



COLORECTAL SURGERY

Patient Education Guide



Thank you for choosing Sacred Heart Medical Center for your care. To help you and your family learn about colorectal surgery your care team has carefully prepared this guidebook. Please bring this guidebook with you on every visit to your health care provider. You will receive additional information that can be added to the guide through your health journey and this will help you keep your information all in one place for easy reference.

USING THE GUIDEBOOK

This book will help guide you through your colorectal surgery. We encourage your active participation in the process.

The book is divided into the following tabs:

- Preparing for the Hospital
- Your Hospital Stay
- Leaving/Discharge
- After Your Stay
- Medications
- Special Care
- Resources
- Financial Information

Bring this guidebook with you to appointments, classes, and the hospital on the day of your surgery. Feel free to make notes in the book.



APPOINTMENTS

Patient name: _____ Phone: _____

Surgeon name: _____

Primary Care Physician (PCP): _____ Phone: _____

Registration (Sacred Heart Medical Center): ____/____/____ at ____:____ a.m. / p.m.

☎ 541-686-7166 or 866-907-6329

Allow 30 minutes and please have your insurance information available.

Anesthesia Clinic appointment

(Sacred Heart Medical Center): ____/____/____ at ____:____ a.m. / p.m.

☎ 541-686-7166 or 866-907-6329

Visit: ____/____/____ at ____:____ a.m. / p.m.

Allow 1–2 hours for this appointment.

Pre-operative visit with your surgeon: ____/____/____ at ____:____ a.m. / p.m.

Allow 1–2 hours for this appointment.

Surgery date: ____/____/____

Time to report to the hospital: ____:____ a.m. / p.m.

Sacred Heart Medical Center, 3333 RiverBend Drive, Springfield

See Resources section in back of this book.

Post-operative surgeon visit: ____/____/____ at ____:____ a.m. / p.m.

Allow 1–2 hours for this appointment.

Please see enclosed map of Sacred Heart Medical Center at RiverBend for building locations.



Finding Your Way

ANESTHESIA CLINIC

The Anesthesia Clinic is on the 3rd floor of the Northwest Specialty Clinics (NSC) building. Park on any level of Garage C. Take the garage elevator to the 3rd floor and turn right to access the hallway that leads to the Sky Bridge. The Sky Bridge leads directly to the Anesthesia Clinic.

SURGERY CHECK-IN

Park on any level of Garage S and proceed to the 3rd floor of the garage, and then into the hospital. **Note:** only floors 1 and 3 of the hospital may be accessed from Garage S.

VISITORS

Park on any level of Garage S. Enter the hospital on the ground level and follow the signs to the Main Lobby. Elevators to all patient rooms are at the back of the Lobby.

Note: All parking is free for patients and visitors to Sacred Heart Medical Center at RiverBend. Refer to the RiverBend visitor map for parking garage and clinic locations.

Sacred Heart Medical Center at RiverBend

3333 RiverBend Drive,
Springfield, Oregon 97477

☎ 541-222-7300 (Information & Patient Location)

Sacred Heart Anesthesia Clinic

3355 RiverBend Drive, Suite 320
Springfield, Oregon 97477

☎ 541-686-7166

☎ 866-907-6329 (toll free)

www.peacehealth.org/shmc





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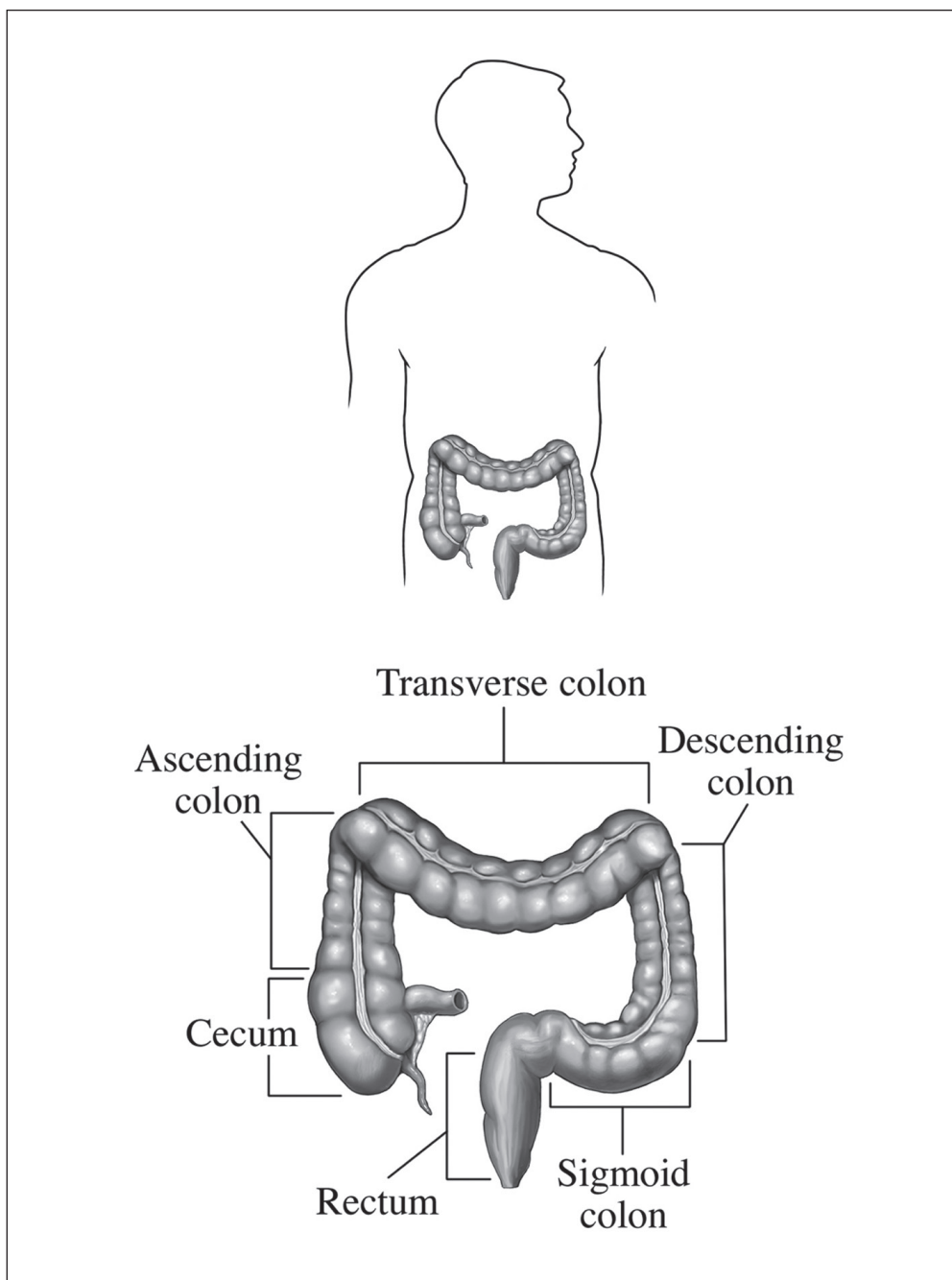
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Lower Intestinal Tract



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Preparing for Surgery

TIME LINE FOR COMPLETING PRE-OPERATIVE APPOINTMENTS

Before Surgery

- Select a date for your colorectal surgery class if offered by your surgeon.
- Register for your hospitalization.
- Make your Anesthesia Clinic appointment.
- Go to the Sacred Heart Medical Center Anesthesia Clinic. You will meet with a registration clerk, a nurse and then with the anesthesia doctor to discuss your anesthesia. **Please bring all of your medication bottles with you.** This includes prescription and non-prescription vitamins and supplements.

REGISTERING FOR YOUR HOSPITAL STAY

You will need to set up an account with Sacred Heart Medical Center for your surgery. This needs to be done before you go to the Anesthesia Clinic appointment and can be done at any point once the surgery date has been determined.

You may register by phone. The hours are 8:30 a.m. to 5 p.m., Monday through Friday. The phone numbers are 541-686-7166 or 866-907-6329.

You may also register in person. Patient registration is located on the third floor of the Northwest Specialty Clinics building, 3355 RiverBend Drive, Springfield.

If you decide to register the day of your Anesthesia Clinic appointment, please allow an extra 20 minutes for this process.

Registration may occur at any time before your appointments.





Medication Information

Colorectal surgery can cause serious bleeding. Medications, herbal products, and vitamins that may cause excessive bleeding should be discussed with both your primary doctor and your surgeon.

Anti-inflammatory Medicines

Most anti-inflammatory medicines such as aspirin, ibuprofen and Naprosyn can weaken your platelet (blood clotting ability) function and cause bleeding. Unless you take these medications for your heart or circulation, we recommend **stopping them at least seven days before your surgery** to allow your body time to clear them from your system.

We realize that these are also pain medicines and some patients may require light pain medicine during this time. Talk to your doctor about this. Tylenol has no effect on bleeding and can be used as an over-the-counter alternative.

Vitamins, Supplements and Herbal Medications

Some vitamins and supplements, specifically vitamin E and fish oil, can cause bleeding and should be stopped seven days before surgery.

It is recommended that all herbal medications be stopped seven days before surgery. They may interact with conventional medication and cause undesirable results.

The herbal medications we are most concerned about are: ephedra (ma-huang), feverfew, ginkgo (ginkgo biloba), ginseng, kava-kava, valerian, St. John's wort, saw palmetto, licorice, goldenseal, ginger, garlic and echinacea.

Coumadin

Coumadin is a strong blood thinner medication and usually requires a specific plan of care for colorectal surgery. In general, if you take Coumadin for cardiac arrhythmias or blood clots, it is recommended to stop the medication five days in advance of your surgery. We will check your blood level the morning of surgery. If you take the medicine for artificial heart valves or other serious conditions, a special plan of care will need to be arranged between your doctor and the surgeon.

Please ask questions regarding your medication, and **always bring a copy of the list of medicines you are currently taking** with you to all of your pre-operative visits.

BLOOD REPLACEMENT

There is a certain amount of blood loss associated with colorectal surgery and a possibility that you may need a blood transfusion.

If you are unable to receive transfusions for personal or religious reasons, there are alternatives that should be discussed thoroughly with your surgeon before your operation.



Pre-Operative Procedures

PRE-OPERATIVE MEDICAL EVALUATION

Colorectal surgery can put added stress on your body. It is important to be in the best possible shape prior to the surgery. It is also important that chronic medical conditions like diabetes and high blood pressure are well controlled before and during surgery to prevent medical complications.

If you have multiple or serious medical conditions you will most likely need to see your primary care physician for a physical before surgery. Your surgeon will help arrange the visit. If you are from out of town, you may need to see a local doctor here in Eugene before surgery to help coordinate your medical care after surgery.

ANESTHESIA CLINIC AND MEETING WITH YOUR ANESTHESIA DOCTOR

Please make sure that your Anesthesia Clinic appointment has been scheduled.

Before surgery, you will visit with an anesthesia doctor in the pre-admission Anesthesia Clinic. A team of nurses and anesthesia doctors will review your medications; check an EKG test of your heart; and perform laboratory tests of your blood, kidney, heart and liver functions to make sure you are ready for surgery.

Your pre-operative visit will occur typically one to two weeks before surgery. It is important to **bring your medications with you to this visit**. You should ask your primary care physician (PCP) to forward any recent information like physical

evaluations, lab work and heart tests to the Anesthesia Clinic to aid in the evaluation of your overall medical health. If there are any questions or concerns that arise from this medical visit, the anesthesia doctors and nurses can help coordinate additional tests and consultations to assure that you are ready for surgery.

The anesthesia doctor will discuss your options during your colorectal surgery. The doctor will review your medical history and allergies, and develop a plan that is best for you. Doctors from Northwest Anesthesia Physicians will provide your anesthesia. They are medical doctors with special training in anesthesia.

TYPES OF ANESTHESIA

Your anesthesia doctor will discuss the type of anesthesia that will be used for your specific surgery.

- A **general anesthetic** requires that a breathing tube be placed into your throat as the anesthesia puts you completely to sleep.
- An **epidural anesthetic** requires a long-term catheter be placed into your spine for the operation. It can also be used for pain relief after your operation.
- A **spinal anesthetic** requires that a needle be placed into your spine to numb the nerves of your legs as medicine goes through your veins to make you sleepy. It has a low rate of blood clots and lung complications after surgery.

Remember to **bring the medicines you are currently taking** to assist both the doctors and nurses who will be tending to your care.



Discharge Planning

Preparing for discharge **before** you enter the hospital helps to smooth transition after surgery.

Most patients are able to perform daily activities such as getting out of bed, getting on and off the toilet, and dressing with minimal assistance when they leave the hospital.

AT HOME ASSISTANCE OR SUPPORT

It would be helpful to have assistance at home during the first week. If you have support during this time, you should be able to go directly home after surgery. Your healthcare team will meet with you to discuss planning for your discharge.

If you do not have assistance, if you live alone or have a disabled partner, you will need to make plans **prior** to your hospitalization.

SKILLED CARE

Depending on your condition at discharge, you may qualify for skilled care. If skilled care is indicated, your social worker will assist you.

Skilled care is the definition of a type of care. Skilled care facilities are specifically designed to help you transition back to your home life. They provide 24/7 nursing care and have therapists to help you recover from surgery. The decision about when to leave the skilled care facility is made by you and your therapist. Your surgeon will **not** see you there. A medical doctor will coordinate your care while you are there.

Be sure to inform your surgeon of your discharge plan.

ASSIGN A COACH OR SUPPORT PERSON

The involvement of a family member, friend or relative to serve as your coach is very important. Your coach will be with you from the pre-op process through your stay in the hospital and your discharge at home. He or she will attend the pre-op class with you and keep you focused on healing. Your coach will ensure that you do your breathing exercises in the hospital and see that you remain safe once you are back home.

A SPECIAL NOTE FOR FAMILY AND SUPPORT PEOPLE

We want you to be included in patient education during your family member's hospital stay and to feel welcome to participate in providing care.

If you have any special needs or questions, please direct them to anyone of our staff. We will assist you in any way possible.

Hospital visiting hours are flexible. If you would like to stay overnight with the patient, there is a single bed in each room and we can provide linens for you.

Your health is important too. Remember to eat and sleep well and take care of yourself.



Final Preparations for Surgery

ONE WEEK BEFORE SURGERY

The final preparations for your colorectal surgery begin the week before you to come to the hospital for your procedure.

- Stop taking aspirin or Plavix** for seven days prior to your surgery. If your surgeon feels that you should remain on either of these drugs you will be instructed to do so at the time that your surgery is scheduled. You will be given special instructions at that time.
- Stop taking anticoagulants (i.e. Coumadin)** as directed by the surgeon. Exceptions to this are: patients who have prosthetic heart valves. If your surgeon feels that you should remain on this drug you will be instructed to do so at the time that your surgery is scheduled.
- Stop taking any herbal medications, vitamins/supplements and ibuprofen** for seven days prior to your surgery.
- You may take Tylenol if needed.** Please follow the label directions.
- Pick up your bowel prep** from the pharmacy.
- Quit or decrease your smoking** one to two weeks prior to your surgery.
- Make special arrangements for **someone to drive you home.**
- Try to **arrange for family or friends to assist you** during your hospital stay and after your return home, especially during the first week that you are home.
- Make sure you have **adequate amounts of food and fluids available in your home** when you return after discharge. A trip to the grocery store before your surgery is recommended for this purpose. Please refer to the *After Your Stay* tab in this binder for recommended foods after surgery. Although we have included some general post-op diet information for you, you will need to follow any specific diet instructions given to you at the time of discharge.
- Buy stool softeners.** (If you are having an ileostomy, please disregard this item). You will likely require some pain medicine after your surgery. Since these medications are constipating, you will need to use a stool softener while you are taking the pain medication. Stool softeners, such as docusate sodium should be taken once or twice a day while you are taking the pain medication.
- If you develop a cold, flu, or viral symptoms within four days of your surgery, you will need to notify the physician's office.



Final Preparations for Surgery (Continued)

TWO DAYS BEFORE SURGERY

- Do not shave** any area of your body below the neck within two days before your surgery. It is especially important to avoid the surgical area.

THE DAY BEFORE SURGERY

- Stop taking Glucophage** for 24 hours before your surgery. Please attempt to adjust your carbohydrate intake to accommodate this change.
- Begin your bowel prep** as ordered. This frequently includes antibiotics and laxatives. Make sure you follow all of the directions.
- Drink a clear liquid diet** for the entire day before your surgery. Clear liquids are limited only to water, apple juice, cranberry juices, grape juice, Kool-Aid, black coffee (no cream), tea, and soda (7-Up, Pepsi, etc.). **No other food or beverage is allowed.**
- Do not drink any alcoholic beverages.
- Shower the night before your surgery, and again the morning of your surgery with an antimicrobial soap called chlorhexidine gluconate. Do not use this soap on your head, face or private areas. **Follow the directions given to you at the anesthesia clinic** for "Directions for Pre-Operative Shower."

BOWEL PREP FOR COLORECTAL SURGERY

The purpose of the bowel prep is to clear the bowel of all solid matter in order to prepare it for surgery or a procedure. Please follow the instructions that your surgeon's office provides.

Tips for taking your bowel prep

- You may want to drink the mixture through a straw so the taste goes as far back in your mouth as possible. Drink it as briskly as you can.
- As soon as you have finished the mixture, follow up with a strong tasting clear liquid. Make sure whatever you drink is on your physician's list of approved liquids.
- At some point the mixture will begin to "work." This may take some time. Please make sure you continue to drink liquids from the approved list throughout the entire day before your surgery.
- If you have a tendency to develop hemorrhoids, be sure to have a hemorrhoid cream on hand. It contains a little bit of local anesthesia to ease the discomfort. You'll be happy you did so.
- Station yourself near the bathroom. The urge to go will strike suddenly and without much warning.
- Try to make sure you do not have to share the bathroom with others during this time.



Final Preparations for Surgery (Continued)

THE DAY OF SURGERY

- You should have nothing to eat or drink after 12 midnight on the day of your surgery. You may take your approved medications with sips of water.
- If you have been told you can take your medications, please take them with 30cc or two tablespoons of water up to 30 minutes prior to your surgery. Again, do not take aspirin or other anticoagulants.
- Take your second shower as directed.
- You may brush your teeth and rinse your mouth, but do not swallow any water.
- Bring a list of your current medications with you to the hospital.
- Bring any eye drops or inhalers you may need.
- If applicable, please bring cases for your dentures, glasses, contact lenses, and/or hearing aids.
- Wear loose-fitting clothing. We recommend not wearing make-up or hairspray on the day of surgery.
- Please leave all of your jewelry and valuables at home. Due to the electrical equipment used in the operating room you will need to remove all piercings. Please remove them at home.

These general instructions are intended to assist you in preparing for your surgery. Please follow any specific instructions by your physician or the hospital/surgery center. If you have any other questions please call the office during your surgeon's regular business hours.

Important

You should have nothing to eat or drink after 12 midnight on the day of your surgery. You may take your approved medications with sips of water.

Other Notes:



Arriving at the Hospital

On the day of surgery, you can park in Garage S, the parking structure located north of the RiverBend hospital at 3363 RiverBend Drive, Springfield. At the designated time, arrive at the surgery lobby, located on the third floor of the hospital.

THINGS TO BRING WITH YOU TO THE HOSPITAL

- Colorectal Surgery Patient Education Guide book.
- List of current medications with dose and frequency information.
- Prescription eye drop medication and inhalers, if you use them. Leave other medications at home.
- CPAP or BiPap machine (your own).
- Loose fitting clothing, nightgown or pajamas.
- Comfortable pair of walking shoes or well-fitting slippers with non-skid soles.
- Knee-length robe that opens down the front (optional).
- Personal care items.

THINGS TO LEAVE AT HOME

- Excessive amount of clothing or food.
- Money or jewelry.
- Your own medications and/or supplements. Medications will be supplied by the hospital pharmacy. Most insurance companies pay for medications while you are in the hospital.

Important

Leave all medications, vitamins, and herbal medications at home.



Your Surgery

THE PRE-OPERATIVE ROOM

After you check in, you will be escorted to your room and provided with a hospital gown and ID bracelet. A nurse will start your IV, review your medical history with you and complete your pre-surgical preparation.

The nursing staff will clip the hair at the surgical site and again apply a sterilizing agent on your skin. Compression stockings may be placed on your legs to help prevent blood clots and you will be given medication to help you relax. Your surgeon may visit you before the operation. In the pre-operative room you can wait comfortably before going directly into surgery.

Due to space constraint in the pre-operative room, please limit the number of people in the room with you. Your family or support people may wait in the surgery waiting area located near the surgery lobby.

THE OPERATING ROOM

In the operating room, you will see big, overhead spotlights and assorted equipment around the room. There will be nurses and doctors wearing gowns and surgical masks preparing the surgical instruments. You will be asked to slide over to the operating room table from the stretcher. The table will seem narrow and firm; the room will be cool. The anesthesia personnel will place sticky patches on your chest and hands to monitor your heart rate and breathing, as well as a blood pressure cuff on your arm to monitor your blood pressure. When these are in place, you will hear the monitor beeping in time with your heart rate.



If you are having a spinal or epidural anesthetic, the anesthesia doctor will ask you to lie on your side in order to insert the catheter into your spine.

For general anesthesia, medication will be administered through your IV. Your surgery will take anywhere from one to three hours.

THE POST-OPERATIVE RECOVERY ROOM

You will wake up in the recovery room. Nurses will frequently monitor your blood pressure and heart rate. You will feel compression stockings on your legs. The compression stockings alternately tighten and loosen to improve the circulation in your legs and to prevent blood clots.

The nurses will help you manage your pain with pain medication.

You will remain in the recovery room at least one to three hours and then moved to your room when the anesthesiologist feels it is safe.



Information for Your Family

SURGERY WAITING AREA FOR YOUR FAMILY

When you leave the surgical procedure area to go to the operating room, your family and support people will be asked to go to the surgery waiting area. These areas are indicated on the visitor map and the staff can also direct them. They should check in with the volunteer at the desk when they arrive at the waiting area, and check out if they leave in case the doctor needs to speak with them.

After surgery, your surgeon will phone your family or support person in the surgery waiting area and inform them about the surgery and how you are doing in the recovery room. They should expect to wait one to three hours until you are back in your room.

After your surgery, when you are admitted to your room, you will be given a room telephone number that your family and friends can use. Please ask your family and support people to use your room telephone number to check on your status.

SMARTRACK PATIENT TRACKING SYSTEM

Waiting to hear about a loved one's surgery can be stressful. In order to keep your family or support people better informed, patient tracking monitors are located in:

- Surgical Procedure Area (SPA) surgery waiting area—third floor
- Intensive Care Unit (ICU) surgery family lounge—fourth floor
- Riverview Café (cafeteria)—second floor

On the day of your surgery, you will be assigned a tracking number that can be provided to your family members. This number appears on the patient tracking monitors and enables your family to follow you as you move through the surgical process. They will be able to see when you move from pre-op room to the operating room and from the operating room to the recovery room.

SmarTrack can also be accessed via the Internet for family members who are not able to visit the hospital. The Internet address is www.peacehealth.org.

Click on *For Patients and Families* in the green navigation bar. Select *SmarTrack — Surgery Patient Tracking*.

Patient ID	Time in OR	Physician	Location	Family Allowed	Checked In
443025		Duke	OHV PRE/POST ROOM 14		Not Arrived
443026		Haugen	Not Arrived		Not Arrived
443027		Haugen	Not Arrived		Not Arrived
443028		Bock	Not Arrived		Not Arrived
443029	7:46:28 AM	Miller	OR 10		Not Arrived
443030		Miller	SPA RM 07	Yes	Not Arrived
443031	7:37:35 AM	Ferguson	OR 29		Not Arrived
443032		Littman	ICU SOUTH SURGICAL		Not Arrived
443033		Littman	Case Cancelled		Not Arrived
443034		Dotters	Not Arrived		Not Arrived
443035	7:47:59 AM	Rink	OR 17 CVOR		Not Arrived
443036		Muntenbeck	OHV PRE/POST ROOM 13		Not Arrived
443037	7:15:49 AM	Muntenbeck	OR 20		Not Arrived
443038		Muntenbeck	Not Arrived		Not Arrived
443039		Muntenbeck	REG COMP		Not Arrived
443040	7:35:19 AM	Dotters	OR 28		Not Arrived
443041		Dotters	CHECK IN		Not Arrived
443042		KONRAD	Not Arrived		Not Arrived
443043		Ferguson	Not Arrived		Not Arrived
443044		Ferguson	Not Arrived		Not Arrived
443045		Anesthesia	Not Arrived		Not Arrived
443046		Kay	Not Arrived		Not Arrived
443047		Kratka	Not Arrived		Not Arrived
443048		Anesthesia	OR 17 CVOR		Not Arrived
443049		Anesthesia	Not Arrived		Not Arrived
443050		Shan	SPA RM 03		Not Arrived
443051	7:21:59 AM	Sliver	OR 14 CVOR		Not Arrived
443052		Raddy	Not Arrived		Not Arrived
443053		Raddy	CHECK IN		Not Arrived
443054		Raddy	OHV PRE/POST ROOM 05		Not Arrived
443055	7:18:38 AM	Padgett	EMERG 1		Not Arrived
443056		Juan-Phan	OHV PRE/POST ROOM 18		Not Arrived
443057		Trojan	CHECK IN		Not Arrived
443058		Trojan	Not Arrived		Not Arrived
443059		Gary	Not Arrived		Not Arrived
443060		Trojan	OHV (5th Floor)		Not Arrived
443061		Gery	Not Arrived		Not Arrived
443062		Trojan	Not Arrived		Not Arrived
443063		Trojan	Not Arrived		Not Arrived
443064		Knackstedt	Not Arrived		Not Arrived



Your Hospitalization

The surgical floor staff at Sacred Heart Medical Center at RiverBend is dedicated to your recovery. The staff includes a nurse manager, charge nurses, staff nurses, certified nursing assistants, care managers (nurse or social worker), physical and occupational therapists, pharmacists, registered dietitians and wound and ostomy nurses. All are here to assist you during your hospital stay and provide you with personalized care.

THE MEMBERS OF THE INTERDISCIPLINARY TEAM

Nurse. Provides your direct care (such as medication administration and wound management), teaches you and your family about your care, helps plan your care and supervise the CNAs. Can be either RN or LPN.

CN. The charge nurse coordinates and supervises your nursing care. She or he can address any specialized problems or concerns you may have.

Nurse Manager. Manages the surgical unit and ensures that the unit runs smoothly.

CNA. Certified nursing assistants check your vital signs and help you with daily activities such as bathing, getting to and from the bathroom, making your bed, moving and walking.

CM. The care manager can be a nurse or medical social worker who assists in the coordination of your care and helps you prepare for discharge.

RD. A registered dietitian is a food and nutrition expert.

Wound & Ostomy Nurse. Provides post-surgery treatment and care for patients with ostomies.

RT. Respiratory therapists address any specialized respiratory care you may need such as breathing treatments.

Lab Tech. A laboratory technician draws your blood that is needed for lab tests.

PT. Physical therapists teach you how to regain mobility and use an assistive device such as a walker.

OT. Occupational therapists teach you how to safely perform self-care activities and household tasks. They show you how to use adaptive equipment such as reaching and dressing aids.

Our goal at Sacred Heart Medical Center is to create a healing environment that ensures the care you receive meets your individual needs. Although there are certain tasks that we routinely need to complete (such as checking vital signs and administering medication), our staff will work with you to make your stay as pleasant as possible.





Your Hospitalization (Continued)

HOSPITAL EQUIPMENT

This is a list of the hospital equipment that you may see used during your stay:

Compression Devices/SCDS. A compression system that squeezes your calf to improve circulation, to keep swelling to a minimum and prevent blood clots.

I/E. Incentive breathing exerciser. A device to measure your breathing and remind you to breathe deeply. This helps keep your lungs healthy and prevents pneumonia.

Pulse Oximetry. A machine that measures the amount of oxygen in your system using a small clip on your finger.

Oxygen Cannula. Plastic tubing and nosepiece that delivers oxygen.

IV Pump. A machine that controls the volume of your intravenous infusion.

Urinary Catheter. Tube in your bladder to drain urine.

Nasogastric (NG Tube). Tube through your nose that goes into your stomach to empty stomach contents.

Surgical Drain. Drain placed next to your surgical incision.





Your Hospitalization (Continued)

FREQUENTLY ASKED QUESTIONS ABOUT YOUR HOSPITALIZATION

When will I feel like having visitors?

Many people are comfortable having family and friends visit for short periods once they return to their rooms from the recovery area. It is not uncommon to be very tired the first evening as your body adjusts to the effects of anesthesia and medications. You may wish to have your visitors come by later on in your recovery or you may feel ready to have everyone come earlier. Hospital visiting hours are flexible and are based on patient needs.

How can my family members find out information about me?

Family members should call 541-222-7300. Out of the area callers may call toll free 866-706-1351 and ask for you by name. They will be connected to your room telephone.

Do I have to be woken up during the night?

The staff will try to be as respectful as possible during the night, but in order for us to assess your recovery, it is necessary to check on you through the night. As your recovery progresses, you can expect these visits to be less frequent. Medication to help you sleep may be ordered if you are having difficulty.

Will I have to use a bedpan?

Because you will be encouraged to get up and use the bathroom shortly after you return to your room, it is unlikely that you will need a bedpan. However, bedpans are available if needed.

How can I bathe while I am in the hospital?

The staff will offer you assistance with your hygiene needs. As you are able to do more for yourself we will encourage you to take on more of your daily hygiene activities. Non-rinse shampoo is available.

What if I have special communication needs such as an interpreter?

The hospital offers interpreters, free of charge, to provide interpretation between patients and their caregivers, in person or by telephone or videoconferencing. Talk with your nurse if you need an interpreter, or call 541-222-2065. Special accommodations for hard of hearing and visually impaired patients and family members are also available:

- Large print forms and magnifiers.
- Sign language interpreters.
- Video phones for the deaf located in the main lobbies at RiverBend, RiverBend Pavilion and the University District. TTY phones are also available in patient rooms upon request.
- Assistive listening devices such as pocket talkers, FM systems, phone amplifiers, hospital kits and Real-Time Captioning.
- TTY phones located in the following lobbies: RiverBend main lobby, Oregon Heart & Vascular Institute, SPA and Emergency Departments. TTY phones are also available in patient rooms upon request.
- Closed captioning available on all TVs.
- Amplified phones in all public areas.



Daily Routine after Surgery

While every patient is unique, this will give you a general idea of what to expect and the progress to make each day.

DAY OF SURGERY

- You will feel drowsy after surgery.
- The nurse will check on you frequently and encourage you to take deep breaths, cough, and use your breathing exerciser to prevent pneumonia and other breathing complications.
- Even though you may not feel like eating, it is an important part of your recovery. Your dietitian and nurse will work with you on food selection and advancing your diet. It is expected that by midnight you will drink three to four cups of fluid, including a nutritional supplement.
- You will be given an oral pain medication to help manage your pain.
- There will be equipment connected to you such as compression stockings, intravenous fluids, surgical drains or a catheter to drain your bladder.
- To aid your recovery and prevent blood clots, it is important to stand, walk and sit in a chair in your room within four hours after returning from the recovery area. You will sit in the chair during all meals.
- Your nurse will check your dressing and change it if needed.
- Discharge planning will begin.

FIRST DAY AFTER SURGERY

- You might have blood drawn for lab work.
- You will be encouraged to set daily goals and help with your self-care.
- You will continue to be encouraged to take deep breaths, cough and use your breathing exerciser six to ten times per hour while you are awake.
- You will be on a light diet. It is expected that you will drink six to ten cups of fluid per day, including two to three liquid nutritional drinks that will be provided.
- Your nurse will check your dressing and change it if needed. You will continue with compression stockings.
- You will be sitting in a chair for all of your meals.
- You will be assisted to walk in the hall several times throughout the day.
- A physical therapist will evaluate you if needed.
- Discharge planning will continue.
- Your nurse will continue to help you manage pain.



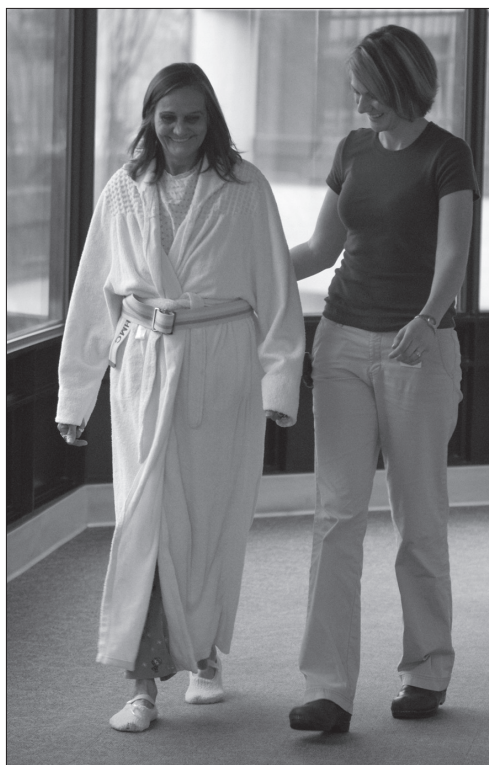
Daily Routine after Surgery (Continued)

SECOND DAY AFTER SURGERY

- Continue to set daily self-care goals.
- You will still be encouraged to take deep breaths, cough, and use your breathing exerciser six to ten times per hour while awake.
- You will advance to a low residue diet and previous fluid intake will continue.
- Your dressing will be removed.
- You will be sitting up in a chair for all meals and walking in the hall several times. Each day your distance should progress.
- Discharge plans will be defined and arranged. Discharge will likely occur between 9 a.m. and 11 a.m. Please plan your transportation accordingly.

DAY OF DISCHARGE—USUALLY THE THIRD DAY AFTER SURGERY

- You and your family should feel confident and prepared for discharge.
- You should be tolerating the low residue diet.
- Continue the breathing exerciser six to ten times per hour while awake.
- Your pain should be controlled by your discharge pain medication.
- Discharge instructions and surgeon appointments will be reviewed.
- Discharge is typically between 9 a.m. and 11 a.m. The person giving you a ride home should arrive one hour before you plan to leave.





Pain Management

While some pain is expected after any surgery, managing it after colorectal surgery is important in your recovery process because it allows you to do activities—like moving, walk and deep breathing—that prevent complications.

Your surgeon will order narcotic and non-narcotic pain medication for your specific needs.

In the recovery room, pain medication is administered through an IV. You will be switched to oral pain medication as soon as you are able to tolerate it after your surgery. Oral pain medication will help control your pain and has fewer side effects than other forms.

There are other activities that you can do to help achieve pain relief. Distracting your mind from the pain by watching TV, talking to someone, or reading has been demonstrated to assist in pain relief. Achieving a relaxed state by taking slow, deep breaths and focusing your breathing is another effective tool.



The nurses will ask how your pain feels to you. Pain is measured on a scale of zero to ten, with zero being no pain and ten being the worst pain imaginable. The goal is for your pain to be managed enough for you to move and do your breathing exercises.



Some commonly experienced side effects of pain medications are itching, nausea, drowsiness, or constipation. Please let your nurse know if you experience any of these.



Personal Notes



Preparing for Discharge

Now that your surgery is over, it is time to think about leaving the hospital. It is important that you reach certain milestones and have adequate and safe discharge plans in place before you leave the hospital. This includes having someone available to stay with you if needed.

The milestones that you will need to achieve before you leave the hospital include:

- I am able to eat my prescribed diet.
- I am able to urinate.
- My pain is adequately controlled with pain pills.
- I am progressing with moving and walking.
- I know my activity restrictions.
- I (or my support person) know how to care for my incision at home.

It is important that you make progress with your daily activities. Getting up to use the bathroom and walking in the hall several times a day will prepare you for discharge from the hospital and reduce the incidence of complications such as blood clots and pneumonia.

As a team, we will work together with you and your family or support person to prepare you for a smooth transition from the hospital to a safe and appropriate destination that will further your rehabilitation and recovery.

Questions for my doctor or nurse:

DISCHARGE PREPARATION CHECKLIST

Before you leave the hospital, the following should be completed:

- I have been involved in decisions for my care after I leave the hospital.
- I understand what my medications are for, how to obtain them and how to take them.
- I understand the potential side effects of my medications and whom to call if I experience them.
- My medication pick-up has been arranged during regular pharmacy hours.
- I understand my dietary needs and restrictions.
- My family or someone close to me knows that I am coming home and what I will need after I leave the hospital.
- I understand the symptoms to watch for and whom to call if I notice them.
- I understand how to keep my health problems from becoming worse.
- My doctor or nurse has answered my most important questions prior to my leaving the hospital.
- I have scheduled a follow up appointment with my doctor and I have transportation to the appointment.
- I have my valuables and belongings.

Discharge time from the hospital is typically between 9 a.m. and 11 a.m. **Please make transportation arrangements well in advance of your discharge.** The hospital staff will be happy to assist you and to answer any questions you may have about the discharge process.



Going Home

BY CAR

Getting Into a Car

- Position the seat as far back as possible. You may recline the seat slightly if desired.
- Get in on the passenger side of the front seat.
- Back up to the car and sit on the edge of the seat.
- Scoot in at an angle, and assist one leg in at a time; reverse to exit the car.

Riding in a Car

You may ride in the car for 60 to 90 minutes at a time. If your trip by car will be a long one, it is a good idea to do ankle pump exercises frequently and plan to stop every 60 to 90 minutes to stretch, change position and walk.

Driving

When your doctor gives you permission, you may drive. This is usually within one to two weeks, depending on your strength, your reaction time, and your discontinued use of narcotic pain medication.

ALTERNATE TRANSPORTATION

A care manager can assist with alternate transportation. Costs of a wheelchair-van or other transport may not be covered by your insurance, and payment is your responsibility at the time of service.

AIRPLANE

If you need to travel by air, it is important to request a bulkhead or first class seat so that you have enough room to stretch out during the flight. You should have a travel companion to help with luggage and getting on and off the plane. It is a good idea to do ankle pump exercises frequently during the flight.

TRAVEL

It is a good idea to plan to stay in your hometown during your first four weeks after surgery. Travel in the first month after surgery by plane or long car rides can increase your risk of blood clots.





Post-Colorectal Surgery Guide

DIET

Refer to low fiber food diet at the end of this section.

You should eat a low fiber, soft diet for one week following your surgery, and then you can return to your regular diet.

MEDICATIONS

When you leave the hospital you will be given a prescription for pain medicine. Pain medication is needed for the first few weeks after surgery. Most patients are able to wean themselves from the medication in two to three weeks.

You will generally be given the medicine that worked best to control your pain while you were in the hospital. Typically these medicines can be taken every four to six hours. Do not take regular Tylenol or acetaminophen in addition to these medicines, because they also contain Tylenol.

Stool Softeners (If you had an ileostomy, please disregard this item)

Since pain medications are constipating, you will need to take a stool softener. Stool softeners, such as docusate sodium should be taken once or twice a day while you are taking the pain medication.

Prescription Refills

If your pain medication begins to run low, please call your pharmacist, who will contact your surgeon's office. Please plan ahead and anticipate your needs early in the week. Avoid calling during the evening or on weekends as pain medication will not be filled on weekends.

Expectations are that you should be off pain medication within three to four weeks. Some exceptions can be made. If your pain situation has more to do with chronic pain than post-surgical pain, you may be referred back to your primary physician after three to four weeks.

Sleeping Medication

Sleeping medication is not routinely prescribed because the combination of pain medication and sleeping medication can cause confusion. This would increase the risk of falling and/or injuring yourself. Try simple methods to get better sleep such as going to bed the same time every night; drinking warm milk (it works for adults too); not exercising or showering at night; and avoiding caffeinated drinks close to bedtime.

Other Medications

Anti-inflammatory medication. Most anti-inflammatory medications that are used to control pain can be restarted after your surgery. If you take them regularly we recommend that you also take an over-the-counter acid inhibitor like Zantac or Prilosec.

Other medications. Any modifications made to your regular medication list during hospitalization should be under the supervision of your primary medical doctor. Please call your primary care doctor when you are discharged from the hospital to discuss any changes that were made to your usual medications.



Post-Colorectal Surgery Guide (Continued)

BOWEL CARE

You may have some stool inconsistency for a few months after your surgery. If you have loose stools that are more than six per day, or go four days without a bowel movement, please notify your surgeon's office. (**Note:** ileostomy patients will be provided with individualized instruction.)

INCISION CARE

It is important to keep your incision clean. When you are home you can shower, but avoid taking baths for two weeks after your surgery. This includes a hot tub spa. Wash the incision gently with soap and water, rinse well. Do not use antibiotic ointments or creams. The incision may be sensitive for several months after surgery. It is not necessary to cover your small incision. To prevent potential scarring, it is recommended that you avoid exposing the incision to sunlight for the first year.

You will have skin tapes, or steri-strips, across the incision when you leave the hospital. Those strips should remain in place for five to ten days. The strips will gradually loosen and come off. If they do not come off within two weeks you may remove them yourself.

If your clothes irritate the incision or if you have some drainage, you may leave a dry gauze dressing over it. Otherwise you may leave all dressings off your incision. You may begin to use body lotions or creams on your incision after it has closed.

You must check your incision daily for signs or symptoms of infection. These signs include increased swelling, redness or smelly wound drainage. If you see signs of infection please notify your surgeon's office. It is normal to have a firm lump directly beneath your incision line. This will disappear within a couple of months.



Returning to Normal Life Activities

PHYSICAL ACTIVITY/EXERCISE

You will probably feel weak and tired immediately after discharge from the hospital. Your body is still recovering from the stresses of major surgery. Your energy level will gradually improve.

Although you should not attempt any strenuous activity, you can walk, including up and down stairs. Walking promotes wound healing, bowel function, and heart and lung health. Exposure to fresh air and sunshine can help relieve depression and anxiety. During first six weeks after surgery it is extremely important to walk as much as you can.

Start slowly by taking short walks several times a day, preferably out-of-doors. You should expect to tire easily at first. Increase the distance and pace of your walk each day. We recommend several walks, 15 to 20 minutes each, per day. Avoid any activities or positions that cause more than mild pain in the area of your incision.

If you feel unsteady or dizzy, consider having someone accompany you. **Every patient will have to individualize their walking activity according to general health status and doctor's instructions.**

You may resume sexual activity when it is comfortable to do so.

DRIVING

You may drive when you are **no longer** taking narcotic pain medications **and** you feel you can quickly respond to situations that will not place others in jeopardy.

RETURNING TO WORK

Talk with your doctor about when you can return to work. If your job is not too physically demanding, you should be able to return to work two to four weeks after your surgery. Please follow any specific activity restrictions that you received upon discharge from the hospital.

General guidelines for returning to work

- **Light lifting or no lifting type jobs:** no lifting over 12 pounds for six weeks after surgery.
- **Heavy lifting or physical type jobs:** you may return to work six to eight weeks after surgery.
- Increase your lifting weight **gradually** after six to eight weeks, as per your doctor's recommendation.





Monitoring Your Condition

FOLLOW-UP APPOINTMENTS

You will need to return to the office for a follow-up visit usually within two weeks after your surgery. Please make sure you have an appointment scheduled.

SIGNS OF A POTENTIAL PROBLEM

Call your surgeon's office if you experience ANY of the following:

- Fever over 101°.
- Uncontrolled pain. On a scale of one to ten (ten being the worst pain imaginable) your pain is a level seven or above.
- Nausea and/or vomiting that continues for 12 to 24 hours.
- Diarrhea that continues for 12 to 24 hours, or no bowel movement for four days.
- Signs of a wound infection.
- Chest pain or difficulty breathing.
- Your incision separates or opens up.

For ileostomy patients, refer to the *Special Care* section.

If you have further questions you can call during normal office hours, from 9 a.m. to 5 p.m., Monday through Friday. For emergencies after office hours, the answering service will be available when you call the office number, or call 9-1-1.

PREVENTING BLOOD CLOTS

A possible complication following colorectal surgery is blood clots in the veins called deep venous thrombosis (DVT).

Activities such as foot and ankle pumps are an important method of reducing the risk of blood clots, and are a good practice to continue when you go home.

The symptoms of a blood clot are continuous and painful swelling of the leg (calf) that does not improve with rest and elevation. If you have increasing calf pain or persistent increased warmth, redness, or swelling, please contact your doctor immediately.

The best prevention is early and frequent moving and walking.





Low Residue Diet

A low residue (low fiber) diet is one that contains less than 20grams of fiber per day.

Purpose: to restrict foods with insoluble fiber and/or foods that may cause irritation or increased gas.

Food Groups	Foods Allowed	Foods to Avoid
Milk & Milk Products	Milk: whole, 2%, 1%, skim, chocolate, and buttermilk Cheese, cottage cheese Half & half Yogurt (no seeds)	Cheeses containing nuts or seeds Fruited yogurt with seeds, peel, rind, or nuts.
Meat & Meat Substitutes	Tender, ground, or well-cooked meats: beef, lamb, ham, pork, poultry, veal, fish, seafood, organ meats Eggs Fried foods as tolerated	Tough, fibrous meats with gristle Peanut Butter—smooth or chunky Cheese with nuts or seeds Sausage Lunch Meat (in casings) Dried Peas and Beans
Vegetables Limit to 2 servings per day. (1 serving = 1/2 cup)	Strained vegetable juices Canned and well-cooked vegetables: asparagus tips, beets, green beans, pumpkin and soft winter squash, sweet potatoes, plain tomato sauce or tomato puree, white potatoes (no skin)	All Raw vegetables Canned or frozen vegetables: Broccoli, cauliflower, brussels sprouts, cabbage, collard greens and kale, lettuce, alfalfa sprouts, spinach and mixed greens, celery, corn, summer squash and zucchini, mushrooms, carrots, eggplant, green peas, green peppers, mustard greens, onions, turnips, whole tomatoes and other vegetables not listed on the "foods allowed" list.
Fruits Limit to 3 servings per day. (1 serving = 1/2 cup)	Most strained fruit juices Canned and well-cooked fruits: applesauce, peeled apricots, mandarin oranges, peaches, pears. (No skin on fruits) Fresh: avocado, banana, cantaloupe, honeydew melon, nectarine (without skin), peeled fresh peach, watermelon. (Caution: Melon can be gas forming)	Prune juice Dried fruits Pineapple, Grapefruit and Orange sections, and other fruits not listed on the "foods allowed" list



Low Residue Diet (Continued)

Food Groups	Foods Allowed	Foods to Avoid
Breads, Cereals, Starches	<p>Products made from refined flour and grains such as: white bread, bagels, crackers, crepes, white dinner and breakfast rolls, French toast, Melba toast, pancakes, pasta (macaroni, spaghetti, etc), white rice, waffles.</p> <p>Refined cooked cereals: Cream of Rice or Wheat, farina, Malt-O-Meal.</p> <p>Dry cereals such as: Cornflakes, puffed rice, Rice Krispies, Special K.</p>	<p>Whole grain products such as: bread, cereals, crackers and pasta products, cracked wheat, bran and bran-containing foods, oatmeal, cornmeal, brown rice, wild rice</p> <p>Cereals made with nuts, seeds, coconut, dried fruits, or added bran, such as All-Bran or Raisin Bran</p>
Desserts	Plain cakes, cookies, pudding and custard, gelatin (Jell-o), cream pie, ice cream, frozen yogurt, sherbet, fruit ice, popsicles, hard candy, and other desserts made from allowed ingredients	Desserts made with nuts, seeds, whole-grain flours, jam, coconut, dried fruits or other foods not allowed.
Fats and Oils	Butter and margarine, plain cream cheese, gravy, mayonnaise, smooth salad dressings, plain sour cream, vegetable oils, sauces made from allowed ingredients.	Peanut butter, seeds, nuts, and olives Salad dressings that are highly spiced or flavored, or ones that contain pickles or raw vegetables
Beverages	Coffee (regular and decaffeinated), carbonated beverages (soda/pop), fruit flavored drinks, tea.	Beverages containing fiber or pulp (e.g., orange or grapefruit juice with pulp)

Additional Instructions:



Nutrition Tips for Eating After Colorectal Surgery

It is important to maintain a healthy intake of calories, protein, vitamins and minerals for on-going wound healing and recovery after surgery.

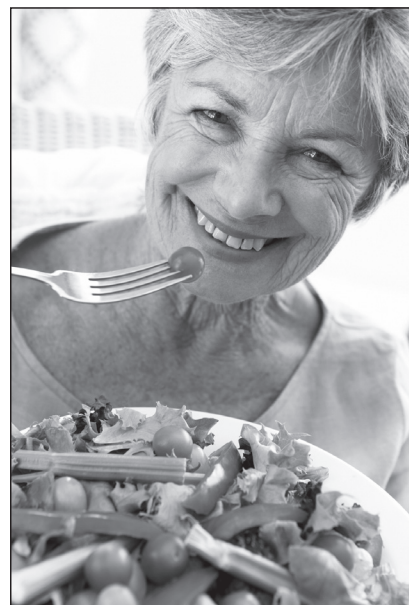
GENERAL GUIDELINES

Eat a well-balanced diet and include each of the food groups. Make sure you have protein at each meal (dairy, meat or meat substitute such as tofu pate). If you are unable to eat much variety in your diet, consider taking a multivitamin and mineral supplement.

If you have problems with poor appetite, weight loss or poor wound healing, you can try the following hints:

- Eat smaller meals with three snacks a day.
- Keep quick and easy snack foods on hand. Some examples are cheese and crackers, pretzels, hard-boiled eggs, lunchmeats, cottage cheese, pudding snacks, yogurt and canned fruit.
- Increasing your activity might help stimulate your appetite. (Make sure you are aware of any activity restrictions advised by your doctor.)
- Medical nutritional supplements can be quick and easy. Some brand name examples are Ensure, Boost and Instant Breakfast. Major pharmacies may also carry store brands at less cost. Include a supplement at least twice a day if you are eating less than half your normal intake or if you are losing weight.

- Think of your favorite foods and incorporate these into your meals.
- Try to eat more nutritionally dense foods and beverages. Some examples are milkshakes, casseroles or other dishes with added cheese, fortified milk to drink or cook with and chopped egg in salad or tuna salad. Fats (such as butter, sauces, sour cream, cream, oils, salad dressings, dips, etc.) have more calories per gram than carbohydrates or proteins and can be used to boost calories.
- If fatigue is a problem, consider support in meal preparation from family and friends. Take advantage of frozen meals or assistance from organizations such as Meals on Wheels.
- Cold foods may be better tolerated than hot foods if you are nauseated (less odor). Make sure your kitchen is well ventilated during meal preparation.





Nutrition Tips (Continued)

High calorie, high protein foods you can make at home

Recipe	Ingredients	Instructions	Nutrition
High Calorie Pudding	2 cups 2% milk ¾ cup dry milk powder 2 tbsp. vegetable oil 1 package (3.4 oz.) instant pudding	Stir together milk, milk powder, and oil. Add instant pudding and mix well. Pour into dishes and refrigerate.	Per Cup: Calories: 315 Protein: 13 g Fat: 10 g Carbs: 45 g
Fortified Milk	1 quart 2% milk 1 cup instant non-fat dry milk	Pour liquid into deep bowl. Add dry milk and beat slowly with beater until dry milk is dissolved. Refrigerate. The flavor improves after several hours.	Per Cup: Calories: 242 Protein: 20 g Fat: 5 g Carbs: 30 g
Hi-Pro Instant Breakfast Shake	1 cup whole milk ¼ cup egg substitute 1 pkg Instant Breakfast mix ½ cup ice cream	Blend and serve.	Per Recipe: Calories: 410 Protein: 18 g Fat: 13 g Carbs: 49 g
Hi-Pro Eggnog	1 cup whole milk 3 tbsp. nonfat dry milk powder ¼ cup egg substitute 1 tbsp. Sugar ½ tsp. vanilla, chocolate or maple flavoring	Blend and serve.	Per Recipe: Calories: 330 Protein: 23 g Fat: 9 g Carbs: 40 g

Be sure to let your physician know if you have any concerns or questions.



Medications

PAIN MEDICATIONS

When you leave the hospital you will be given a prescription for pain medicine.

You will generally be given the medicine that worked best to control your pain while you were in the hospital. Typically these medicines can be taken every four to six hours. **Do not take regular Tylenol or acetaminophen in addition to these medicines because they also contain Tylenol.**

Pain medication is needed for the first few weeks after surgery. Most patients are able to wean themselves from the medication in two to three weeks.

PRESCRIPTION REFILLS

If your pain medication begins to run low, please call your pharmacist, who will contact your surgeon's office. Please plan ahead and anticipate your needs early in the week. Avoid calling during the evening or on weekends as pain medication will not be filled on weekends.

Expectations are that you should be off pain medication within three to four weeks. Some exceptions can be made. If your pain situation has more to do with chronic pain than post-surgical pain, you may be referred back to your primary care physician after three to four weeks.

SLEEPING MEDICATION

Sleeping medication is not routinely prescribed because the combination of pain medication and sleeping medication can cause confusion. This would increase the risk of falling and/or injuring yourself. Try simple methods to get better sleep while at home such as going to bed the same time every night; drinking warm milk (it works for adults too); not exercising or showering at night; and avoiding caffeinated drinks close to bedtime.

OTHER MEDICATIONS

Anti-inflammatory Medication. Most anti-inflammatory medications that are used to control pain can be restarted after your surgery. If you take them regularly we recommend that you also take an over-the-counter acid inhibitor like Zantac or Prilosec.

Other Medications. Any modifications made to your regular medication list during hospitalization should be under the supervision of your primary care physician. Please call your primary care physician when you are discharged from the hospital to discuss any changes that were made to your usual medications.



Personal Notes

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Useful Phone Numbers

Anesthesia Clinic

☎ 541-686-7183

☎ 800-907-6329 (toll free)

Sacred Heart Medical Center

Financial Services

☎ 888-873-8253 (toll free)

Spiritual Care

☎ 541-686-7402

Patient Information

☎ 541-222-7300

Patient Registration

☎ 541-686-7166

Patient Family Guest House

☎ 541-685-1970

Care Manager Department

(Discharge Planning)

☎ 541-222-2440

Medical Social Worker

☎ 541-222-2440

Sacred Heart Medical Center information and patient location (Main hospital lines)

☎ 541-222-7300

☎ 800-288-7444 (toll free)

Primary Care Physician:
