

● Your Patient Care Team

(You may want to write the name of each member of your patient care team in the space provided.)

Your Attending Physician

You attending physician heads the patient care team. The team may include residents and fellows (physicians who practice under the supervision of your attending physician). Many staff members may ask you for similar information. If you have questions, feel free to speak directly to any member of the team.

Your Resident Physician

You will be under the care of a resident physician during your stay at YNHH. This physician will perform an admission assessment, evaluate you daily and provide 24-hour a day in-hospital coverage for your care. This highly skilled physician is a very important part of the patient care team in a teaching hospital.

Your Primary Nurse

Yale-New Haven uses a system of nursing called primary nursing. Soon after admission, you are assigned a primary nurse who is responsible for coordinating your care with other members of the team. Because it is not possible for your primary nurse to be with you at all times, other nurses serve as associates to the primary nurse.

Other members of the Patient Care Team:

Care Coordinator

The care coordinator is a nurse who works with the patient care team to ensure that your care is efficient and organized.

Social Worker

The social worker can also help with emotional, financial and family issues.

Patient Care Associate (PCA)

The PCA (who usually wears a green shirt) works under the direction of a nurse, takes your vital signs, does blood-drawing or monitoring and helps with some of your daily care (feeding, bathing, dressing).

Environmental Associate (EA)

The EA (who usually wears a purple shirt) is responsible for the cleanliness of the unit and patient rooms, changing patient beds, escorting patients and transporting supplies, specimens and material to and from the unit.

Business Associate (BA)

The BA maintains patient records, tracks patients' belongings, coordinates scheduling and is responsible for the front desk and other secretarial duties.

Patient Account Representative (PAR)

A Patient Account Representative helps each patient with the financial issues of a hospital visit, and can answer questions about your bill and insurance coverage, even after discharge.

YOU MIGHT ALSO WORK WITH A:

Physical/Occupational Therapist

Respiratory Therapist

Nutritionist

Religious Ministries staff

Other

● Patient Pathway

This is a general description of your hospitalization. Your physicians and nurses may vary this according to your specific needs.

● What is a radical hysterectomy?

A Radical Hysterectomy

A radical hysterectomy means that all of the uterus, including the cervix, the upper third of the vagina (the part nearest to the uterus), some of the muscles and ligaments supporting the uterus and some of the lymph nodes in the area are taken out. The ovaries and fallopian tubes may or may not be removed. When the area of surrounding tissue removed is large and includes tissue around the ureter, bladder and rectum, the operation is called a type III radical hysterectomy.

Patient

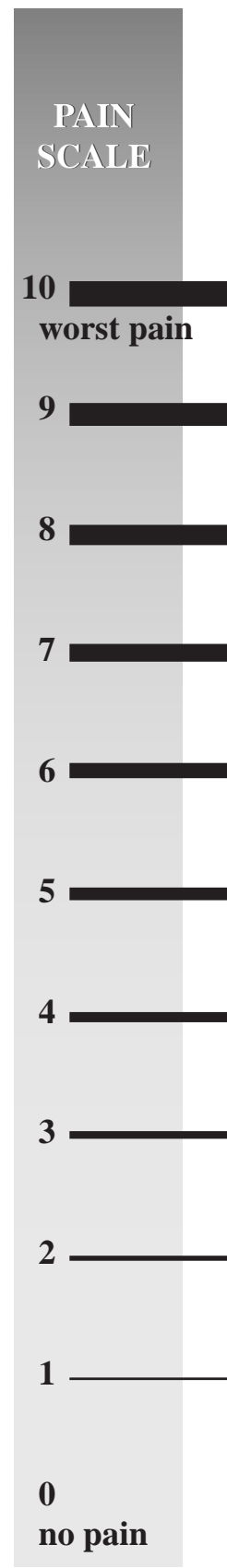
Your room

Your telephone number



● Before Admission ● Day of Operation ● Post-Op Day 1 ● Post-Op Day 2 ● Post-Op Day 3 ● Post-Op Day 4 (discharge day) ● After Discharge

	Before Admission	Day of Operation	Post-Op Day 1	Post-Op Day 2	Post-Op Day 3	Post-Op Day 4 (discharge day)	After Discharge
Location	• Home	← West Pavilion-9 (Gyn unit) →					
Education	<ul style="list-style-type: none"> Learn about your operation. Discuss with your doctor the need for bladder management for 6 weeks after surgery –either foley catheterization (urinary drainage bag) or self-catheterization. 	<ul style="list-style-type: none"> Pre-Op area, Operating Room, Recovery Room (Post-Anesthesia Care Unit, PACU) and WP-9 (Gyn unit) Learn deep breathing exercises. Report any pain to your nurse. 	<p>Your nurse will:</p> <ul style="list-style-type: none"> Show you videotape on self-catheterization and give you written information to read. Discuss options for bladder management with you. 	<ul style="list-style-type: none"> Your nurse will continue self-catheterization instructions. 	<ul style="list-style-type: none"> You will begin to care for your foley catheter or perform self-catheterization. 	<ul style="list-style-type: none"> Your nurse will review your discharge instructions. Demonstrate foley or self-catheterization. You will be given a follow-up appointment. 	<ul style="list-style-type: none"> If you have questions about your care at home, you can call the WP-9 nursing station (688-7992) or the Gyn/Oncology clinic (785-4176).
Nursing Care		<ul style="list-style-type: none"> Your nurse will take your blood pressure, temperature and pulse every 8 hours. Your nurse will check your bowel, bladder and lung function daily. Your nurse will check your incision daily. Do breathing exercises every hour while awake. Compression boots on your legs will help prevent blood clots. 		<ul style="list-style-type: none"> Your nurse will take your blood pressure, temperature and pulse every 8 hours. Your nurse will check your incision daily. Do breathing exercises every hour while awake. Discontinue compression boots. 			<ul style="list-style-type: none"> A nurse from the hospital will call you within 5-7 days to see if you are having difficulties with bladder management or bowel functioning.
Tests/ Procedures	<ul style="list-style-type: none"> Your doctor will order blood tests, X-rays, EKGs and any other necessary tests before your operation. 		<ul style="list-style-type: none"> We will obtain a blood count. 	<ul style="list-style-type: none"> We may obtain a blood count. 			
Activity	• Normal	<ul style="list-style-type: none"> You will get out of bed in the evening with assistance. 		<ul style="list-style-type: none"> You will get out of bed to walk around 4-6 times a day. 			<ul style="list-style-type: none"> Limit your activity, as instructed by your nurse and doctor, for 5-6 weeks.
Medication/ Pain	<ul style="list-style-type: none"> Before your operation, your doctor will tell you if you should stop or continue taking your usual medications. 	<ul style="list-style-type: none"> An IV will provide pain medication, fluids and antibiotics. You'll also be given medicine to help prevent clots in the legs. 	<ul style="list-style-type: none"> Check with your nurse or doctor about resuming your usual medications. Your nurse or doctor will evaluate when you can begin to drink clear liquids. 	<ul style="list-style-type: none"> Intravenous antibiotics will be discontinued. You may begin oral pain medication. Medications to prevent blood clots will continue. 		<ul style="list-style-type: none"> You will be on oral pain medications. 	<ul style="list-style-type: none"> You will get a prescription for oral pain medication, if necessary.
Diet	<ul style="list-style-type: none"> Do not eat or drink anything after midnight the night before surgery. Your doctor may tell you to continue your usual medications with sips of water. 	<ul style="list-style-type: none"> Nothing to eat or drink. 		<ul style="list-style-type: none"> Your nurse or doctor will evaluate when you can resume your usual diet. 			<ul style="list-style-type: none"> Your usual diet.
Getting Ready to go home	<ul style="list-style-type: none"> Think about whether there is someone who can help you after discharge. Make sure someone will be available to drive you home on the fourth day after your operation. 		<ul style="list-style-type: none"> Your nurse and/or care coordinator will talk with you about your need for home care services and they will make the necessary arrangements if a home care referral is necessary. 	<ul style="list-style-type: none"> Your Care Coordinator will discuss discharge plans with you. We will make a referral to the home care agency for you. 	<ul style="list-style-type: none"> We will update the home care agency about your status. If you need help with your foley catheter or self-cathing, the home care nurse may visit you at home the day you are discharged. 	<ul style="list-style-type: none"> The home care nurse will visit until you are comfortable with your bladder management program. He or she will be in contact with your doctor. 	



• Please use this space to jot down questions you have for the doctor or any other notes you would like to keep about your care: