water the morning of surgery.
- ☐ **Movement disorder medications** (for Parkinson’s disease, tremors, dystonia). **DO NOT TAKE** these medications after midnight the night **BEFORE YOUR FIRST STAGE SURGERY** (Electrode Implantation).

- ☐ DO NOT BRING MEDICATIONS FROM HOME UNLESS SPECIFICALLY INSTRUCTED.
- ☐ Complete the **Admission Medication History Form** if you have not already done so. Please specify the DOSE and FREQUENCY for each medication, including supplements and herbal medications. Bring this form with you to the Admissions Desk when you are checking in.

PLEASE ask your surgeon when you should stop taking the medications below.

ASPIRIN OR ASPIRIN-CONTAINING PRODUCTS

☐ Over the counter

Alka Seltzer, Aspirin regimen Bayer, Ecotrin, Excedrin or Excedrin extra strength, Momentum Backache Relief, Vanquish Analgesic Caplets

☐ Prescription

Easprin, Disalcid, Plavix, Salflex, Trilisate

NON-STEROIDAL ANALGESICS (NSAIDS)

☐ Over the counter

Advil, Aleve, Motrin, Nuprin, Orudis KT

☐ Prescription

Mobic (Meloxicam), Celebrex, Anaprox Nalfon, Arthrotec Naproxyn, Cataflam Oruvail, Clinoril Ponstel Kapseals, Daypro Relafen, Disalcid Salflex, Ec-Naproxyn Tolectin, Feldene Toradol, Indocin Trilisate, Lodine Voltaren

HERBS

- ☐ Echinacea, St. John's Wort, Ephedra, Valerian, Feverfew, Vitamin E, Fish Oil, Vitamin C (large doses above the RDA), Garlic, Gingko Biloba, Ginger, Ginseng, Green tea, Kava kava

If you are unsure if your medication(s) contain aspirin, please consult your pharmacist.

Is there any special skin preparation before surgery?

- ☐ Please do not cut your hair or shave your back/neck before surgery.
- ☐ An antiseptic skin cleanser liquid called CHG (chlorhexidine gluconate) is recommended. Please see informational sheet on page 9.

Are there additional ways I can prepare for my surgery?

- ☐ Watch the pre-operative video: <http://neurosurgery.ucla.edu/preopvideo>

When is the last time I can eat or drink before surgery?

- ☐ **Do not eat anything** (including chewing gum or candy) **after midnight or at least 8 hours prior to your surgery check-in time.** You may **ONLY** have sips of clear liquids (water, Pedialyte, or Gatorade) as needed to take medications until 5:00 am on the morning of surgery. You may brush your teeth and rinse your mouth, but do not swallow any of the water.

What if English is not my first language?

- ☐ **A representative from Interpreter Services is always available at no cost.** Please notify the Pre-operative Evaluation and Planning Center at **424-259-8070** the day before your surgery if you will need an interpreter.

2. PRIOR TO YOUR SURGERY DATE

What do I do if I feel sick before surgery?

- ☐ If you have a fever, flu, or any other concerning symptoms, please notify your surgeon's office as soon as possible prior to your surgery, as your surgery may need to be postponed.

When is the admission check-in time confirmed?

- ☐ **On the business day before your surgery**, you must call the Pre-Operative Evaluation and Planning Center at **424-259-8070** **between the hours of 2:00 pm and 4:00 pm** to find out what time to arrive at the hospital. If your surgery is on a Monday, you should call the preceding Friday afternoon. If you are not able to reach the Pre-Operative Evaluation and Planning Center, please leave a message and they will return your call.

Is the planned surgery start time always correct?

- ☐ If your surgery is not the first scheduled operation of the day, your surgery start time may be earlier or later than planned. If this does occur, you will be informed.

What do I bring to the hospital?

- ☐ To avoid lost or misplaced personal items, we recommend that you bring only essential items to the hospital such as glasses, dentures and hearing aids with battery.
 - Leave your valuables, such as jewelry (including rings & watches), cash and credit cards at home or with your family.
- ☐ If you use a walker or wheelchair, **one will be provided to you** during your stay.
- ☐ If you have sleep apnea and use CPAP equipment, please **bring your CPAP device** with you on the day of surgery.
- ☐ If you have a separate insurance card for prescriptions (this is only for some types of insurance), please bring this card when you check in at the Admissions Office. After check in, you can leave the prescription card with your family or coach.
- ☐ Bring your cell phone and charger.

3. THE DAY OF YOUR SURGERY

How do I get to Ronald Reagan UCLA Medical Center?

- ☐ See page 7 for instructions and page 8 for maps.

Where do I check in?

- ☐ Check in on the morning of your surgery at the **Admissions Office**, which is located on the first floor of Ronald Reagan UCLA Medical Center. If you enter at the main entrance of the hospital, proceed straight ahead and the Admissions Office is on the far end of the building, on the left (*See map on page 8 of this packet*).

Where will I go after I check in?

- ☐ When your admission process is completed, you will be directed to go to the **Preprocedure Treatment Unit (PTU)**. This area is located on Level 2 of the hospital adjacent to the operating rooms. Patient care needs require that we limit the number of persons in this area. Therefore, only one person can accompany you to the PTU area. Anyone else with you should remain in the first floor waiting area called Maddie's Room (*see page 5*).

What paperwork will be verified with me in the Preprocedure Treatment Unit?

- ☐ **Surgical Informed Consent and Blood Transfusion Consent:** If you have not already done so, you will need to sign these documents.
- ☐ **Anesthesia Informed Consent:** You will also be asked to sign an Informed Consent document for your anesthesia.
- ☐ It is hospital policy to perform pregnancy testing in females age 10-53 years old in the PTU.

When do I meet the anesthesiologist?

- ☐ Your Anesthesiologist will review the material that your physician has provided. On the day of your procedure, your anesthesiologist will go over your medical history and the anesthesia plan with you in detail and answer all of your questions. The Department of Anesthesiology may call you the night before surgery, although this is not necessary for all patients.

Where will my family or friends wait during the surgery?

- ☐ The surgical waiting area, which is called **Maddie's Room**, is located on the first floor of Ronald Reagan UCLA Medical Center. This area is designed to be a resource for your family and friends. Volunteer staff members are present from 7:30 am to 8 pm Monday through Friday.
- ☐ Please designate a primary contact person (or your personal coach) who will receive updates about your condition. Your designated contact person's name and telephone number will be entered in your electronic medical record. All information will be directed to this contact person during your hospital stay. The designated primary contact person should check in with Maddie's Room volunteers.
- ☐ All persons who accompany you on the day of surgery may wait in this area until you are discharged from the **Post Anesthesia Care Unit**. Staff will keep your designated contact person informed about how long you are expected to be in the Post Anesthesia Care Unit and when they can see you.

What happens **immediately** after the surgery is completed?

- ☐ After your surgery you will either be transferred to the Post Anesthesia Care Unit (PACU) near the operating room or go directly to the inpatient unit. Visitor access is restricted in the PACU. Family and friends should remain in Maddie's Room while you are in the PACU.
- ☐ Hospital staff will keep your designated contact person informed as to where you will be going after your surgery. They will also provide discharge information and instructions if you are scheduled to go home on the day of surgery.
- ☐ If you are transferred to the PACU after your surgery, the length of your stay may be variable depending upon your medical condition and preparation of your room. It is common for patients to spend the first night in the PACU.
- ☐ The volunteers working in Maddie's Room will inform your family members of your inpatient room number assignment once you are discharged from the PACU. You can have visitors upon approval of your nurse.

I'm having **outpatient surgery**. How will I get home?

- ☐ If you are having outpatient surgery performed, you will be transferred to the post-operative recovery area. After recovery of anesthesia, you will be asked to complete certain activities, including drinking, eating, walking, and urinating. Depending on your progress, you will be discharged home with appropriate prescriptions.
- ☐ For all patients requiring an overnight stay on the second floor, the scheduled discharge time is 8:00 am. Please make the necessary arrangements to have someone at the hospital before that time.

4. DURING YOUR HOSPITALIZATION

What can I expect during my hospitalization?

- ☐ Following your recovery in the PACU, you will be transferred to a room, either the intensive care unit or the neurosurgical unit. A multidisciplinary team will be taking care of you. After your surgery, you will progressively regain your baseline activities including drinking, eating, walking, and urinating. Depending on your surgery, you may wake up with one or more drains, and/or a urinary catheter.
- ☐ Depending on your condition, diagnosis, and progress, you may be evaluated by a physical therapist. You may be transferred to another facility to improve your functional outcome following your surgery.
- ☐ We will **need your participation** to optimize your road to recovery. Please see the document entitled "Your Road to Recovery" on page 10.

What can I expect regarding pain management?

- ☐ It is normal to experience some postoperative pain. It is our goal to make whatever pain you have tolerable. It will be important when the hospital staff asks you to rate your pain on a scale of 0 -10, that you answer with a number (Example: 0 is no pain; 10 is the worst pain you can imagine).
- ☐ During your stay in the PACU and the first night after your surgery, if needed, you will be given pain medication intravenously until you can safely swallow pills. By the day after surgery, you should have transitioned to oral pain medications.

Can a family member stay with me overnight?

- ☐ All hospital beds at UCLA Medical Center are private rooms. Neurosurgical unit rooms include a day bed where one family member can sleep. The intensive care unit rooms do not have day beds.

5. PREPARING FOR DISCHARGE

Will I receive information about the planned discharge on a daily basis?

- ☐ Your discharge plan will be discussed with you on a **daily basis** by the multidisciplinary team to ensure that we take care of all your needs in anticipation of your discharge from the hospital.
- ☐ Using one-on-one education sessions and written documents, we will assure you are ready for a safe return home or transfer to another facility.
- ☐ The team caring for you will let you know the day before discharge that you should be able to be discharged from the hospital the next day.
- ☐ If you have any concerns regarding resuming your normal activities or clearance to work, drive, or for air travel, please contact your surgeon's office.

What do I need to know about the day of discharge from the hospital?

- ☐ **Check-out time is before 11:00 am:** If you are being discharged to home, it is important that you make arrangements for your family member or coach to arrive before 10:00 am on the day of discharge.
- ☐ Your team will be reviewing all the important information points with you and your coach prior to your discharge. You will also be receiving a discharge packet that contains all the information for your safe return home.
- ☐ At-home care, rehabilitation, physical therapy and any other outpatient services that you may need following your surgery will be coordinated prior to your discharge from the hospital.
- ☐ Prior to discharge from the hospital, your doctor will provide you with prescriptions for the medication you are to take at home. You may fill your prescriptions at the UCLA Outpatient Pharmacy, or you can have them filled at a pharmacy closer to your home.

DRIVING INFORMATION

Ronald Reagan UCLA Medical Center

757 Westwood Plaza, Los Angeles, CA 90095

From the San Diego Freeway (405): Take Wilshire Boulevard east off-ramp. At the third traffic light, turn left onto Westwood Boulevard. Continue on Westwood Blvd, across Le Conte Avenue, and the street becomes Westwood Plaza. The medical center is located on the left side of the street, past UCLA Medical Plaza. Valet parking is available on Westwood Plaza, at the east end of the hospital. When you enter the hospital proceed to the west end of the hospital, where Admissions is located. For current parking rates, go to www.transportation.ucla.edu.

Driving Directions From Los Angeles International Airport (LAX): Take the San Diego Freeway northbound to Wilshire Boulevard east, and continue as described above.

PARKING INFORMATION

Patients and visitors to Ronald Reagan UCLA Medical Center have valet parking services available on Westwood Plaza from 4:30 am to midnight, daily. When leaving, you will retrieve your vehicle from the Valet Lobby located on Level P.

Patient drop-off is available at all entrances. Alternate parking is available on campus.

Short-Term Parking:

Daily Single Entry is available. Pay on exit at Level P pay station, discharge lobby pay station, or parking cashier.

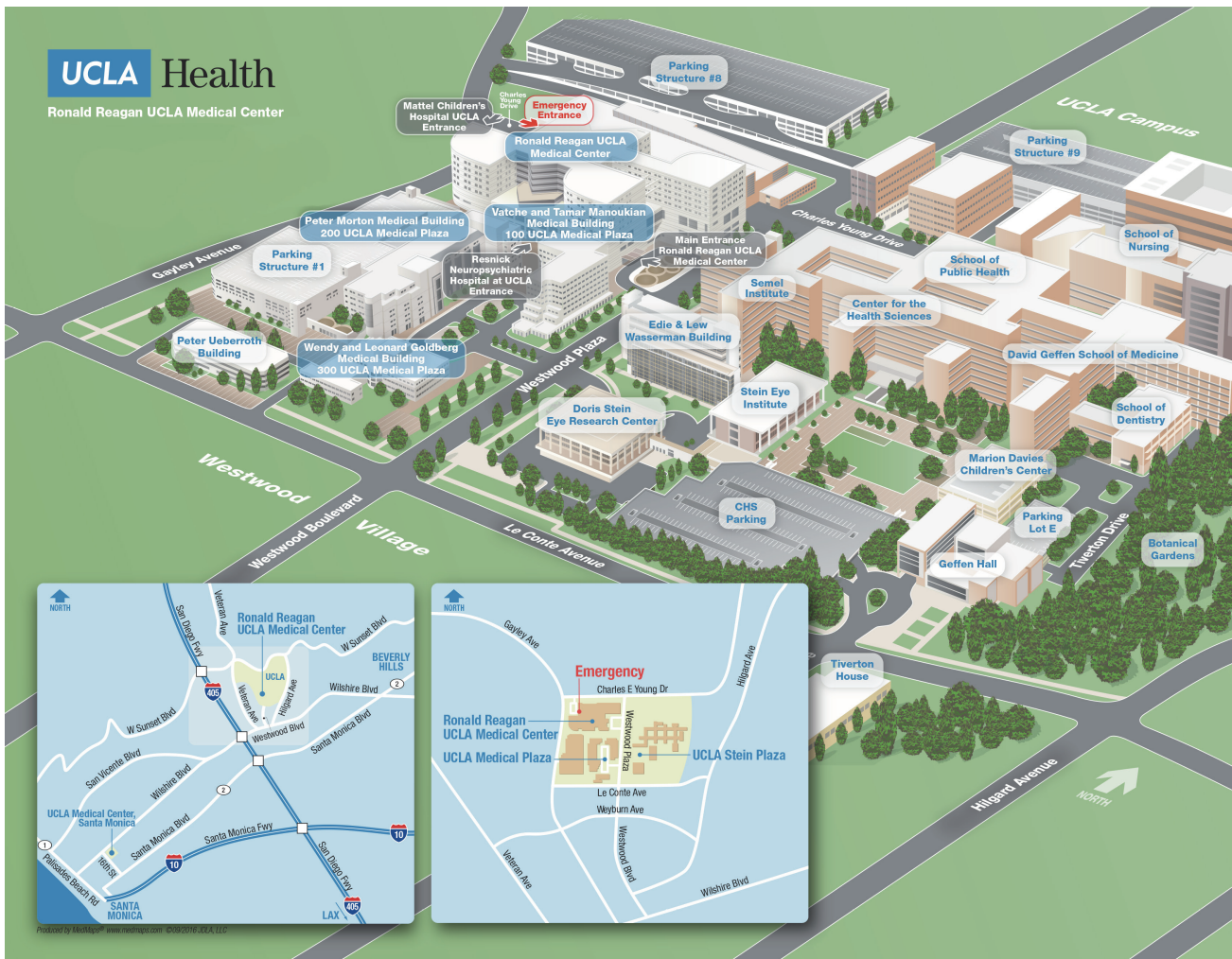
Long-Term Parking:

24-hour parking with in/out privileges is available.

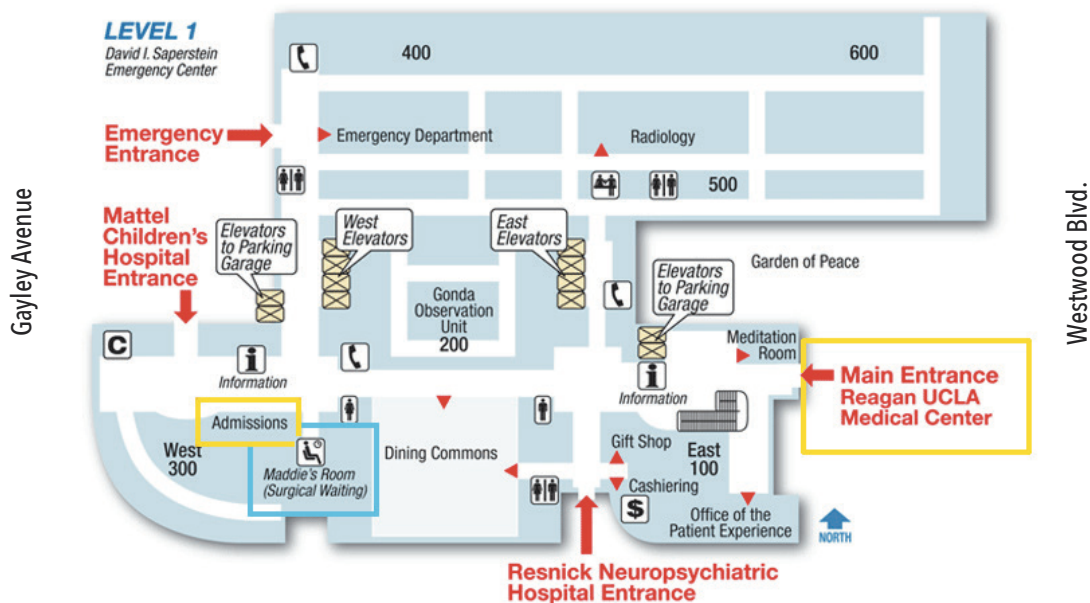
Extended Parking:

Should you or your visitors require parking over an extended period of time, you may want to consider purchasing a consecutive-day discounted parking permit. For information regarding long-term discounted parking permits please contact Patient Affairs at (310) 267-9113.

UCLA MAPS



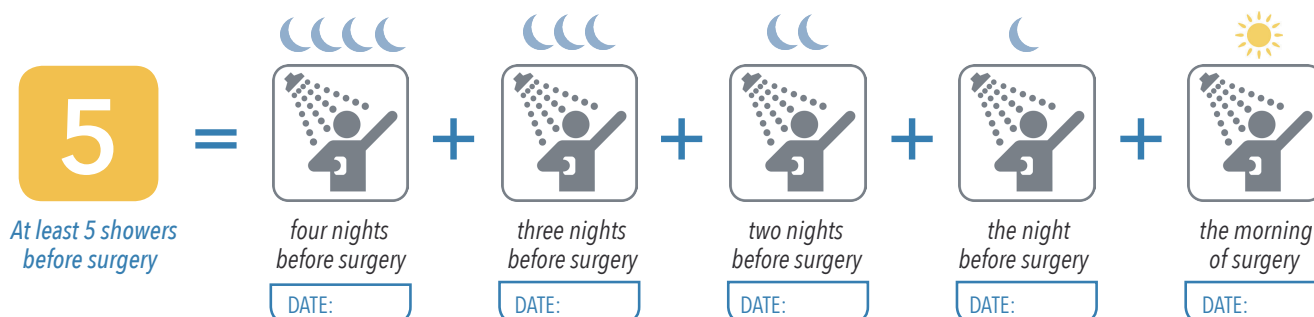
Charles E. Young Drive



Shower with **Chlorhexidine Gluconate (CHG)** soap to prevent infection

Instructions:

You should shower with CHG soap a **minimum of five times** before your surgery, or more often as directed by your surgeon. Showering several times before surgery blocks germ growth and provides the best protection when used **at least 5x in a row**.



How to shower with CHG soap:

1. Wash your hair, face, and body, with your normal shampoo, conditioner and soap. Rinse completely.
2. Turn off the shower or step out of the bathwater.
3. Pour a quarter size amount of liquid CHG soap onto a wet, clean washcloth and apply to your entire body FROM THE NECK DOWN (DO NOT use CHG on face, hair, or genital area).
4. Rub the soap filled washcloth over your entire body – apply more soap as needed.
5. Turn on the shower or return to the bath and rinse the liquid soap off your body.
6. Towel dry.

Repeat steps 1-6 each time you shower

⚠ CAUTION:

- CHG is not to be used on the head, face, or genital area
- CHG should be kept away from the eyes, ears, or mouth
- CHG should not be used if you are allergic to any of the ingredients in the preparation

Important reminders:

- Do not use any other soaps or body wash when using CHG. Other soaps can block the CHG benefits.
- After showering, do not apply lotion, cream, powder, deodorant, or hair conditioner.
- Do not shave or remove any body hair below the neck (facial shaving is permitted).
- CHG is safe to use on minor wounds, rashes, burns, and over staples and stitches.
- Allergic reactions are rare but may occur. If you have an allergic reaction, stop using CHG and call your doctor if you have a skin irritation.
- If you are allergic to CHG, please follow the bathing instructions above using an over-the-counter regular antibacterial soap instead of CHG.
- CHG soap is available to purchase at most drug stores.



YOUR ROAD TO RECOVERY:

This document gives you a preview of how we will work together to enhance your recovery after your surgery. Take note that these are the recovery milestones for most patients. Your care may vary slightly depending on your medical condition. Make sure to discuss the expected length of your stay with your surgeon.

	Day of surgery	First day after your surgery	Second day after your surgery and afterwards until your discharge
Liquids/ Nutrition	After surgery you will be receiving hydration intravenously. Once you are alert and able to swallow safely, we will start giving you ice chips and sips of water. If you are able to tolerate this without any nausea or vomiting, we will advance your diet.	As you start to take in more fluids and nutrition by mouth, we will stop or decrease the fluid you receive intravenously. We will encourage you to eat at least 25% of your meals and take in at least 16 ounces of fluid by mouth every 12 hours.	You will be encouraged to drink and eat normally.
Mobilization	Early mobilization has been shown to be essential in positive outcomes. Four hours after surgery the nurse will be helping you sit up at the side of bed for 5 minutes. You will be medicated for pain or nausea if needed prior to performing this. If your surgery is completed early in the day, the nurse will help you to walk to the chair for a few minutes in the evening.	The nurse will help you walk a few feet to the chair for breakfast. Later in the morning or early afternoon, the nurse will assist you in walking in the hallway of the unit. This should be performed again in the evening. You are encouraged to get out of bed and sit in the chair between your meals and for your meals. You may be evaluated by a physical therapist, depending on your progress.	You will be encouraged to get out of bed to the chair for meals and walking in the hallway with assistance a minimum of twice a day.
Urinating	You can expect to have a catheter in your bladder to drain your urine when you wake up from surgery.	For most patients, the bladder catheter will be removed first thing in the morning. Please notify the nurse or the care partner when you urinate. The team will be measuring the amount of urine you produce.	You will be encouraged to urinate normally.
Pain Management	You will be offered pain medication intravenously or orally once you can swallow safely. You will be offered additional relaxation techniques to help with any pain you may experience including: music, massage therapy, and deep breathing.	You will be offered pain medication preferentially by mouth and given pain medication intravenously for pain if not relieved. You will be offered additional relaxation techniques to help with any pain you may experience including: music, massage therapy, and deep breathing.	You will be offered pain medication by mouth. You will be offered additional relaxation techniques to help with any pain you may experience including: music, massage therapy, and deep breathing.

Care Team Members at **UCLA** Health



Physician Teams

Your team of doctors is led by an attending physician, who is in charge of your care, along with residents and fellows. These doctors may rotate on and off of your care during your stay, so you may be seen by different doctors throughout your stay. New physicians will introduce themselves as they join the team. These physicians direct your care and treatment in coordination with other providers on your care team. By being treated at an academic medical center, you contribute to the education and training of future physicians.



Nursing Teams

Registered nurses and nurse practitioners provide a critical link between the patient and the healthcare team. In addition to contributing to your care, nurses communicate your needs to your doctors and other care team members as well as inform you about your medications, in-hospital treatment, and post-hospital care. Registered nurses coordinate your care with other healthcare workers such as care partners, to ensure that your comfort and hygiene needs are met.



Nurse Case Manager

Nurse case managers work with you, your family and your healthcare team to coordinate your hospital stay. They also assist with the planning and coordination of your transition from the hospital to home or to other care facilities: such as acute rehabilitation, long-term acute care, sub-acute rehabilitation, and skilled nursing facilities.



Respiratory Therapist

Respiratory therapists help with any breathing difficulties. They perform tests and speak with you to determine what support you may need, and if any equipment will help you breathe easier. If you need breathing treatments, the respiratory therapist will teach you how to perform them and how to use any equipment that you may need.



Speech Therapist

Speech-language pathologists evaluate a person's ability to swallow and communicate. A communication evaluation includes speech production, understanding and use of language, and assessment of thinking skills such as memory and problem solving. Speech pathologists also assess a person's ability to swallow safely. Your speech pathologist will work with you and your family to help understand these types of problems and provide therapy while in the hospital. They will make recommendations for any services you might need upon discharge.



Physical and Occupational Therapist

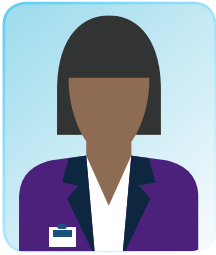
Physical therapists will work with you to help regain your strength and mobility. Occupational therapists help regain function in your daily activities such as dressing and grooming. The therapist may develop an individualized treatment plan to help you meet your specific goals and provide recommendations for post-discharge care.

Care Team Members at **UCLA** Health *(cont.)*



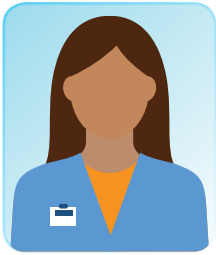
Pharmacists

Pharmacists provide education and counseling for medications that you may receive while you are in the hospital. Pharmacists work with the physician and nursing teams to coordinate care and education so that you are ready when you leave the hospital.



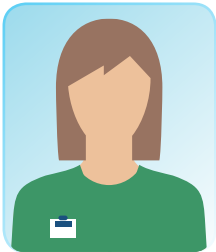
Registered Dietitians

Clinical dietitians work closely with your healthcare team to ensure that you are meeting your individualized nutritional needs. Once your diet is ordered by your physician, the dietitian will review this with you and recommend foods to enhance recovery, educate you on your therapeutic diet, review the need for oral nutritional supplements and monitor the need for texture-modified foods if you encounter swallowing problems. If you are not able to consume adequate nutrition, your dietitian will assess the need for nutrition support to optimize your nutritional status.



Social Worker

Social workers can assist you and your family members with any personal, emotional and/or family problems and difficulties due to your illness or injury. Individual, family and group support for sudden illness, separation from home and job, bereavement, substance abuse, domestic violence and other issues can be arranged, as well as referrals to community resources.



Care Partners

Care partners or certified nursing assistants will assist with tasks such as bathing and oral care, changing linens, and will provide additional support to the nurses.



Spiritual Care

Hospital chaplains are available to meet with you to support your spiritual care needs during your stay. Chaplains can listen to your concerns, share in your faith struggles, assist you and your family members in seeking inner peace and strength, bring you scriptures or holy writings from your specific faith tradition, help you access/receive religious sacraments, assist you in contacting religious leaders from your faith tradition, and/or help with other spiritual needs.



EVS Staff

Environmental Services staff will ensure your room and restroom are always kept clean, safe and sanitary during your stay.

Post-Discharge Facilities: Benefits and Requirements

Your medical team may recommend that you receive services at home or continue your care at another facility when you are ready for discharge. Below is a description of the main types of facilities. Each facility has medical and insurance requirements for accepting patients. Your case manager and social worker will assist you in making arrangements once your medical team determines the best fit for you.

Home



There is no place like home. The care teams at UCLA will evaluate your ability to go home, and will aim to get you there if possible.

Acute Rehab



Acute rehabilitation provides comprehensive and highly focused programs of care designed to restore strength, improve physical and cognitive function, and promote independence in daily activities.

Skilled Nursing



A Skilled Nursing Facility provides a care team for individualized care in a comfortable and friendly environment. The care teams work with patients and families to determine the optimal treatment plan.

Home Health



Home health provides additional care to you by providing specialized services in your home.

Sub-Acute Rehab



Sub-Acute Rehabilitation facilities provide services that aid in the transition from hospital to home. Care can be provided to patients who require a ventilator or other respiratory support as well as nutritional care.

Long-Term Acute Care



LTACs are facilities that transition care from the hospital for medically complex patients who would benefit from an extended recovery time.

an informed

Insurance companies contract with specific facilities, and along with their bed availability at the time of your discharge, will determine what choices you have if you will need further care after your hospital stay. We highly recommend you reach out to your insurance provider and understand your benefits as early as possible. Specialty facilities have specific clinical requirements for the type of patients they accept, shown below.

Home

- The only requirements here are that your physician determines that you can be safely discharged from the hospital and return home, however you may require further services on an outpatient basis, such as physical or occupational therapy

Acute Rehab

- Requirements include active intervention of multiple therapy disciplines (physical, occupational, speech, etc.), generally 3 hours of therapy per day at least 5 days per week, and the patient must be seen by a rehabilitation physician at least 3 days per week
- Patients must make measurable improvements, which must be documented by the care team

Skilled Nursing

- Requirements include the need for daily skilled nursing care from a hospital-related medical condition
- Other services that may be offered in a Skilled Nursing Facility include physical therapy, occupational therapy, speech therapy, and audiology

Home Health

- No requirements (since these services are provided in your home), but services may include skilled nursing, physical therapy, occupational therapy, speech therapy, and social work
- If you receive certain therapy on an outpatient basis you may not qualify for home health services

Sub-Acute Rehab

- Patient medical requirements may include specialty services such as inhalation therapy, tracheotomy care, intravenous tube feeding, and complex wound management
- Other requirements and services may include inpatient physical therapy, occupational therapy, or speech therapy for greater than 2 hours per day, 5 days per week

Long-Term Acute Care

- Patient medical requirements may include respiratory complexity, wound care, complex medical care, multiple chronic conditions, ventilator weaning and pain management
- Patients in this setting typically stay for an extended period of time, on average more than 25 days

Patient Discharge Instructions:

Endonasal Pituitary and Skullbase Surgery

Diet

- ☐ You may resume the type of diet you had before surgery. Eating a well-balanced diet is important for proper wound healing. The doctor or nurse will let you know if you need a specific diet or food consistency.

Medications

- ☐ Your doctor will provide you with prescriptions for the medication you are to take at home. You may fill your prescriptions at the UCLA Outpatient Pharmacy, or you can have them filled at a pharmacy closer to your home.
- ☐ Before your discharge, your nurse will review with you and write down your medication dosage, schedule, and side effects. It is important to take your medications as ordered and try to stay on schedule.
- ☐ Do not take aspirin or blood thinners unless ordered or cleared by your surgeon.

Comfort and Pain Management

- ☐ It is common to have a headache/pain after surgery, which may last a few days or a few weeks.
- ☐ You will have pain medications prescribed by your doctor for your pain management. The medication may be irritating to the stomach lining, it is advisable to take it with a teaspoon of applesauce or non-fat yogurt.
- ☐ Pain medication (narcotics) may cause constipation. Use a stool softener or gentle laxative if this occurs. If the medications are ineffective, call your doctor's office to discuss on-going pain management.
- ☐ Eye/facial swelling is common after surgery and may take a few days to a week to disappear. Bruising may occur and will take one to two weeks to resolve. You may feel better if you sleep with two pillows under your head; keeping your head elevated will help reduce facial swelling.

Expectations for Home

- ☐ You should clarify who will be picking you up on the day of your discharge (before 11:00 am). If you are returning home, please confirm who will be picking you up and who will be there for you when you return home.

Overview of Daily Activities

- ☐ You may feel more tired for 1-3 weeks after surgery. Make sure to get plenty of rest.
- ☐ You should walk 2-4 times a day, with a short gradual increase in your daily activities.
- ☐ When you see your surgeon in the follow-up appointment, he or she will discuss decreasing the limits on activity at that time. You may resume sexual intimacy when you feel well enough, but do not overexert yourself.
You must have clearance from your doctor before participating in any strenuous exercises/activity.

Activity Restrictions

- ☐ Do **not** lift anything over 5 pounds (including pets or children).
- ☐ Do **not** participate in sports or activities that increase your risk for head injury such as contact sports, bike riding, soccer, football, skateboarding.

Resume to Work/Driving/Air Travel

- ☐ **You must have clearance from your doctor before returning to work, driving a car, or flying.** This will be discussed at your postoperative visit.

Wound/Suture Care

- ☐ Keep incision clean and dry at all times.
- ☐ You may shower or bathe within 24 hours after surgery. Do not immerse your head or abdomen underwater. If you have an abdominal or thigh incision, keep the area clean and open to air. Cover with plastic wrap before showering for 4 days after your surgery to ensure your incision is kept dry. If you have an abdominal or thigh incision, keep area clean and open to air. Cover with plastic wrap before showering.

Nose:

- ☐ The expected nasal drainage is usually yellow or blood tingled, and has a mucus consistency. This should decrease or stop completely within 1 to 2 weeks.
- ☐ Nasal crusting and congestion are normal and may occur for up to several weeks or months following surgery but will diminish over time.
- ☐ Your sense of smell may be diminished for several weeks.

Abdomen Wound (if present):

- ☐ Only absorbable sutures (stiches) have been used to close your wound. No sutures need to be removed. During the first 2-3 weeks after surgery, you may feel a small and firm bump under your abdominal wound. This is a normal part of the healing process and no cause for concern.
- ☐ Adhesive bandages (steri-strips) have been placed over the wound to promote healing and minimize scar formation. Leave the steri-strips on until your first clinic visit, at which time they will be removed. Though we close all incisions with the same meticulous technique, there is some variability in the final scar result because each individual heals differently.

Follow-up Appointment

- ☐ You should be seen in our post-operative clinic approximately 2 weeks after your surgery. The physician who discharges you from the hospital will make sure you have a follow up appointment scheduled with your surgeon.

Procedure-Specific Education

- ☐ **For more detail – refer to the Endonasal Pituitary and Skullbase Surgery discharge instructions:**
 - CPAP for obstructive sleep apnea
 - Nasal care
 - Discharge medication
 - Pituitary insufficiency
 - Lab work
 - Pathology results

Rehabilitation Needs

- ☐ If indicated, our rehabilitation professional will assess you prior to your discharge. We will order any rehabilitation needs and equipment prior to your discharge.

Signs to Watch for at Home

☐ **Call your doctor or go to the Emergency Room if you are experiencing any of the symptoms below:**

- Onset of clear fluid dripping from your nose. This may be cerebrospinal fluid (CSF). Call your doctor right away and avoid any strenuous activity.
- Onset of severe, persistent headache not relieved by medication and rest
- Onset of increased drowsiness, confusion
- Onset of stiff neck, nausea, vomiting, or diarrhea
- Onset of excessive urination or thirst
- Onset of excessive bleeding from the nose that does not stop
- Onset or worsening of visual problems. This includes blurring, loss of peripheral vision, or double vision.
- Onset of persistent fever, chills, or stiff neck
- Any redness, drainage, heat or pain, or increased swelling around your incision
- Onset of shortness of breath, chest pain, one-sided leg pain or swelling
- For life-threatening emergencies that cannot wait, please go to the nearest Emergency Room

CONTACT INFORMATION

During business hours, please call UCLA Neurosurgery: **310-825-5111**. Ask to speak with your surgeon.

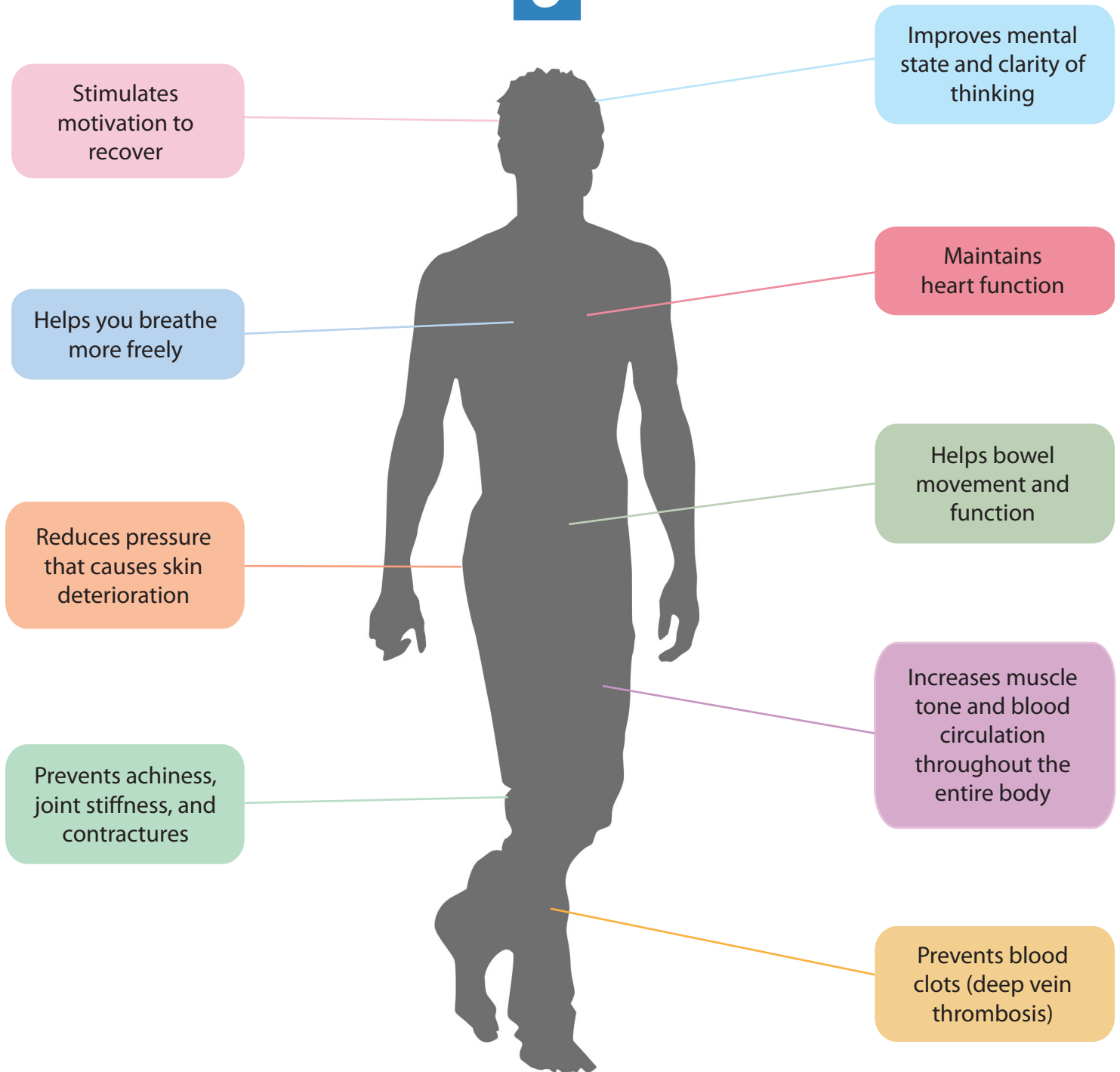
After business hours, please call the UCLA page operator: **310-825-6301**. Ask to have the neurosurgical resident on call contacted for urgent questions.

In case of an emergency, report to your closest Emergency Room or call **911**.

The Benefits of Early Mobilization

This information sheet presents significant benefits of early mobilization. Additionally, it is important to remember that early mobilization is both safe and feasible.

Makes  happy






Promotes your independence


Improves overall outcomes

Speeds up your recovery

Getting ready for **your neurosurgery** at UCLA

-  **Pre-operative information packet**
<http://neurosurgery.ucla.edu/preopadult>
-  **Pre-operative information video**
<http://neurosurgery.ucla.edu/preopvideo>
-  **Your Road to Recovery**
<http://neurosurgery.ucla.edu/road2recovery>

Please remember to designate one family member, or trusted friend to serve as your contact person and "patient coach". Their role will be to support you as you get ready for your surgery, during the hospitalization, and after you are discharged from the hospital.

-  **Neurosurgery website**
neurosurgery.ucla.edu
-  **Phone number**
310-825-5111