Surgical Services at Cayuga Medical Center

Patient Name:_________________________ Surgery Date:___________________

Locations:

Cayuga Medical Center                                    Surgicare
Surgical Services Department                             Convenient Care Center
101 Dates Drive                                           10 Arrowood Drive
Ithaca, NY 14850                                          Ithaca, NY 14850
(607) 274-4327                                            (607) 274-4248

Pre Admission Interview

Your surgeon has scheduled you for surgery at Cayuga Medical Center. You have also been scheduled for a Pre Admission testing interview. Some patients will be required to come in for this appointment while other patients may be able to have their interview over the phone. If you are required to come in for the interview, please complete the Anesthesia Questionnaire, Latex questionnaire, and medication list at the back of this booklet prior to your interview. Plan to spend approximately 30-60 minutes reviewing the information with the Pre Admission nurse. You may also have blood work or additional studies, as ordered by your surgeon at this time.

If you have any questions or concerns, please call the Pre Admission Department at (607) 274-4575
Preoperative Instructions

You will receive a telephone call from a pre operative nurse the afternoon prior to surgery with pre operative instructions from your anesthesiologist (Monday surgery will receive telephone call on Friday). Follow ALL eating, drinking, medication and arrival time instructions provided. Please follow these instructions or your surgery may be delayed or cancelled.

❖ Arrival Time: Your arrival time will be given to you the day prior to surgery. You will be advised to arrive approximately 1&1/2 hours prior to your scheduled surgery time.

❖ Diet: Specific times to stop eating and drinking will be given to you the day prior to surgery.

   NOTE: Clear liquids include water, clear juices, broth, plain popsicles, Gatorade, plain Jell-O. This does NOT include dairy products or juices with pulp. Please avoid red colored fluids and popsicles when possible. It is recommended that consumption of alcohol be avoided 24 hours prior to and following surgery. Do NOT chew gum or eat hard candy/mints.

❖ Medications: Please bring a list of your current medications, including herbals and supplements, with date and time last taken. If you use an inhaler, bring it with you the day of surgery. The nurse will review with you which medications you should and should not take prior to surgery.

❖ General Instructions:
   • You may NOT drive yourself home after surgery. Please make arrangements for a responsible adult to drive you home after surgery.
   • Notify your surgeon if there is a change in your physical condition.
   • Leave all jewelry, money and valuables at home. (remove ALL jewelry and body piercings)
   • Take a bath /shower and brush your teeth prior to arrival.
   • Wear loose comfortable clothing.
   • Do not wear makeup or nail polish the day of surgery.
• Remove contact lenses prior to arrival. Bring glasses and case.
• Wear your dentures and hearing aids.
• Bring your CPAP machine if you use one.
• No smoking or use of tobacco products 24 hours prior to surgery. Use of tobacco products is prohibited on all Cayuga Medical Center properties.
• Bring photo identification and insurance cards.
• Bring a copy of your Health Care Proxy or MOLST form if you have one.

Day of Surgery

❖ General Instructions:
  • It is important that you arrive on time.
  • If there is a delay with your procedure time we will call you at home to minimize the time you will need to wait.
  • We ask that no more than 2 people stay with you before and after surgery.
  • You will be asked by multiple people to verify your name, birth date and procedure that you are having. This is an important safety measure.
  • You will be required to sign multiple consents, including surgery and anesthesia consents.

❖ Pre Operative Phase
  • You may be asked to change into a hospital gown. The gown may be a warming gown meant to keep you more comfortable during your stay. Your pre operative nurse will instruct you how to control the temperature.
  • Your pre operative nurse will perform a physical assessment, including height, weight and vital signs. He/she will review your medications and health status. He/she will start an IV to provide a means of administering fluids and medications throughout your surgical stay.
  • Your surgeon will review your procedure with you. He/she will review your recent health status. Depending on the type of surgery he/she may place his/her initials on the operative site or you may be given a bracelet to wear indicating the procedure.
• Your anesthesiologist will review your chart and meet with you. He/she will review the anesthetic options and have you sign the anesthesia consent. Depending on the type of anesthesia agreed upon, the anesthesiologist may also initial the anesthetic site.
  
  ▪ Types of Anesthesia
    • General anesthesia: You will be asleep during the entire procedure.
    • Local: numbs just your hand
    • Regional: numbs below your elbow

• Your surgical nurse will review your chart and verify your procedure and the type of anesthesia you will be having. He/she will also verify any initials that your surgeon or anesthesiologist may have placed.

  **Cubital Tunnel Release Surgery**

❖ **What is Cubital Tunnel Syndrome?**
  • Pressure on the ulnar nerve at the elbow causing pain, numbness, and tingling in the arm and hand.
  • The ulnar nerve passes through the cubital tunnel at the elbow, which is formed by muscle, ligament, and bone on the inside of the elbow.
- The ulnar nerve provides sensation to the little finger side of the ring finger and the entire little finger; pressure on the ulnar nerve in the cubital tunnel can cause numbness or tingling in these fingers, and may lead to pain.
- The ulnar nerve provides power to the small muscles (Interossei and Adductor Pollicis) of the hand that perform fine hand movements.
- Interossei muscles move your fingers together and apart/
- Adductor Pollicis moves your thumb back towards your palm after you spread apart your hand.
- Pressure on the ulnar nerve in the cubital tunnel may lead to weak grip and poor finger coordination.

What causes Cubital Tunnel Syndrome?

- Cause is often unknown, though attributed to repetitive elbow movements and pressure from leaning on elbow for long periods of time.
  - Sleeping with elbow bent for long periods and talking on the phone are good examples.
- Elbow fractures, trauma, bone spurs and swelling are other possible causes of pressure on the ulnar nerve in the cubital tunnel.
- The ulnar nerve can also get trapped in a muscle, the Flexor Carpi Ulnaris.
**Procedure**

Goal of surgery is to release the pressure on the ulnar nerve in the cubital tunnel

- There are three different kinds of surgery for cubital tunnel syndrome or a combination of the three:
  - **Decompression**
    - Release of soft tissue over the ulnar nerve and opening the tunnel beneath the two heads of the Flexor Carpi Ulnaris
    - 6-8cm incision on the inside of the elbow
    - No post-operative immobilization is required
    - Active use of involved extremity is encouraged

- **Ulnar nerve anterior transposition**
  - The ulnar nerve is freed from the compressed cubital tunnel and relocated (transposed) to a new suitable tunnel constructed by your surgeon
  - 14 cm incision along the inside of the elbow
  - 2-4 weeks of elbow immobilization is required with the elbow in 45° flexion
  - The ulnar nerve can be placed:
    - Subcutaneously, under the skin and sutured in place to the underlying fascia
    - Submuscularly, under the flexor and pronator muscle group
    - Intramuscularly, a gutter is cut into the flexor and pronator muscle group and the ulnar nerve is placed inside the gutter and the muscle is sutured closed
• Medial epicondylectomy
  o Removal of the bony medial epicondyle on the inside edge of the elbow
  o Removes compression on the ulnar nerve and the nerve can slide through the cubital tunnel without pressure from the bony prominence
  o 6-8cm incision on the inside of the elbow
  o Short period of elbow immobilization may or may not be required

Post-Operative Care- **ASK SURGEONS**

- **Recovery**
  - It is important to follow your orthopaedic surgeon's instructions carefully after you return home. You should ask someone to check on you the first evening you are home.

- **Swelling**
  - Control swelling with icing and elevation

- **Wound Care**
  - Your wrist will be bandaged in a bulky dressing, you may or may not be in a splint to support your elbow
  - To avoid infection keep the incision clean and dry
  - Change the bandage if needed
  - After stitches are removed, you may shower, but no immersion of operative leg (i.e. bath, hot tub, or swimming pool) for two weeks.

- **Driving**
• Your doctor will discuss with you when you may drive. Typically patients are able to drive from 1-3 weeks after the procedure. This decision is passed on a number of factors including:
  - The nature of the procedure
  - Your pain level
  - Whether you are using narcotic pain medications

❖ **Diet**
  - Please follow discharge instructions from your anesthesiologist regarding progression of your diet. When instructed, begin with clear liquids and light foods (jello, soups, etc.). You may progress to your normal diet if you are not feeling nauseated.

❖ **Ice**

❖ **Medications**
  - Take your pain medication as needed. Do not wait until you are in a lot of pain before taking the medication.
  - Strong oral narcotic pain medications may have been prescribed for the first few days. Use only as directed.
  - It is not uncommon to have an upset stomach with use of narcotic medication. For this reason, take your medication with food. If your symptoms are severe, or the medication does not treat your symptoms, please call the surgeon’s office.

❖ **Physical Therapy/Exercises** **ASK SURGEONS**
  - Start moving your fingers and hand right away
  - Elbow and wrist range of motion can begin right away except for ulnar nerve transposition when the elbow is immobilized
  - 0-2 weeks post-op (maintain range of motion)
    - Hand range of motion, open and close, spread fingers apart
      - 5-10 times, 4 times a day
- Wrist and elbow range of motion, if permitted, in a comfortable range
  - 5-10 times, 4 times a day

- Elevation and icing for controlling swelling
  - 10 minutes for icing
  - Keep elbow above your heart for elevation

  2-3 weeks post-op
  - Continue range of motion exercises
  - Scar massage, small circular motion along scar, begin when incision is completely closed
  - Continue controlling swelling

  Referral to physical therapy by this time and follow recommendations of your physical therapist
Physical Therapy
Cayuga Medical Center has two outpatient physical therapy offices.

Island Health Center
310 Taughannock Blvd
Ithaca, NY 14850
(607)252-3500

Brentwood Physical Therapy
10 Brentwood Drive, Suite A
Ithaca, NY 14850
(607)274-4159
Complications and Warning Signs
There are always some risks with any surgery, even arthroscopic procedures. These include possible infection, damage to surrounding nerves and blood vessels. However, modern surgical techniques and close monitoring have significantly minimized the occurrence of these problems.

After surgery, some pain, tenderness, and stiffness are normal. You should be alert for certain signs and symptoms that may suggest development of complications.

❖ Potential postoperative complications with carpal tunnel release surgery include:
   o Infection
   o Blood clots

❖ Call your orthopedic surgeon immediately if you experience any of the following: **ASK SURGEONS**
   • Pain, progressively worsening despite proper use of medication
   • Fever greater than 101.5 degrees
   • Excessive nausea/vomiting from the use of pain medication
   • Continuous draining or bleeding from the dressing

Frequently Asked Questions

Q: How long until I can drive?
A: You need to have a ride from surgery. We do not recommend that you drive while the sling is required. Once you’ve been instructed that the sling is no longer required, you must wait until you have adequate strength and range of motion to drive.

Q: Can I take a shower?
A: At 48 hours from surgery, you may remove the dressings and take a shower. No immersion in water is allowed for 14 days post op. This means- No soaking in a bathtub, hot tub whirlpool, or swimming in pool/lake,

Q: Do I need the sling?
A: In most cases the sling is for your comfort in others it is required. This should
be noted on the instructions you receive when you are discharged from the hospital.

**Q: Do I need physical therapy?**
A: Many physicians will suggest physical therapy. Therapy should begin after your first post operative visit.

**Q: What are the potential complications of cubital tunnel release?**
A: Overall, greater than 96% are happy with the results. However complications can occur. General complications include infection, neuroma, and or numbness. Reflex Sympathetic Dystrophy – RSD- can occur with any hand surgery from a minor procedure to a complex reconstruction.

**After Discharge**
You will be provided with instructions on how to care for yourself upon discharge from your surgeon and anesthesiologist. Please follow these instructions carefully.

You will receive a follow up phone call from a surgical services nurse the day after surgery. He/she will be calling to check on your status and answer any questions that you may have at this time.

You may receive a survey in the mail following your surgical experience. We would appreciate it if you would take a few minutes to complete the survey and return. We appreciate any feedback that you can provide about your surgical experience.

If you have any questions regarding the information in this surgical guide, please call the Orthopedic Patient Navigator. The Orthopedic Patient Navigator is a health care professional acting as a patient liaison to better coordinate your care. Leave a message or email and she will return your call as soon as possible.

Elyse Putorti, ATC, Orthopedic Patient Navigator
Telephone: 607-252-3510  Email: orthopedicservices@cayugamed.org

Thank you for choosing Surgical Services at Cayuga Medical Center.
# Surgical Services - Latex Precaution Assessment

### Do you have or have you ever experienced:

(Please check box for yes responses)

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<thead>
<tr>
<th>Prompt</th>
<th>If Yes, explain:</th>
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<tbody>
<tr>
<td>Asthma</td>
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<tr>
<td>Hay Fever</td>
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<td>Eczema</td>
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<td>Problem with rashes</td>
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<td>Hand rash that lasted longer than a week</td>
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<td>Multiple surgeries—particularly in childhood</td>
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<td>Exposure to latex in the workplace</td>
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<td>Any type of allergy</td>
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<tr>
<td>Allergy to foods: Avocados, Bananas, Celery, Chestnuts, Figs, Kiwi/stone fruits/passion fruits, Papaya, Pears, Potatoes, Tomatoes</td>
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Patients answering in the affirmative to the above warrants further investigation

### Have you ever experienced an allergic reaction: (itching, swelling, hives, rash, runny nose, wheezing, eye irritation, shortness of breath, other)?

(Please check box for yes responses)

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<tr>
<td>During a dental examination or procedure</td>
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<td>During a rectal/vaginal examination or bladder catheterization</td>
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<tr>
<td>During any medical examination by a healthcare professional wearing rubber or latex gloves</td>
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<td>After contact with a condom or diaphragm</td>
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<td>During or after wearing rubber gloves</td>
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<td>After touching or blowing up a balloon</td>
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<tr>
<td>After contact with any latex or rubber product</td>
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Do you have/have you been diagnosed with? (Please check box for yes responses)

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<tr>
<th>Prompt</th>
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<td>Congenital genitourinary abnormalities or conditions that require frequent bladder catheterizations</td>
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<tr>
<td>Spinal cord problems at birth i.e. spina bifida</td>
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<tr>
<td>Known rubber or latex allergy</td>
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Patients answering in the affirmative to the above will be treated with latex precautions and has been uploaded in Meditech.

Reviewed by PAT RN ___________________________ Date / Time: ___________________________
ANESTHESIA QUESTIONNAIRE

This questionnaire was developed to help identify the various medical conditions that should be brought to your anesthesiologist’s attention. Your responses will indicate the areas where more detailed information needs to be obtained by the anesthesiologist during the preanesthetic review.

INSTRUCTIONS: For each line, check the item(s) that apply now or have been significant in the past.

**Nervous System:** □ Numbness □ Tingling □ Weakness □ Dizziness □ Migraine □ None Apply
 □ Severe Headache □ Stroke □ Excessive Anxiety/Depression □ Seizures □ None Apply
 □ Nerve Disease □ Muscle Disease □ Chronic Pain □ Other: __________________________ □ None Apply

**Circulatory System:** □ Chest Pain/Pressure □ Angina □ Heart Attack □ None Apply
 □ Heart Disease □ Heart Murmur □ Valve Problem □ Rheumatic Fever □ None Apply
 □ Congestive Failure □ Enlarged Heart □ Fluid in Lungs □ Ankle Swelling □ None Apply
 □ Circulation Problem □ Cramping in Calves during Walking □ None Apply
 □ High Blood Pressure □ Palpitations □ Blood Clot to Lungs □ None Apply
 □ Other Heart or Blood Vessel Problem: ______________________________ □ None Apply
 □ Pacemaker: __________________________ □ None Apply

**Respiratory System:** □ Sore Throat □ Cough □ Fever □ Chills □ “Cold” □ None Apply
 □ Bronchitis □ Sputum/Phlegm Production □ Chronic Cough □ Emphysema □ None Apply
 □ Hay Fever □ Environmental Allergies □ Asthma □ Wheezing □ Trouble Breathing □ None Apply
 □ Lung Disease □ Sleep Apnea □ Sleep Apnea w/C-Pap □ None Apply
 □ Other Lung or Breathing Problems: ______________________________________________ □ None Apply

**Digestive System:** □ GERD □ Hiatus Hernia □ Indigestion □ Esophagitis □ Ulcers □ None Apply
 □ Hepatitis □ Jaundice □ Cirrhosis □ Liver Disease □ Nausea/Vomiting □ None Apply

**Urinary System:** □ Frequent Urination □ Bladder Trouble □ Bladder Infection □ None Apply
 □ Kidney Disease □ Kidney Infections □ Stones □ Kidney Failure □ None Apply

**Muscle, Bones & Joints:** □ Arthritis □ Bursitis □ Tendonitis □ Backaches □ None Apply
 □ Spine Abnormalities □ Spinal Curvature □ Neck Problems □ Herniated Disc □ None Apply

**Miscellaneous:** □ Diabetes □ Thyroid Disease □ Anemia □ Bleeding Tendency □ None Apply
 □ Sickle Cell Disease □ Bone Marrow Disease □ Blood Disease □ Infections □ None Apply
 □ Capped Teeth □ Loose Teeth □ Broken Teeth □ Bridges □ Dentures □ None Apply
 □ Contact Lenses □ Lens Implant □ Glaucoma □ Hearing Aid □ Jehovah’s Witness □ None Apply
 □ Cancer □ Chemotherapy □ Other Serious Illness: _______________________________ □ None Apply
Please list any additional medical problems that were not addressed by the survey on the opposite side of this questionnaire.

______________________________________________________________________________

Have you been exposed to Chickenpox in the past 3 weeks? ☐ Yes ☐ No

Drug Allergies:

______________________________________________________________________________

Current Medications: Please list drug name, dosage, and frequency below. Also list alternative medicines & Dietary substances.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Previous Operations: Please list operation, year of surgery & hospital:

______________________________________________________________________________
______________________________________________________________________________

Anesthesia Complications:

______________________________________________________________________________

______________________________________________________________________________

Has anyone in your family had Malignant Hyperthermia? _________ Other Anesthesia complications:

______________________________________________________________________________

Menstruating Females: Date of last period ____________________________

Are you pregnant or could you possibly be pregnant? ☐ Yes ☐ No

Adults: Check the number of flights of stairs that you can climb without getting short of breath:

☐ Can’t Climb Stairs ◐ Less than 1 Flight ☐ 1 Flight ☐ 2 Flights ☐ More than 2 Flights

Personal Habits: Smoking ☐ Yes Packs per Day: ____________ Number of years smoked: _____

Smoking ☐ No When Quit: ____________ When Smoking Packs Per Day: ___

Alcohol: ____________ Amount: ____________ Other Substances: ___________________

ALL PATIENTS HAVING SURGERY TODAY: When did you last have anything to eat or drink? Give date & approximate time

______________________________________________________________________________

Do you have any health proxy issues that you would like to make known to your surgeon or anesthesiologist?

______________________________________________________________________________

Signature: ______________________________________________________ Date / Time: ____

Witness: ______________________________________________________ Date / Time: ____