

Health Record #: \_\_\_\_\_ Complete or place barcoded patient label here  
Patient Name: *(Print first, last)* \_\_\_\_\_  
DOB: dd / mm / yy Age: \_\_\_\_\_  Female  Male  
OHIP #: \_\_\_\_\_ Version Code: \_\_\_\_\_  
Account #: \_\_\_\_\_ Date of Admission: dd / mm / yy

**Surgeon Name:** *(print first, last)* \_\_\_\_\_

Pre-Operative Clinic appointment not required. Please continue to back of envelope.

## PRE-OPERATIVE INSTRUCTIONS

**Appointment Date:** dd / mm / yy **Time:** \_\_\_\_\_ **In person (pharmacy/MD/ACC)**  **N/A**

**Appointment Date:** dd / mm / yy **Time:** \_\_\_\_\_ **Phone Call (RN/Pharmacy)**  **N/A**

**1. Have available:**

- Your valid Ontario Health Card.
- All of your medications that you are presently taking **in the original containers** including any inhalers, eye/ear drops, nasal sprays, injectables, vitamins/herbal products, over-the-counter products.
- This envelope and all the COMPLETED papers inside.
- Please have a support person available to help with translation, medication and medical direction.

**2.** Southlake Health is a scent free facility.

**3.** Your surgeon will inform you of any in person clinic appointments.

***If your health changes in any way (a cold, if you become pregnant, or think you may be, etc.) after your Pre-Operative Clinic Appointment has been completed, please contact your surgeon. Make sure the admitting nurse knows of any changes in your health when you arrive at the hospital.***

If you are **UNABLE TO HAVE YOUR SURGERY** on your scheduled surgery date, call your surgeon's office **AS SOON AS POSSIBLE**.

# SURGERY INSTRUCTIONS

Surgery Date: dd / mm / yy Arrival Time to Surgical Admissions: \_\_\_\_\_

- DAY SURGERY** - you will go home the same day as your surgery  
*Please have a friend or family member drive you home and stay with you for the rest of the day and overnight.*
- IN-PATIENT** - you will stay in hospital for one or more nights

**You have a very important role in preparing for your surgery. Please follow these instructions carefully to avoid having your surgery/procedure cancelled, and to ensure your best possible outcome.**

## SURGERY PREPARATION CHECKLIST:

- Shower/bath the night before surgery. DO NOT shave surgical site.
- Remove all make-up and nail polish.
- Tie long hair back.
- Leave **ALL** jewellery at home, including body piercings.
- Wear comfortable clothing that will be easy to put on after your operation.
- Wear glasses. Not contacts. Hearing aids if needed and bring a case to store them.
- You may have black coffee or black tea on the morning of your surgery (**no milk or cream**).
- No solid food or dairy products after midnight.
- You may drink up to 800ml of water or apple juice the night before your surgery to help your body stay hydrated and reduce the stress of surgery. Diabetics drink water.
- You may drink an additional 400ml of apple juice or water 1 hour prior to arrival time (3 hours prior to surgery).

**MEDICATIONS:** You may have been given specific medication instructions. If you have not received any specific instructions, you may take your usual medications the morning of your surgery/procedure.

Medications to **STOP** before your surgery:

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Do not take any medications on the day of surgery **EXCEPT** the following:

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## The day of your surgery bring:

- Your valid Ontario Health Card.
- Your CPAP machine.
- If you use any puffers, bring them – you may be asked to take it just before your procedure.  
Bring nitroglycerin pills or spray if you use it.
- Bring your own bag** for your belongings, we are committed to reducing our plastic footprint.
- If you are staying overnight, bring your toiletries and eye drops you use. Anything else you may need should be brought to the Hospital by family members after your operation.
- Additional items: \_\_\_\_\_

The hospital assumes no responsibility for patient valuables.

Health Record #: \_\_\_\_\_ Complete or place barcoded patient label here

Patient Name: *(Print first, last)* \_\_\_\_\_

DOB: dd / mm / yy      Age: \_\_\_\_\_       Female    Male

OHIP #: \_\_\_\_\_      Version Code: \_\_\_\_\_

Account #: \_\_\_\_\_      Date of Admission: dd / mm / yy

## Preoperative Patient Questionnaire

*(to be filled out by patient/caregiver, please bring to all appointments and day of surgery)*



**View Patient Surgical Package Online**

[southlake.ca/patient-care-program/surgery/#nav-preparationreferrals](http://southlake.ca/patient-care-program/surgery/#nav-preparationreferrals)

**Name:** *(print first, last)* \_\_\_\_\_ **Date of Birth:** dd / mm / yy

**Height:** \_\_\_\_\_ **inches or** **cm** *(please circle)*      **Weight:** \_\_\_\_\_ **lbs or** **kg** *(please check)*

Operation/Surgery/Admission	When/Where	Operation/Surgery/Admission	When/Where

**Anesthesia History** *(please check all that apply)*

<input type="checkbox"/> No known problems with anesthesia	<input type="checkbox"/> Confusion After Surgery
<input type="checkbox"/> Malignant Hyperthermia	<input type="checkbox"/> Family Member Reaction to Anesthetics
<input type="checkbox"/> Pseudocholinesterase Deficiency	<input type="checkbox"/> Problems opening your mouth or moving your neck
<input type="checkbox"/> Difficult Intubation	<input type="checkbox"/> Caps/Crowns <input type="checkbox"/> Dentures <input type="checkbox"/> Bridge <input type="checkbox"/> Implants <input type="checkbox"/> Loose Teeth
<input type="checkbox"/> Nausea and Vomiting	<input type="checkbox"/> Neck/Jaw/Mouth Problems

**Please list your medications, supplements and vitamins**

Name of Drug / Herbal Product	Dose	Time of day	Name of Drug / Herbal Product	Dose	Time of day

**Allergies and Reaction:**

<p><b>Heart Health (Cardiovascular)</b>      <input type="checkbox"/> Normal</p> <p><input type="checkbox"/> High Blood Pressure</p> <p><input type="checkbox"/> Heart Attack   <input type="checkbox"/> Heart Bypass   <input type="checkbox"/> Stents</p> <p><input type="checkbox"/> Chest Pain (Angina)</p> <p><input type="checkbox"/> Irregular Heart Beat (A Fib., SVT, VT)</p> <p><input type="checkbox"/> Heart Failure</p> <p><input type="checkbox"/> Poor Circulation (PAD, PVD)</p> <p><input type="checkbox"/> Valve Problems      <input type="checkbox"/> Mechanical Valve</p> <p><input type="checkbox"/> Pacemaker/Implantable Defibrillator</p> <p><input type="checkbox"/> Other _____</p>	<p><b>Lungs / Breathing (Respiratory)</b>      <input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Asthma</p> <p><input type="checkbox"/> COPD      <input type="checkbox"/> Home Oxygen _____ L/min</p> <p><input type="checkbox"/> Recent cold/flu</p> <p><input type="checkbox"/> Shortness of Breath Walking or Climbing Stairs</p> <p><input type="checkbox"/> Sleep Apnea/Severe Snoring   <input type="checkbox"/> CPAP   Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><input type="checkbox"/> Tuberculosis</p> <p><input type="checkbox"/> Other _____</p>
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Health Record #:	_____	Complete or place barcoded patient label here
Patient Name: <i>(Print first, last)</i>	_____	
DOB: <u>dd</u> / <u>mm</u> / <u>yy</u>	Age: _____	<input type="checkbox"/> Female <input type="checkbox"/> Male
OHIP #:	Version Code: _____	
Account #:	Date of Admission: <u>dd</u> / <u>mm</u> / <u>yy</u>	

## Preoperative Patient Questionnaire

*(to be filled out by patient/caregiver, please bring to all appointments and day of surgery)*

<b>Gastrointestinal and Kidney Health</b> <input type="checkbox"/> Normal <input type="checkbox"/> Heartburn/Acid Reflux <input type="checkbox"/> Hiatus Hernia <input type="checkbox"/> Ulcers <input type="checkbox"/> Liver Disease <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Dialysis <input type="checkbox"/> Other: Describe _____	<b>Nerve, Muscle and Bone Health</b> <input type="checkbox"/> Normal <input type="checkbox"/> Stroke/TIA <input type="checkbox"/> Seizures <input type="checkbox"/> Spinal Cord Problems <input type="checkbox"/> Brain Aneurysm <input type="checkbox"/> Parkinson's <input type="checkbox"/> ALS <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Dementia <input type="checkbox"/> Neuropathy <input type="checkbox"/> Fibromyalgia <input type="checkbox"/> Osteoarthritis <input type="checkbox"/> Rheumatoid Arthritis <input type="checkbox"/> Ankylosing Spondylitis <input type="checkbox"/> Chronic Pain <input type="checkbox"/> Anxiety <input type="checkbox"/> Depression <input type="checkbox"/> Other: Describe _____
<b>Endocrine and Metabolic</b> <input type="checkbox"/> Normal <input type="checkbox"/> Diabetes <input type="checkbox"/> Type I <input type="checkbox"/> Type 2 <input type="checkbox"/> Thyroid <input type="checkbox"/> Low <input type="checkbox"/> High <input type="checkbox"/> Other _____	<b>Blood Health</b> <input type="checkbox"/> Normal <input type="checkbox"/> Diagnosed Blood Disorder <input type="checkbox"/> Blood Clots (DVT/PE) <input type="checkbox"/> Bruise Easily <input type="checkbox"/> Anemia <input type="checkbox"/> Sickle cell trait/disease <input type="checkbox"/> AIDS/HIV <input type="checkbox"/> Hepatitis
<b>Do you have any antibiotic resistant organisms</b> <b>MRSA, VRE, ESBL, CPE</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Have you had cancer?</b> Describe: _____
<b>Have you lost weight in the past 6 months without trying?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Have you been eating less than usual for more than a week?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Can you walk 2 blocks at a normal pace without stopping?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Are you able to lie flat for 15-30 minutes?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Other Important Medical Information</b> Do you smoke any of the following: <input type="checkbox"/> Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Pipe <input type="checkbox"/> Vape <input type="checkbox"/> Marijuana Number per day _____ Do you use street drugs <i>(please list)</i> Cannabis: <input type="checkbox"/> Yes <input type="checkbox"/> No Do you drink alcohol? <input type="checkbox"/> Yes <input type="checkbox"/> No How much _____	<b>Any Other Health Concerns We Should Know About?</b>  _____ _____
<b>Have you ever had any of the following tests?</b> <input type="checkbox"/> Exercise Stress Test (Treadmill) <input type="checkbox"/> Holter Rhythm Test <input type="checkbox"/> Heart Echo (Ultrasound) Test <input type="checkbox"/> Heart Catheterization (Angiogram) <input type="checkbox"/> Nuclear Medicine Heart Scan Test <input type="checkbox"/> Lung (Pulmonary) Function Test	
<b>In the past five years, have you been seen by one of these Medical Specialists</b>	
<input type="checkbox"/> Family Doctor Name: _____	<input type="checkbox"/> Nerve Specialist (Neurologist) Name: _____
<input type="checkbox"/> Heart Specialist (Cardiologist) Name: _____	<input type="checkbox"/> Kidney Specialist (Nephrologist) Name: _____
<input type="checkbox"/> Lung Specialist (Respirologist) Name: _____	<input type="checkbox"/> Other Name: _____

## Pre-Admission Information - Surgery

# #1

**Please complete this form once it is received from your doctor. Completed forms can be:**

Faxed: 905-830-5811 • Emailed: PreferredAccommodation@southlake.ca

Patient Name: <i>(print first, last)</i>					Phone Number:						
Mailing Address:		Street Name and Number		Apartment		City		Province		Postal Code	
Health Card #:				Military Regiment or Service Number:							
Name of Emergency Contact: <i>(print first, last)</i>											
Relationship to Patient:								Phone Number:			
Mailing Address:		Street Name and Number		Apartment		City		Province		Postal Code	
Family Physician Name: <i>(print first, last)</i>								Phone Number:			
Ordering Physician Name: <i>(print first, last)</i>								Phone Number:			
<b>The following information is required for patients being ADMITTED *rates subject to change without notice</b>											
<b>Please select the preferred accommodation of your choice</b>											
<input type="checkbox"/> PRIVATE		<input type="checkbox"/> SEMI-PRIVATE		<input type="checkbox"/> PRIVATE OR SEMI-PRIVATE		<input type="checkbox"/> WARD		INITIALS _____			
(1 person/room)		(2 people/room)		(first available)		(4 people/room)					
\$340.00 per day		\$280.00 per day		\$340.00 or \$280.00 per day		Covered by your Provincial Insurance					
<input type="checkbox"/> SELF PAY		Signature of Patient Guardian _____						Date		dd / mm / yy	
If you have Extended Health Insurance, please check with your insurance company to be certain of the coverage offered by your plan. You will be asked to pay for the charges not covered by your insurance on a credit card. Official receipt will be mailed.										INITIALS _____	
INSURANCE INFORMATION			Primary Insurance				Secondary Insurance				
Name of Insurance Company											
Certificate Holder <i>(print first, last)</i>					Relationship to client					Relationship to client	
Policy / Group #											
Certificate / ID #											
<input type="checkbox"/> Visa		<input type="checkbox"/> Mastercard		<input type="checkbox"/> Amex – Card Number: _____		Exp. Date: mm / yy		CWV/CVC:			
Name On Credit Card: <i>(print first, last)</i>				Signature:				Date: dd / mm / yy			
<b>ADDITIONAL INFORMATION REQUIRED - If this is a Workplace Safety &amp; Insurance Board case (WSIB)</b>											
Employer Name:											
Mailing Address:		Street Name and Number		Apartment		City		Province		Postal Code	
WSIB Claim #:								Date of Injury: dd / mm / yy			
PATIENT/SUBSTITUTE DECISION MAKER											
Name <i>(print first, last)</i>				Email Address:				Contact Number:			
Relationship to Patient				Signature				Date: dd / mm / yy			
Witness Name <i>(print first, last)</i>				Signature				Date: dd / mm / yy			



# Do you Need to Stop Your Medications Before Surgery?

## PATIENT INFORMATION SHEET

If you are taking any of the medications listed on this sheet, you may need to stop the medications prior to surgery. **Your surgery may be canceled if these instructions are not followed.** Please take this information sheet to your community pharmacy if you are not sure whether you are taking any of these medications and to review your medication list.

If you have a scheduled appointment at the Pre-Operative Clinic, the staff at the Clinic will be available to assist you.

Usually, you will continue to take all your medications, including the day of the procedure, unless you have been specifically instructed otherwise. There are exceptions to this.

The medications below should be **STOPPED** before your procedure unless you have been specifically instructed to continue them either by your surgeon or in the Pre-Operative Clinic. All medications listed are to be resumed after surgery, unless otherwise advised.

### Vitamins and Herbal Products

MEDICATION	WHEN TO STOP BEFORE SURGERY
Prescribed vitamin supplementation for deficiency or medical condition	<b>DO NOT TAKE</b> on the morning of surgery
Vitamin E and Herbal Products	Stop 14 days before surgery

### Diabetic Medications

MEDICATION	WHEN TO STOP
<b>SGLT2 Inhibitors:</b> (for example) Canagliflozin (Invokana, Invokamet) Dapagliflozin (Forxiga, Xiguo) Empagliflozin (Jardiance, Synjardy)	Stop 3 days before surgery.
<b>Insulins</b>	If you are taking insulin, please contact your surgeon or the Pre-Operative Clinic for instructions
<b>All other diabetic medications</b>	<b>DO NOT TAKE</b> on the morning of surgery

## Blood Thinners

(This list may not include all products currently on the market. Consult with your Pharmacist to determine if you are on a blood thinner that is not listed below.)

## Antiplatelets

MEDICATION	WHEN TO STOP	COMMENTS
Acetylsalicylic Acid (Aspirin) Dipyridamol/ASA (Aggrenox) Clopidogrel (Plavix) Prasugrel (Effient) Ticagrelor (Brilinta)	Stop 7 days before surgery or as directed	Consult with your surgeon to determine if you will need to stop these medications before your surgery or wait to be seen in the Pre-Operative Clinic (if scheduled) for instructions. The decision to stop these medications will depend on the type of surgery you are having and your medical history.
Ticlopidine (Ticlid)	Stop 14 days before surgery or as directed	

## Anticoagulants

MEDICATION	WHEN TO STOP	COMMENTS
Warfarin (Coumadin) Apixaban (Eliquis) Dabigatran (Pradaxa) Rivaroxaban (Xarelto) Edoxaban (Lixiana)	Stop 5 days before surgery or as directed	Consult with your surgeon to determine the most appropriate time to stop these medications.

## Blood Pressure Medications and Heart Pills

MEDICATION	WHEN TO STOP BEFORE SURGERY
<b>Angiotensin Converting Enzyme (ACE) inhibitors:</b> (for example, products containing benazepril, captopril, cilazapril, enalapril, fosinopril, lisinopril, perindopril, quinapril, ramipril, trandolapril)	<b>DO NOT TAKE</b> on the morning of surgery
<b>Angiotensin II Receptor Blockers (ARBs):</b> (for example, products containing azilsartan, candesartan, eprosartan, irbesartan, losartan, olmesartan, telmisartan, valsartan)	<b>DO NOT TAKE</b> on the morning of surgery
<b>Diuretics or "Water Pills":</b> (for example, products containing bumetanide, ethacrynic acid, furosemide, amiloride, eplerenone, spironolactone, chlorthalidone, hydrochlorothiazide, indapamide, metolazone)	<b>DO NOT TAKE</b> on the morning of surgery
<b>All other blood pressure or heart medications</b>	Take your other blood pressure or heart medications as usual. If you normally take your medications in the morning, take it before coming in for your surgery.


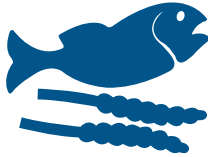
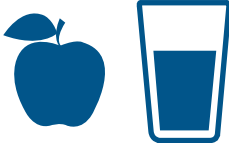
# You and Your Medications: Preparing for Your Hospital Stay

## PATIENT INFORMATION SHEET

- Safe and correct prescribing of medications during your stay at Southlake Health is important to us. Southlake's Pharmacy Team recommends that you have an updated list of all medications you are taking. Bring this list with you for every visit to the Hospital.
- Your medication list should include the names, doses, and description of how you take all prescriptions, over the counter medications, vitamins, supplements, herbals, and recreational drugs.
- Your local Pharmacy offers a "MedsCheck" service **free of charge** if you are taking 3 or more chronic prescription medications.
- Make an appointment with your usual pharmacist. He/she will provide you with a medication list that you should bring with you to all your hospital appointments and for your hospital admission. This list will help us to ensure that your regular medications are ordered correctly for you during your hospital stay.
- If you cannot get the "MedsCheck" list from your Pharmacist, please bring all your medication bottles with you each time you visit the hospital.

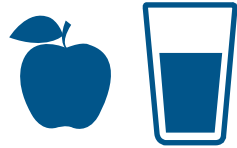
# PRE AND POST-OPERATIVE CARE TIPS

## How you can Enhance Your Surgical Experience

Before Surgery		
<p><b>EIGHT WEEKS</b> before your surgery:</p> 	<p><b>ONE TO TWO WEEKS</b> before your surgery:</p> 	<p><b>NIGHT</b> before your surgery:</p> 
<p><b>Stop smoking</b> Quitting smoking eight weeks before surgery will help with your recovery. The sooner you quit smoking the larger the benefits are.</p> <p><b>Benefits of quitting smoking:</b></p> <ul style="list-style-type: none"> <li>• Decreased risks of surgical site infections, lung infections or other lung complications.</li> <li>• Faster healing times.</li> </ul> <p>Contact your family doctor or your pharmacist for more information on how to quit smoking.</p>	<p><b>Eating and drinking:</b></p> <ul style="list-style-type: none"> <li>• Limit your alcohol intake to one to two drinks per day maximum.</li> <li>• Continue to exercise until the day of your surgery.</li> <li>• Eat three healthy meals a day. Be sure to include protein rich foods with each meal (meat, fish, eggs, beans, tofu and poultry).</li> </ul>	<p><b>Eating and drinking:</b></p> <ul style="list-style-type: none"> <li>• Stop eating solid foods at midnight.</li> <li>• The night before your surgery, drink 800mL (3 cups) of apple juice- finish it over 1 and ½ hours. If you have diabetes, drink water instead of apple juice.</li> <li>• Surgery causes a stress response in your body. The nutrients in apple juice will help your body respond better to this stress. As a result, you may recover and regain your strength faster after surgery.</li> </ul> <p><b>Pack a small bag containing:</b></p> <ul style="list-style-type: none"> <li>• Your OR Envelope</li> <li>• Two packages of chewing gum</li> <li>• Your health card</li> <li>• A robe that has a tie belt, warm socks and slippers, and toiletries</li> <li>• You may wish to consider ear plugs and an eye mask for sleeping</li> </ul>

# PRE AND POST-OPERATIVE CARE TIPS

## Morning of your Surgery



- You may have been given specific medication instructions. If you have not received any specific instructions, you may take your usual medications the morning of your surgery/procedure.
- Do not eat any solid food.
- You may have black coffee or black tea (no milk or cream) up until 3 hours before your surgery.
- Finish drinking an additional 400mL (1 and ½ cups) of apple juice 1 hour prior to your arrival (3 hours before surgery). Do not drink any more fluids.

## After Surgery

### Get Moving: IN-PATIENTS



### Get Moving: OUT-PATIENTS



#### Later that day:

- With assistance, sit up at the side of your bed for at least 10-15 minutes.
- Start doing your breathing, coughing and leg exercises at least four times per hour.
- Make sure you let your nurse know if your pain is preventing you from sitting up at the bedside, or doing your deep breathing, coughing and leg exercises.

#### Day after your surgery:

- With assistance, sit up at the side of your bed or in your chair to eat all of your meals and with assistance get up and walk as much as you are able.
- Chew your gum at least five times per day.
- Make sure you let your nurse know if your pain is preventing you from sitting up at the bedside, or doing your deep breathing, coughing, and leg exercises.

#### Later that day:

- Rest for the remainder of the day, but keep doing leg exercises and with assistance take short walks to the bathroom and around the house.
- Take your pain medication as needed so that moving around is not too painful.

#### Day after your surgery:

- Increase your movement every day as you are healing.
- Continue your pain medication as needed.

## Your Surgery

**Before Surgery** Before going into the surgical area, you may be given a sedative to relax you. In the operating room, the anesthesiologist will insert an intravenous (IV) line into your arm. In order to monitor your vital signs and your body's response to the anesthetic, monitoring devices will be attached to you (i.e. blood pressure cuff and electrodes on your chest to monitor your heart). The anesthetic will then be administered, either by injecting the drug through the intravenous line or by gas through a face mask.

**During Surgery** During the surgical procedure, anesthetic will be given to you continuously so that you are not aware of anything around you. Your anesthesiologist will stay with you during the operation and closely monitor all of your important bodily functions, such as blood pressure, pulse, breathing and temperature. Should a complication occur, your anesthesiologist is prepared to respond immediately.

**After Surgery** After the procedure, the anesthetic will be reversed and you will be taken to the recovery room where the trained nursing staff will care for you while you regain consciousness. Your pulse, blood pressure, breathing and temperature will be closely monitored and you will be given an oxygen mask and pain medication to control any discomfort you may be experiencing. You will be discharged only when you are fully recovered and your pain is controlled.

## Recovering From Anesthesia

Some pain or discomfort from surgery is common. Some of the possible effects you may experience from general anesthetic are dry throat, nausea, vomiting, sore jaw, sore muscles, and even short term memory loss, but these are only temporary. It is important however, not to drive or operate heavy machinery for 24 hours following your surgery. As such, you will have to arrange for a friend or family member to take you home and stay with you overnight.

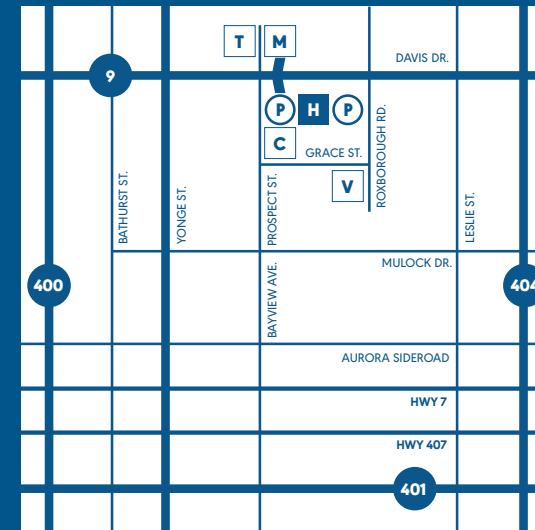
## Are There Risks?

Although serious complications are rare, all operations and anesthetic carry with them a possible risk; however, the risks involved depend on the seriousness of the surgery and your overall state of health. Your anesthesiologist will discuss in detail any risks that are specific to you and will take every precaution to protect you from them.

## Ensuring Safety in Anesthesia

Anesthesiologists continue to educate themselves and update their medical skills. As a group, they remain continually committed to providing the highest standard of care by working with university departments, professional organizations, government agencies and the pharmaceutical industry. Thanks to the efforts of all those in the field, modern anesthesia continues to evolve in terms of its effectiveness and safety. At Southlake Health this is our commitment to you!

## How to Find us



Southlake Village,  
640 Grace Street



Medical Arts Building,  
581 Davis Drive

Southlake Health Foundation,  
581 Davis Drive



Southlake Health



Bridge over Davis Drive – accessible from P3 of the  
Parking Garage and Level 3 of the Medical Arts Building.



Stronach Regional  
Cancer Centre



The Tannery Mall,  
465 Davis Drive



Parking

## Southlake Health

596 Davis Drive  
Newmarket, ON L3Y 2P9  
Tel: 905-895-4521

[southlake.ca](http://southlake.ca)

# Anesthesia and You

**As a patient, you are an important member of your health care team. It is therefore hoped that this information will help you better understand your anesthetic care, encourage you to ask questions and help you to have an informed discussion with your doctor (anesthesiologist) prior to your operation.**

## What is Anesthesia?

Anesthesia is the medical specialty that uses drugs and/or gases to numb various parts of the body or to create a state of “deep sleep”. Anesthesia is meant to safely take you through your surgery and remove most or all of the pain.

## Your Anesthesiologist

Anesthesiologists are fully trained medical doctors (MD) who have spent many years receiving specialized training in the use of anesthetic drugs.

Your anesthesiologist has an extensive knowledge of medical illness, drug administration and the use of highly technical equipment to administer and monitor your anesthetic.

Your anesthesiologist will carefully render you unconscious and/or insensitive to pain during the surgery.

He/she will be present throughout your operation to observe all of your vital signs, such as pulse, breathing and blood pressure, and constantly monitor your body’s response to the surgery and anesthesia. Should a critical situation arise, your anesthesiologist is highly qualified to respond appropriately and immediately.

In addition to working in the operating room, anesthesiologists work in pain clinics, obstetrical units and intensive care units.

## Preparing for Your Anesthesia

Preparation for anesthesia depends on the type of medical procedure you are having done.

It is **extremely** important that you follow the directions your doctor gives you, as they are necessary precautions for your own health and safety. If your doctor’s instructions are not followed exactly, your surgery may have to be postponed.

In addition to any specific instructions your doctor gives you, you will not be permitted to eat past midnight the night before your surgery, and you will only be permitted clear fluids up until three hours before your surgery is scheduled to begin. Having an empty stomach will reduce the possibility of vomiting.

## Meeting Your Anesthesiologist

Before your operation, an anesthesiologist will meet with you. This is the time to discuss your medical history and any questions or concerns you may have regarding the procedure and your stay in hospital. It is crucial for you to answer all questions completely and honestly, as your anesthesiologist will use the information to plan an appropriate anesthetic for you. Some of the information your anesthesiologist will want from you will include reactions to drugs or previous anesthetics, prescription or over-the-counter medications, any street drugs (i.e. marijuana, ecstasy) you may have used, and any herbal supplements you may be taking.

## Selecting the Proper Anesthetic

Depending on your surgery, your anesthesiologist will decide which anesthetic is best suited for you. The decision will be based on your medical history, physical examination, and the results of your lab tests. You can often participate in this decision.

## Anesthetic Options

**Local Anesthesia** is produced by injecting a specific part of your body with a drug that numbs the area for surgery. This type of anesthesia is used for stitching up superficial cuts and removing skin growths.

**Regional Anesthesia** is used for more extensive procedures. It consists of an injection near a cluster of nerves to numb a larger area of the body. This is called a nerve block. During this type of anesthesia, you may remain awake or in a light sleep if you receive a sedative. The surgical site will be covered so you will not see or feel the surgery.

**Epidural and Spinal Anesthesia** can both be used for operations involving abdomen, bladder, prostate, and lower limbs.

**An Epidural** is an injection into the back, just outside the sac containing the spinal cord and fluid. It is generally used for longer procedures where there is a need to re-inject drugs. An epidural typically involves the insertion of a small tube (catheter) into the back where it remains for the duration of the procedure and, in some cases, following the procedure so that pain medication can be administered.

**Spinal Anesthesia** is injected through a small needle directly into the fluid-filled space surrounding the spinal cord.

**General Anesthesia** is the method people most often associate with the operating room. Using this type of method, anesthesia may be administered through a face mask or intravenous (IV) injection. The anesthetic enters the blood stream and travels to the brain, allowing you to fall into a state of deep sleep. Additional drugs are then administered to prevent pain, maintain deep sleep, relax the muscles and help the surgeon perform the operation.