



**Ascension**

## FAQs: "Surgical Site Infections"

### **What is a Surgical Site infection (SSI)?**

A surgical site infection is an infection that occurs after surgery in the part of the body where the surgery took place. Most patients who have surgery do not develop an infection. However, infections develop in about 1 to 3 patients out of every 100 patients who have surgery. Some of the common symptoms of a surgical site infection are:

- Redness and pain around the area where you had surgery
- Drainage of cloudy fluid from your surgical wound
- Fever

### **Can SSIs be treated?**

Yes. Most surgical site infections can be treated with antibiotics. The antibiotic given to you depends on the bacteria (germs) causing the infection. Sometimes patients with SSIs also need another surgery to treat the infection.

### **What are some of the things that hospitals are doing to prevent SSIs?**

To prevent SSIs, doctors, nurses and other healthcare providers:

1. Clean their hands and arms up to their elbows with antiseptic agent just before the surgery.
2. Clean their hands with soap and water or an alcohol-based hand rub before and after caring for each patient.

3. May remove some of your hair immediately before your surgery using electric clippers if the hair is in the same area where the procedure will occur. They should not shave you with a razor.
4. Wear special hair covers, masks, gowns, and gloves during surgery to keep the surgery area clean.
5. Give you antibiotics before your surgery starts. In most cases, you should get antibiotics within 60 minutes before the surgery starts and the antibiotics should be stopped within 24 hours after surgery.
6. Clean the skin at the site of your surgery with a special soap that kills germs.

### **What can I do to help prevent SSIs?**

Before your surgery:

1. Tell your doctor about other medical problems you may have. Health problems such as allergies, diabetes, and obesity could affect your surgery and your treatment.
2. Quit smoking. Patients who smoke get more infections. Talk to your doctor about how you can quit before your surgery.
3. Do not shave near where you will have surgery. Shaving with a razor can irritate your skin and make it easier to develop an infection.

At the time of your surgery:

1. Speak up if someone tries to shave you with a razor before surgery. Ask why you need to be shaved and talk with your surgeon if you have any concerns.
2. Ask if you will get antibiotics before surgery.

After your surgery:

1. Make sure that your healthcare providers clean their hands before examining you; either with soap and water or an alcohol-based hand rub. *If you do not see your healthcare providers clean their hands, please ask them to do so.*
2. Family and friends who visit you should not touch the surgical wound or dressings,
3. Family and friends should clean their hands with soap and water or an alcohol-based hand rub before and after visiting you. If you do not see them clean their hands, ask them to clean their hands.

### **What do I need to do when I go home from the hospital?**

1. Before you go home, your doctor or nurse should explain everything you need to know about taking care of your wound. Make sure you understand how to care for your wound before you leave the hospital.
2. Always clean your hands before and after caring for your wound.
3. Before you go home, make sure you know how to contact them if you have questions or problems after you get home.

4. If you have any symptoms of an infection, such as redness and pain at the surgery site, drainage, or fever, call your doctor immediately.

*If you have questions, please ask your doctor or nurse*

## **Managing Pain**

### **Proper control of pain is your right as a patient.**

Some procedures will cause pain, such as surgery. We will work with you to keep you as comfortable as we can within safe limits.

Unrelieved pain can be harmful. It may cause you to avoid the following:

- Breathing deeply, which can help prevent pneumonia
- Walking or, exercising as ordered by the doctor
- Getting a restful sleep

Everyone's pain is different. No one knows your pain better than you. This is why your nurse will ask you to rate your pain. You can use numbers, pictures or words to describe your pain. This helps your nurse to know how badly you are hurting and if the medication you are taking is helping. Don't wait until the pain is severe before telling your nurse. The more you are hurting, the more medication it will take to get you comfortable.

### **Tell your nurse or doctor if the pain medicine does not relieve your pain.**

The doctor may need to change the dose or add additional medications. There are also other complementary methods that may help such as relaxation, hot, cold, music or positioning. Sometimes medications that are not thought of

as "pain medicine" may be given to help with pain. These medicines may decrease swelling or change how the pain messages travel through your body,

### **Controlling pain is a joint effort between the patient, nurse and doctor.**

Measuring your pain and setting goals for pain control are important. For instance, you may choose to tolerate more pain in order to be more alert. We want to keep you as comfortable as possible without becoming too sedated.

Your role:

- Tell the nurse or doctor that you are in pain.
- Report your pain before it becomes severe. This will allow your pain to be controlled more quickly and with less medication.
- Describe the pain in detail.
- Discuss your pain goals with the doctor and nurse.
- Tell your doctor or nurse about any side effects from your pain medicine,

The role of your nurse and/or doctor:

- To respect and listen to your description of pain.
- Provide pain medications as ordered if safe to do so and check to see if pain is relieved.
- If unable to give medicine, explain why pain medicine cannot safely be given at that time.
- Teach you about your pain medicines and possible side effects.
- Tell you what symptoms to report.
- Give you additional information about pain and how it is treated.

## Preventing Falls

We want to be sure that your hospital stay is a safe one. You are important to us and we want to do everything we can to prevent falls

### **Fall Precautions**

Some patients face a greater risk of falling than others. If you need extra help when walking, are especially weak, become dizzy when you stand up or have other types of health problems, your nurse will start Fall Precautions for you.

If you are on Fall Precautions:

- You will have a special sign posted in your room reminding you to call for help any time you need to be out of bed. Let your nurse know when you need to go to the bathroom or are out of bed for any reason. **We are here to help you and we have time.**
- We encourage family members to stay with you if appropriate
- Your nurse will check on you often to see if he or she can do anything to help you
- We ask that you and your family members keep the top two side rails up at all times, this can help protect you from a fall.

### **SAFE- Stay Alert for Fall Event**

Patients who have fallen in the past or are at high risk of falling are placed on Fall Alert.

These steps will be taken in addition to those mentioned above:

- You will be given a special armband and a sign will be placed in your room or on your door that says, "SAFE". This is to remind those caring for you that you will



need special help when moving around or getting up to a chair.

- Other safety equipment may be used if your doctor or nurse feels that it will be helpful in protecting you from falling. If needed, these measures will be discussed with you and your family.

Please share this information with your family and others who may stay with you, so we can work together to keep you safe. Please let us know if we can do anything else to decrease your chance of getting hurt from a fall. We want your hospital stay to be a safe one.

THANK YOU for helping us keep you safe.

**Remember: CALL DON'T FALL**

## PRE/POST-OPERATIVE CARE

Your surgeon will explain and discuss your operation with you. If there is anything you do not understand, please ask your doctor or nurse.

### How do I prepare for Surgery?

- After the surgeon explains the procedure, the nurse will ask you to sign a permission form for the surgery. A resident, a physician who works with your surgeon, may visit you to ask questions about your medical history and do a general physical examination.
- A doctor who will give you anesthesia (medicine that puts you to sleep) may visit you before your operation. Ask any questions you might have about the method used to put you to sleep. Be sure to identify any allergies or previous drug reactions that you have had.

### What do I do the Evening Before Surgery?

- Depending on the time the surgery is scheduled, we may ask that you not eat or drink after midnight. Also, you should not chew gum, eat candy or breath mints. The nurse will empty your water pitcher at midnight to remind you not to eat or drink.

### What happens on the Morning of Surgery?

- Bathe as usual, including mouth care.
- Remove all jewelry, religious charms, dentures, hairpins, hair pieces, contact lenses, glasses, hearing aids, nail polish, lipstick, and makeup. Give valuables to your family for safekeeping. Your valuables can also be sent to the

Security Office if no family members are available.

- You will be asked to empty your bladder before receiving your preoperative medications.
- You may receive a pill and/or shot to relax you before going to the holding area. It is very important that you not get up without assistance or smoke after receiving medication. Ask the nurse for anything you need after you receive the medication.
- You may be taken by stretcher to the holding area just before surgery. Shaving (or prep) of your operative area will be done in your room or in the holding area. Other preparations for surgery will be done as requested by your doctor.

### What should I Expect After Surgery?

- After surgery, you will be taken to the Recovery Room. A nurse will be in the room with you at all times. You will stay there until you are fully awake from your anesthesia.
- Your blood pressure, pulse, and respirations will be taken about every fifteen minutes in the Recovery Room.
- You will be turned from side to side every two hours unless your doctor orders otherwise.
- You will be asked frequently to cough and to breathe deeply.
- Pain medications will be available for you. Please ask for it when you need it. The nurse will give it as permitted.

**What about eating and drinking?**

Clear liquids are usually ordered at first.  
Gradually you will be changed to solid food.

**Activities I must do After Surgery:**

1. Turning: The nurse will encourage and help you turn from side to side or on your back or stomach (if appropriate) at least every two hours during your first few days of recovery.
2. Deep Breathing and Coughing: Coughing helps to rid the body of anesthesia, wake you up faster, and helps prevent pneumonia.

**You should:**

1. Open your mouth wide
2. Breathe in as much air as possible
3. Cough as air is pushed out from the lungs

- You may hold a pillow over your surgical area when you cough to lessen the pain. This is called "splinting." Coughing should be done three or four times every hour.

**Other Necessary Activities**

- You should move your legs to keep the blood circulating well. Lie in bed, draw one knee at a time up to your chest, alternating legs. This should be done for five to ten minutes every hour.
- The doctor will gradually increase your activity level. At first the nurse will assist you to walk at least twice a day. Soon you will be able to be out of the bed most of the time

# Hand Hygiene

Hand Hygiene is the most important thing you can do to keep from getting sick. Hand Hygiene also prevents the spread of infection to others. Two methods for Hand Hygiene include using soap, friction and running water and the use of waterless alcohol hand hygiene products. It is ok to ask your healthcare workers if they have performed hand hygiene before your care.

## When To Perform Hand Hygiene:

- Before you touch the patient.
- After touching the patient.
- After contact with items close to the patient.
- When your hands are visibly soiled.
- After going to the bathroom.
- After touching the face, nose or mouth.
- Before you eat.
- After removing gloves.
- After sneezing or coughing in your hand.

## Using Soap and Water:

- Always wet your hands first before applying soap
- Apply plenty of soap and lather up
- Wash all areas of your hands, including under your nails, between your fingers, and the sides of your wrists
- Wash for a minimum of 15 seconds
- Rinse hands under running water; Let the water run off your fingertips, not up your wrists
- Dry hands with a clean paper towel
- Use a clean towel to turn off the faucet

## Using Waterless Alcohol Products (Gels or Foam):

- Apply enough of the product to cover all surfaces of your hands and in between your fingers
- Rub in until dry

**Note:** If you have a Clostridium Difficile infection, which causes severe diarrhea, abdominal cramping, and loose watery stools, you should use soap and water for routine hand hygiene instead of the waterless alcohol products. The friction used with soap and water will remove the spores that cause this type of infection.