

Preparing for Surgery

ABDOMINAL WALL
RECONSTRUCTION



Luminis Health™

Let us be your light.

We're ready to help.

Anne Arundel Medical Center and Doctors Community Medical Center have come together to form a new, integrated health system that re-imagines what community health means. For years, we've shared a dedication to compassionate care, delivered when and where people need it most. Now, we're carrying that same commitment into the future as Luminis Health — a health system that's here to embrace progress. And awaken a new era in care for our communities.

The name Luminis is symbolic of light. It signifies our commitment to being a beacon of hope and healing for our communities. Light is quite literally energy that you can see — and by joining forces and moving forward as one, we're igniting new possibilities for how and where health care is delivered

Welcome!

We're here to help you

Thank you for choosing Luminis Health for your upcoming surgery. We know that preparing for surgery can be overwhelming, so we have made it as easy as possible. In this guide, you will find clear, detailed instructions as well as checklists and forms to help you plan for your surgery and know exactly what to do when you return home. And keep in mind, our team is always just a phone call or MyChart message away. Ask questions whenever anything is unclear at any time. We wish you a speedy recovery!

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Want to learn more about our amenities, your care team, billing and insurance and our up-to-date visitor policy?

Visit AAHS.org/Plan-Your-Visit



Your Care Plan

Surgery Date:

Your Surgeon:	Phone #:
Your Nurse Coordinator:	Phone #:
Your Dietician:	Phone #:

Pre-Op To-Do-List

Pre-op Imaging:		
Appointment Date:	Arrival Time:	Location:
Pre-op Imaging:		
Appointment Date:	Arrival Time:	Location:
Pre-op Imaging:		
Appointment Date:	Arrival Time:	Location:
Pre-operative Weight Goal:		Pre-operative Diet:
Date to start:	# Days:	
One Day Prior to Surgery	Beginning Midnight Prior to Surgery	
<ul style="list-style-type: none"><input type="checkbox"/> Bowel prep needed<input type="checkbox"/> Clear liquid diet only	<ul style="list-style-type: none"><input type="checkbox"/> Nothing to eat or drink (Strict NPO)<input type="checkbox"/> Nothing to eat or drink, but you can take medication with a small sip of water<input type="checkbox"/> Nothing to eat after midnight, but you can drink 20 oz of clear liquids (no milk, no pulp, no creamer), with no more than 8 oz in the very last hour before your arrival time	
Medical Clearance:		
Appointment Date:	Arrival Time:	Location:
Other Clearances (<i>as required by surgeon</i>):		
<ul style="list-style-type: none"><input type="checkbox"/> Cardiology<input type="checkbox"/> Neurology<input type="checkbox"/> Nephrology	<ul style="list-style-type: none"><input type="checkbox"/> Anesthesia Consult<input type="checkbox"/> Pulmonology<input type="checkbox"/> Hematology/Oncology	

Post-Op To-Do-List

Post-Operative Diet:		
Post-Operative Follow Up with Surgeon:	<input type="checkbox"/> Telemed	<input type="checkbox"/> In-Office

You've got this!

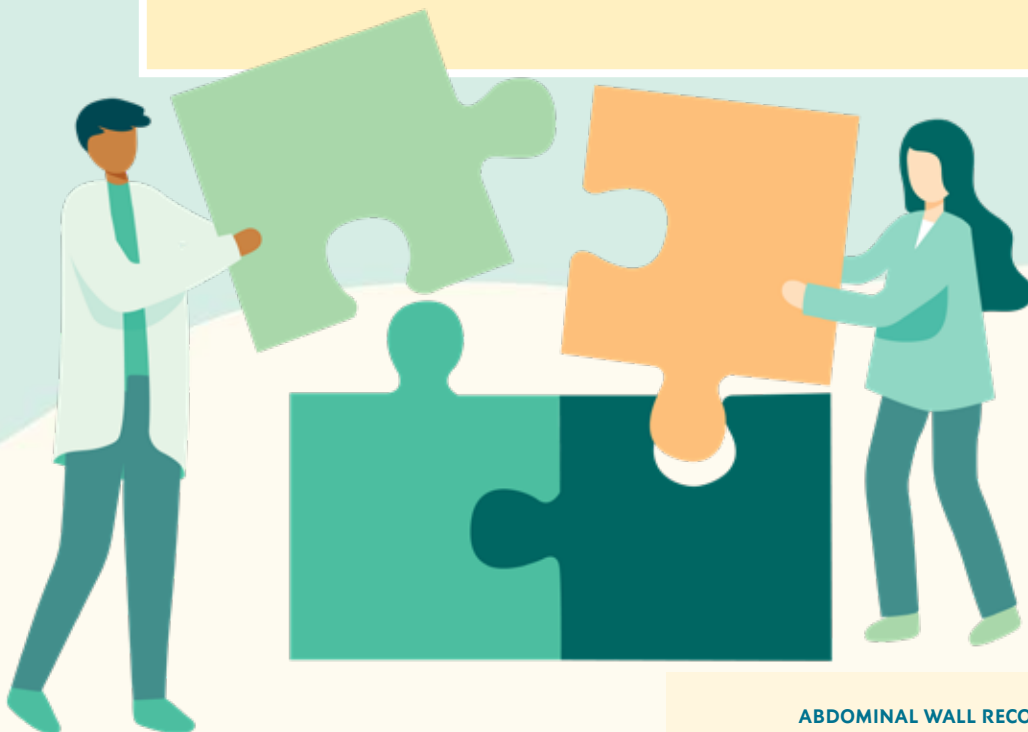
Preparing for your surgery

Pre-surgery contacts

AAMC's Pre-Anesthesia Testing Center	443-481-3624
AAMC South Pavilion/Main OR Waiting Room	443-481-1800
DCMC APEC Anesthesia Pre-evaluation Center	301-552-8897 (Option 1)
DCMC Surgical Waiting Room	301-552-8503
AAMC Smoking Cessation Program	443-481-5366
DCMC Smoking Cessation Program	301-552-5178
Hackerman-Patz House Lodging	410-571-3100
Luminis Health Patient Financial Services Department	443-481-6500

Post-surgery contacts

Luminis Health Patient Financial Services Department	443-481-6500
AAMC Advocacy Department	443-481-6890



Quick Guide

3-4 Weeks Before Surgery *(Check action when completed)*

- ❑ Complete any needed paperwork. Find out what information is needed from your primary care doctor, surgeon's office and the hospital. Also share any disability or family leave forms with your surgeon's office.
- ❑ Contact your insurance company to find out if you need preauthorization, pre-certification, a second opinion or referral form. You may have questions about your financial arrangements. If so, please call our Patient Financial Services Office at 443-481-6500.
- ❑ Obtain medical and specialists' clearance. Schedule this appointment within 30 days prior to surgery. (You may use AAMC's Pre-Anesthesia Testing (PAT) Center for pre-surgical clearance if you cannot get an appointment with your primary care physician.)
- ❑ Obtain any requested laboratory tests. Check with your insurance to determine which labs they cover.
- ❑ Please maintain or increase your physical activity with at least 1 hour of walking per day or 10,000 steps. There are lots of great apps you can download to your smart-phone to help you to monitor these goals.
- ❑ If you smoke, please stop smoking 4 weeks before the procedure. We are happy to provide you with help to obtain this goal.
- ❑ Please stop alcohol intake 4 weeks before the procedure.
- ❑ Your doctor may have requested weight loss. If you feel you are not meeting your weight loss goals, please contact your nurse or dietician.
- ❑ We encourage you to live as healthy as possible before your surgery. Please be sure to notify your surgeon/nurse if you develop a cough or illness prior to surgery.
- ❑ Decide who will drive you home and stay with you for at least 24-48 hours after surgery.
- ❑ Set up care for others. If you have children or pets at home, make sure you have care arranged prior to your surgery. This keeps everyone safe while you're focused on your recovery.
- ❑ Make a meal plan and prepare ahead of time.
- ❑ Complete your surgery shopping list:
 - Oral thermometer
 - 2 extra-large soft ice packs
 - Elastic waist pants
 - Water, Jello, popsicles and other clear liquids to help keep you hydrated

One Week Before Surgery *(Check action when completed)*

- ❑ Stop all herb or vitamin supplements as they are not regulated by the FDA and may interfere with anesthesia.
- ❑ Stop Taking NSAIDS as they may cause you to bleed during or after surgery

*NSAIDs are Non-Steroidal Anti-Inflammatories such as Motrin, Advil, Aleve, Aspirin, Mobic and other over the counter or prescription medications that have a side-effect of bleeding.

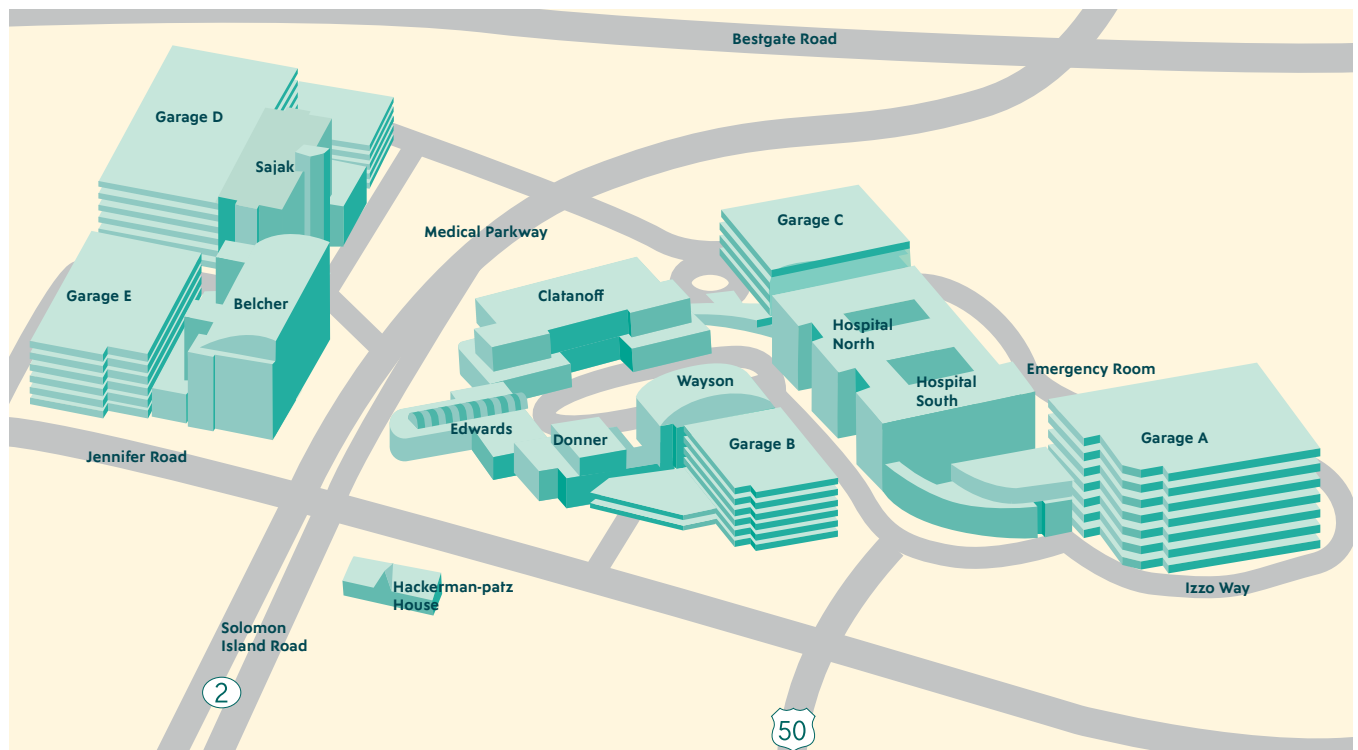
*You may take or remain taking Tylenol (Acetaminophen), Tramadol, Percocet, Oxycodone or Norco.

*If you need something else for pain, please discuss with your Primary Care Provider.

Surgery Locations

Anne Arundel Medical Center

2001 Medical Pkwy, Annapolis, MD 21401

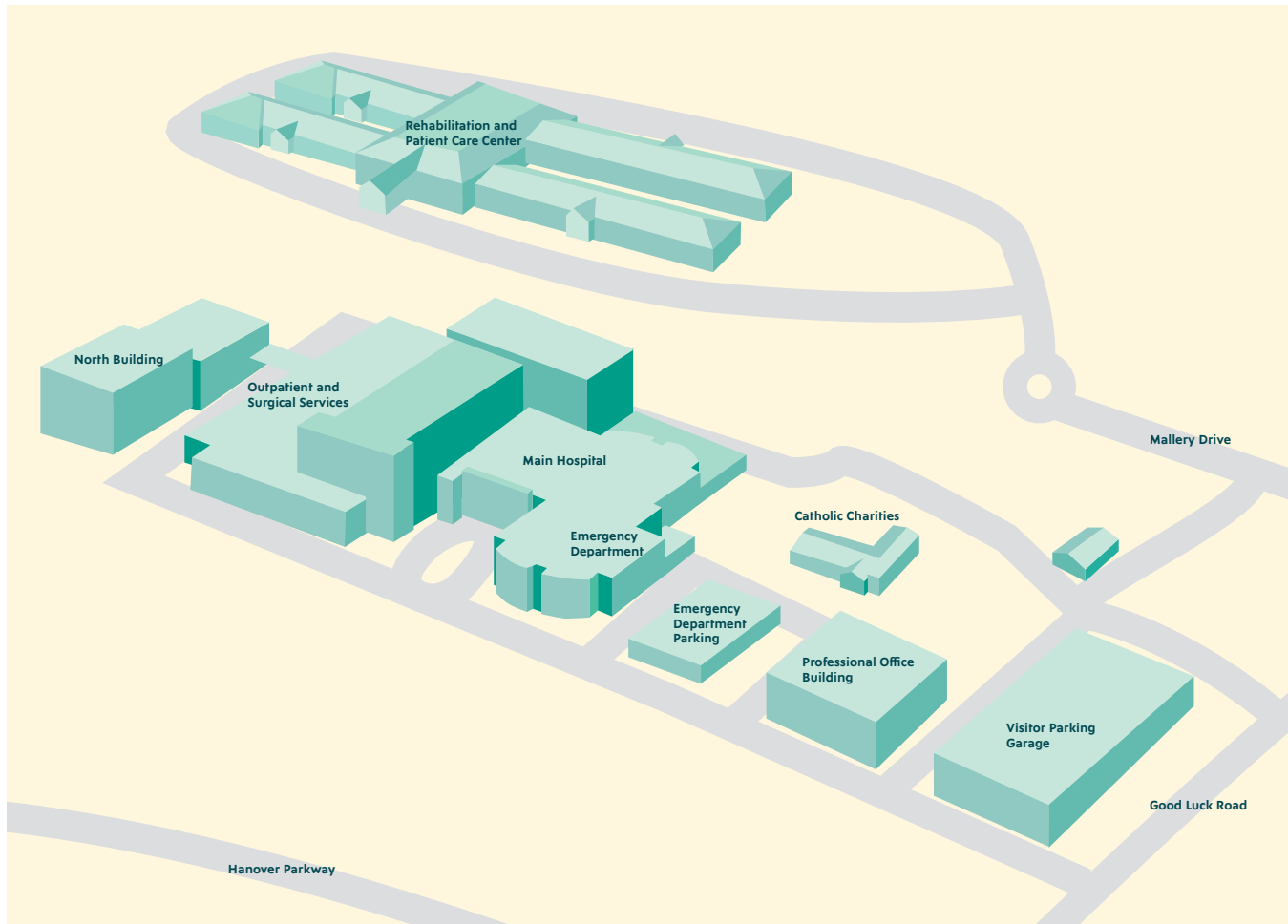


Surgery Location	Where to Park	Check-in Location
Hospital Pavilion South Main Operating Room	Garage A Free	Surgical Waiting Area, Second Floor, Hospital Pavilion South
Hospital Pavilion North	Garage C* Free	Surgical Waiting Area, Second Floor, Hospital Pavilion North
Edwards Pavilion	Garage C* Free	Surgical Waiting Area, First Floor, Edwards Pavilion
Wayson Pavilion	Garage B* Free	PAT, First Floor, Wayson Pavilion, Suite G60

Other Departments	Location	Where to Park	Contact Information
Anne Arundel Diagnostics Imaging	Sajak Suite 100	Garage D	1-888-909-XRAY (9729) https://www.aahs.org/AADI/
Emergency Room		Garage A Free	
Surgical Specialists	Belcher Pavilion Suite 600	Garage E	443-481-6699
Pre-anesthesia Testing Center	Wayson Pavilion, Suite 60	Garage B* Free	443-481-3624

* **Valet parking** is available for Garages B and C between 7 am–5 pm for a fee.

Doctors Community Medical Center



Departments	Location	Where to Park	Contact Information
Luminis Surgical Office	Professional Office Building, Suite 210	Visitor Parking Garage	Office: 240-965-4405 Fax: 240-965-4417
Anesthesia Pre-evaluation Center	Main Hospital, Second Floor	Visitor Parking Lot	301-552-8897 (Option 1)
Diagnostic Imaging Associates	Professional Office Building, First Floor	Visitor Parking Garage	(301) 324-4968

When to arrive for your surgery

- The hospital will call you the evening prior to your surgery to let you know when you should arrive.
- Your arrival time will be a few hours prior to your actual surgery to allow for preparation. If your surgery is on a Monday, the hospital will call you on Friday.
- Please do not miss the call. If you do, please call the hospital and ask to speak with the surgery prep team.

Registration

When you check in at the surgical waiting area, a customer service representative will help you complete your registration. They will give you waiting room instructions and our recovery room guidelines, which will tell you how to follow our electronic status board color codes.

Please be seated in the lobby until you are called to the pre-operative area.

Pre-Operative Area:

When ready, we take you to the pre-operative area to be prepped for surgery. The nurse reviews your history and physical, starts any needed IVs and takes any necessary labs. You'll also likely receive antibiotics and other medications, as needed once we start your IV.

Greet your team:

Anesthesiologist: Who will have you sign your consent for your anesthesia, as well as answer any last-minute questions you have about your anesthesia care

Operating room nurse: Who interviews you before taking you back for your procedure and conducts a pre-anesthesia "time out" to ensure correct patient, correct procedure and correct site

Surgeon: Who will have you sign your consent for the procedure, as well as answer any last-minute questions about your surgery

Bring the following with you:

- This patient guide
- Copy of advance directives, which you must print from askAAMC.org/Advance-Directive
- Insurance card
- Driver's license or photo ID
- List of current medications and dosages
- Copy of ID card for your pacemaker or implantable defibrillator
- Personal hygiene items (toothbrush, deodorant, lip balm)
- Robe and loose-fitting clothing to wear when discharged
- Reading and writing materials
- Hearing aides, eyeglasses and dentures (these may not be worn to surgery)
- CPAP machine, if needed
- Insulin pump, if needed
- Your caregiver

What Not to Bring

- Leave jewelry, valuables, cash and weapons home.
- Do not use makeup or lotion before your procedure.
- Avoid dark nail polish. Acrylic nails are fine.

IMPORTANT:
See your Care Plan on page 4 for information about eating and drinking before your surgery.

Take Advantage of Convenient, Online Care Management Options

Telehealth

Talk to your surgeon's office about scheduling your follow up appointment through Telehealth. You can stay home and stay connected by video chat.

MyChart

You can access your medical information –and your doctors— at any time through MyChart. Available through any smart device or computer, MyChart offers communications on the go anywhere you are. For more information, visit <https://www.aahs.org/MyChartConnect/>



Tools to Help Your Recovery

My Post-Operative Pain Management Plan

Below is a sample of how to overlap Motrin and Tylenol for proper pain management if you are able. Check with your nurse at discharge to plan times based on your last doses of medications. Do not skip doses in the first 48h. The goal is to have one medication take effect while the other is wearing off. If one of these medications is contraindicated, speak with your surgeon's team for a pain management plan. You can use a chart like this to remember what you have taken and what you are due to have. It is good to write this down and check off what you have taken. [See the back cover of your book.](#)

Name of Medicine	8 AM	12 PM	4 PM	8 PM	Midnight	4 AM
Motrin 800 mg PO every 8 hours	Motrin DUE		Motrin DUE		Motrin DUE	
Tylenol 1000 mg PO every 8 hours		Tylenol DUE		Tylenol DUE		Tylenol DUE

CAUTION: This is an EXAMPLE ONLY. Do not take Motrin or Tylenol if it is contraindicated. Speak to your team about another pain regimen.

Pain Medication Tracking

After surgery, it is important that you keep track of the medications you take for pain and when you take them. Using the chart below, write down every time you take a medication for pain, including both over-the-counter and prescribed pain medications. The amount of medication you need should decrease over time. Bring this form with you to your follow-up appointment with the surgeon to discuss pain management.



Patient Name: _____

Surgeon Name: _____

Date	Name of Medicine	Dose	# of Pills	Time	*Pain Rating	**Reason for Taking Meds
00/00/00	Tylenol	500 mg	2	12:15 PM	3	1

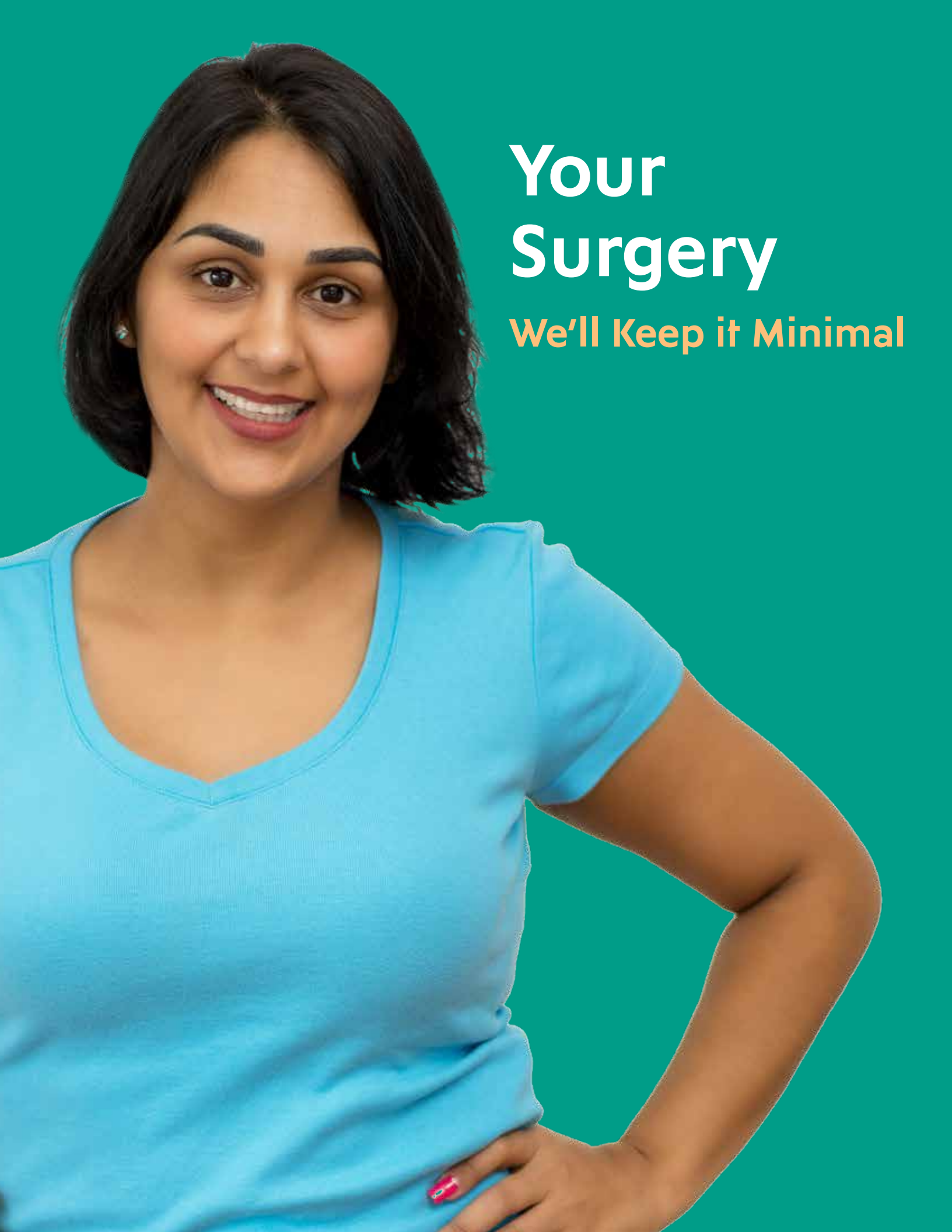
***0-10 Numeric Pain Rating Scale**



No pain Moderate pain Worst possible pain

****Reasons medication was taken.**

- Please choose all that apply from the following:
1. Scheduled time
 2. Experiencing pain
 3. Anticipated pain (Ex: before activity)
 4. Other (please explain)



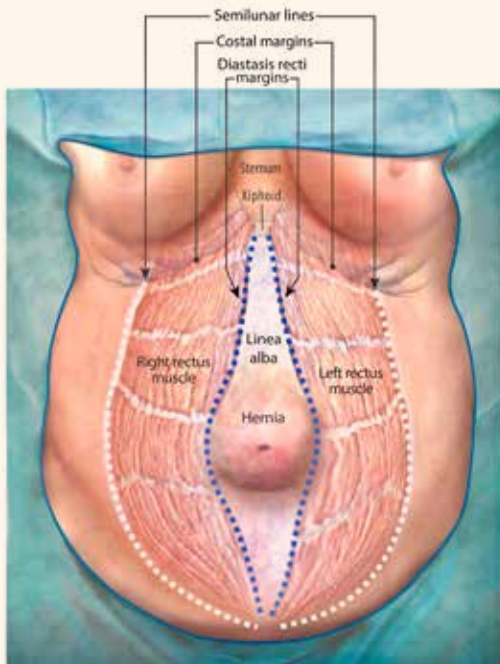
Your Surgery

We'll Keep it Minimal

Abdominal Wall Reconstruction (AWR) Program

Learning that you need abdominal wall reconstruction surgery can feel overwhelming. But take heart: We're here for you. And we'll make every effort to use the latest minimally invasive approaches.

- For your procedure, we will use a minimally invasive approach whenever possible. We do this through small incisions — only one centimeter long — using laparoscopic or robot-assisted techniques. This lets us avoid the need for large openings in the abdominal wall. The minimally invasive approach usually reduces the trauma from the surgery, the blood loss during the surgery and the pain after the surgery. You should know, however, that in some cases, we may have to switch to a traditional, open approach.
- Your pain management will consist of several drugs and local or loco-regional pain relief techniques. We will start administering these techniques before your procedure.
- We typically perform abdominal wall nerve blocks using local anesthesia to provide pain relief during and after the procedure. This will leave no visible scar.
- We limit the use of opioids in and out of the operating room, since they are linked to postoperative nausea and vomiting.
- In case you feel pain after the procedure, please let us know so we can adjust the pain protocol to your needs. It's our goal to relieve your pain so you can start moving as soon as possible, which will speed up your recovery. You will, however, have some pain in general. We can't completely remove pain without using anesthesia. We hope the pain will disappear over the next several days, but it may persist for weeks.
- We use the same approach for postoperative nausea and vomiting. We will start treatment for nausea and vomiting during the procedure. In case the treatment isn't working well enough, please let us know, so we can adjust the protocol to your needs.

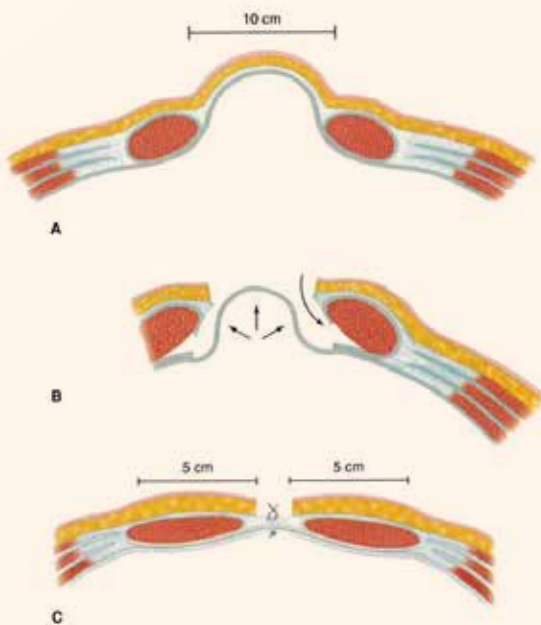


What is a Diastasis Recti ?

The connective tissue between your rectus (aka 6 pack) muscles is called the Diastasis Recti. This is normally nice and tight and closed. Sometimes, this stretches and becomes thin due to increased intra-abdominal pressure. This could have been caused by trauma, pregnancies, or you may just have a genetic predisposition. Many ventral hernias result from this as the fat or bowel are no longer reinforced by the musculature. Don't worry—during your Abdominal Wall Reconstruction, this will be restored allowing your muscles and the mesh to reinforce the hernia repair.

What is the Rives Stoppa Technique?

The Rives Stoppa Technique is a way to re-approximate or pull the rectus (6 pack) muscles back together and repair the hernia at the same time using a sublay synthetic mesh. We do not use tacks, sutures or staples to keep mesh in place. Your body will grow into and incorporate the mesh as you recover.



What is a Transverse Abdominus Release (TAR)?

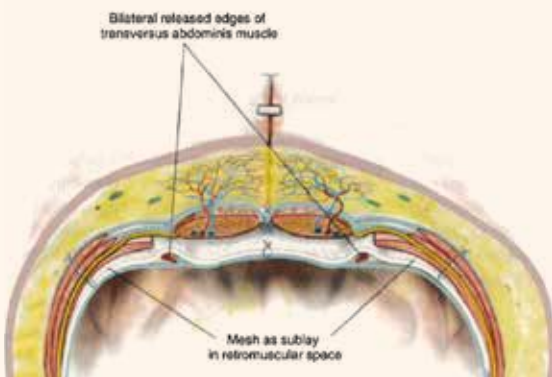
Sometimes the Rectus muscles are too small to properly close or cover a wide diastasis recti. In this case, our surgeons may opt to cut and release an oblique muscle so that the hernia can be repaired without tension.

What type of mesh do we use?

Our surgeons have selected a macroporous polypropylene mesh.

What does this mean for you?

Less pain & less risk of complications than other techniques.



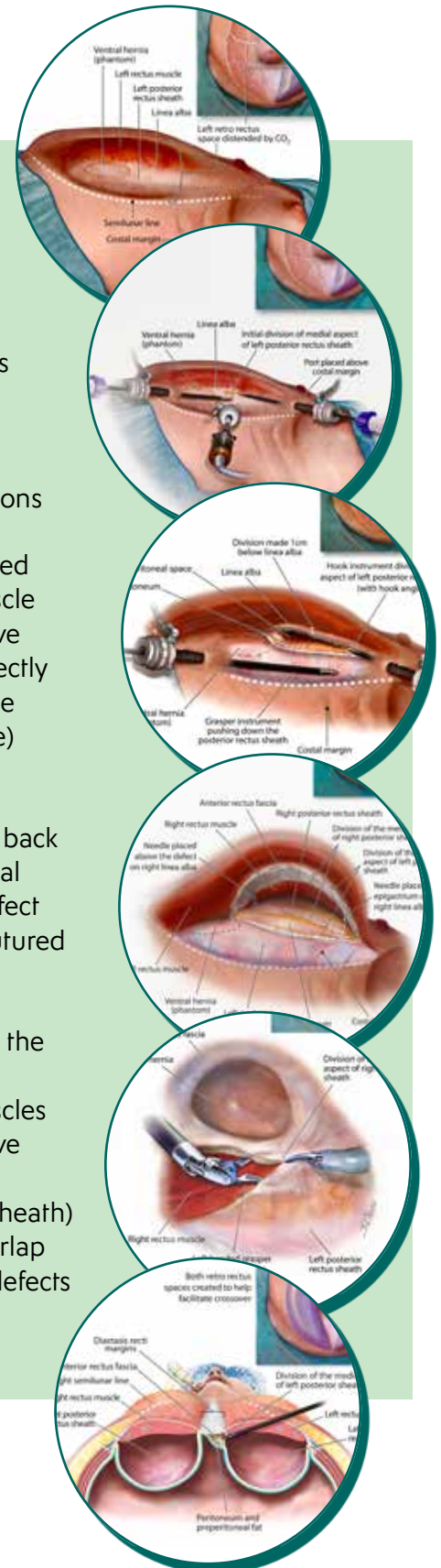
Latest Techniques in Abdominal Wall Surgery

A Safer Way to Use Mesh

It is very common to use mesh during abdominal wall surgery. We use new surgical techniques that protect against contamination and mesh infection. The Rives Stoppa Technique is one way of protecting you from mesh infection. While this technique has been around for some time, our team of surgeons has further refined these techniques using robot-assisted technology. (Not to worry, the surgeons' hands direct the robot). This has taken the Rives Stoppa technique from an open approach to a minimally invasive approach, reducing risk of recurrence, infection and chronic pain. This sublay (retromuscular) approach has the lowest overall rate of complications when combined with minimally invasive technique, with a 0.1% infection rate (Alimi, Sosin & Bhanot, 2020).

Abdominal Wall Reconstruction

1. 3-4 small incisions are made
2. Ports are placed through the incisions
3. A space is dissected between the muscle and the connective tissue located directly behind the muscle (retrorectus space)
4. The hernia (fat or bowel) is pushed back into the abdominal cavity and the defect (or diastasis) is sutured closed
5. Mesh is placed in the retrorectus space between the muscles and the connective tissue (called the posterior rectus sheath) to have good overlap of all the hernia defects



After your surgery

You will recover in the Post-Anesthesia Care Unit (PACU). A staff of registered nurses, specifically trained to monitor and care for you as you wake up from your anesthesia, will take care of you on this unit. These nurses will be responsible for your immediate care, comfort and safety needs.

- Your anesthesiologist and surgeon will direct your care on this unit. The amount of time you spend in the PACU will depend on the type of surgery or procedure you have and the type of anesthesia you are given.
- As you wake up, you will be given some juice or water to drink, and some crackers to eat.
- Nurses will monitor your pain and vital signs.
- Once the peri-operative nurses decide you're ready, they will discharge you home.
- Your prescriptions will be sent electronically to the pharmacy you have on file.
- **We will send you home with:**
 - ◊ Zofran (Ondansetron), which is a dissolvable pill to use for nausea. (ODT = orally disintegrating tablet)
 - ◊ Colace (Docusate Sodium), which you can also purchase over the counter to help with any constipation.
 - ◊ IF we prescribe an oral narcotic for you, we will likely prescribe only 5–10 tablets as they tend to cause constipation and not give much pain relief. Most patients have adequate relief without a narcotic.
 - ◊ If we don't prescribe narcotics, you will take 650 mg of Tylenol (Acetaminophen) every 6 hours and 800 mg of ibuprofen every 8 hours with a small meal. Please do not take more than 3,000 mg of Tylenol/Acetaminophen in any 24-hour time period. Another option is to take 1000 mg Tylenol (Acetaminophen) every 8 hours and overlap with Motrin (Ibuprofen) 800 mg every 8 hours – thus taking one of these two medications at each four hour mark. This sometimes gives better pain control. The goal is to have one medication take effect while the other is wearing off.



Same-day discharge

Returning home to a comfortable environment and getting back to your normal daily routine will help you recover faster. We'll do everything we can to ensure a smooth transition. Your nurse will discuss medications and home care instructions with you and your caregiver before your discharge. You may not take a taxi or Uber home unless you are accompanied by a responsible adult.

Staying overnight for observation

- Sometimes your surgeon may want to keep an eye on things overnight in the hospital, usually for no longer than 23 hours.
- As soon as you return to your room, we will offer you a clear liquid or full liquid diet.
- We will also encourage and help you to get out of bed or in a relaxing chair. Moving around will help shorten the time for your digestive function to reactivate, reduce the risk of nausea, allow you to start eating food sooner, lower your risk of pulmonary complications and lower your risk of thrombosis/phlebitis as well as pulmonary embolism (blood clots or DVTs).
- We will give you an Incentive Spirometer (IS). The purpose of the IS is to help you inflate your lungs open (imagine inflating a balloon) to prevent atelectasis (lung collapse) and/or pneumonia. You should take three deep breaths every 15 minutes (or every time a commercial comes on TV) while you are awake. We do not want you excessively coughing after this surgery. Please let your nurse know if you develop a cough.
- You might receive all medical treatment by mouth only. If you have an IV line, we will remove it as soon as possible.
- You should wear sequential compression devices (SCDs) and compression stockings (TEDs) all the time while you're in the hospital following the procedure, except while walking.
- You will be given an abdominal binder — an elastic band wrapped around your abdomen. Please wear this while you're walking for comfort. You can take it off while you're lying down. If you need an extra binder, you may purchase one from a number of online retailers.
- We may do a blood test in the evening or the next morning after your procedure before discharge.



Patient Discharge Checklist

Do you know how to:

- Take your medication?
- Prevent infections?
- Manage your pain?

Caregiver Discharge Checklist

Do you know how to:

- Change the dressing?
- Identify signs and symptoms of infection?
- Follow exercise instructions at home if they were given by your surgeon?

The Road to Recovery

The day after the surgery

- Starting on postoperative day 1, we will advance your diet. You should aim to drink 1.5–2 liters (six to eight full glasses) of fluid (water more than anything) during the day. You should remain out of bed at least six hours during the day and walk around the unit (if you were admitted) or your home hourly while you're awake.
- If the procedure allows, we will remove drains, catheters and IV lines.
- If your situation allows, you might be discharged from the hospital the day after your surgery or one of the following days.
- It might take up to three days after your surgery for bowel movements to begin again. We might provide you with a stool softener to help activate this process. The absence of bowel movements is not a reason to keep you in the hospital. Remember, "motion is the potion"—walking is the best way to stimulate a bowel movement.
- The day of your discharge, you will receive your appointments for your follow-up visits (if you do not have them already), as well as the necessary papers for your postoperative care by your family practitioner, nursing staff, etc.

After you return home

Blood Thinner

You may have received and been prescribed injections of a blood thinner once a day to lower the risk of thrombosis/phlebitis (clots) as well as pulmonary embolism (a clot in the blood vessel of the lung) during the four weeks after surgery. If you have any vomiting that looks like coffee grounds, or bright red bloody or maroon stools, come to the emergency room. You will bruise easily. Take fall precautions, such as removing scatter rugs and cords that you could trip over. Have someone walk with you to the bathroom, especially at night. Do not take any mind-altering medications or sleep aides (e.g., Benadryl, Klonopin, clonazepam, lorazepam, valium, diazepam, Ativan, Flexeril, Soma, etc.) without first checking with your nurse or surgeon.

Temperature

Take your temperature twice daily. Make sure not to eat any food or drink any liquids for a full 10 minutes before you take your temperature. You want to be especially sure to monitor your temperature after your pain medications have worn off.

Diet

Begin your diet with bland foods that are easy to digest. Drink plenty of fluids (640 ounces or 8 cups per day). Remember—broth, Jell-O and popsicles are all considered fluids. Slowly advance your diet back to a normal heart-healthy diet.

Incision Care:

- Please keep your incisions clean and dry.
- You may shower 24 hours after surgery. Allow the water to run over the incisions and then pat dry—do not scrub.
- If you have a drain, cover it with plastic before you shower.
- Do not pick off the Dermabond (glue) or Steri-Strips—this will fall off over the next two weeks.
- Do not apply ointments to your incisions
- Avoid soaking incisions (i.e., no baths, swimming, hot tubs, etc.)
- Notify your surgeon if there is increased discoloration, redness, swelling, pain or drainage from your incisions.
- Never leave a wet bandage on your skin. Replace it with a clean dry dressing as needed and report drainage to your doctor.

Drain Care:

- If you have a drain, remember: It is sutured to your skin. However, tape the tubing to the outside of your abdominal binder to keep it from hanging or pulling (do not use safety pins).
- Empty the drain two to three times a day and record the amount in a log.
- The drainage will look like blood for up to three days. It will then begin to clear up and look like fruit punch or watered-down blood. Then it may become a clear yellow. Sometimes you will see thick strands of fat running through it.
- If the drain is clogged and not flowing: Wash your hands, hold the drain near the skin (so as not to pull it out), and strip the drain by pinching and running your fingers down the tubing. This should unclog it.
- If the drain stops working, watch for increased swelling around the site or in the abdomen. Sometimes you do not have any more fluid to empty. This can be a good thing.
- Sometimes drainage/fluid will leak out of the opening surrounding the drain. This is OK—just keep it clean and dry. You can use saline wound wash and gauze or an alcohol swab to clean around it.
- If you have any questions, call your nurse at 443-481-6699 or MyChart message your provider during business hours
- If the drain falls out or you accidentally pull it out, notify your surgeon immediately. Do not go to the emergency room—this is not an emergency.
- A doctor or nurse will typically remove the drain in the office at your one-week follow-up appointment. Be prepared with Motrin, Tylenol and ice. Do not drive to this appointment.



Activity:

- After surgery, please do not lift, push or pull more than 10 lbs (i.e. a gallon of milk) or engage in any core abdominal exercises or frequent bending or twisting for 8 weeks. This includes avoiding yoga or pilates. After 8 weeks, start slow and ease back into your normal activities. If it hurts, that is your body saying “slow down”.
- It is OK to walk up the stairs with the proper assistance (if needed).
- Do not drive while taking narcotic pain medications. If you aren’t sure, ask your nurse.
- Be sure to take focused deep breaths to avoid low-grade fevers (99.9) and prevent pneumonia. The hospital may have given you an Incentive Spirometer. If so, use it to take three deep, pursed-lip breaths every 15 min while awake.
- Walk around the house at least once an hour to prevent blood clots.

Pain Management:

- Use narcotic pain medication only as prescribed (if prescribed).
- Apply ice packs as needed for no more than 20 minutes at a time for pain or before walking.
- If you were prescribed Motrin, you can overlap this with the Tylenol to help with the inflammatory pain. The idea is that one is kicking in while the other is wearing off.
- Wear your abdominal binder except when showering. This will help with the pain (tummy control).
- Remember, you don’t have all of your abdominal muscles to support your back right now. They are busy recovering. You may have some back pain as a result, especially if you had it before. You can alternate ice and heat on your back. See your primary care doctor for back pain otherwise.
- Use a chart to manage your pain medications, writing down the last time you took a dose and when the next medication is allowed. Ask a family member to help you with this.
- Take your medications around the clock for the first 24 to 48 hours and then begin to wean to non-narcotic alternatives. If you have a history of severe liver disease or chronic kidney disease, have had a heart attack, or are on a blood thinner, please call our office for assistance.
- Percocet and Norco contain Tylenol (Acetaminophen). The maximum Acetaminophen or Tylenol one person can have in a 24-hour period is 3,000 mg. If you add Tylenol to your regimen, please keep a running log of this.

Cough

If you develop a cough, please see your primary care right away. Your cough needs to be controlled so as not to risk your repair.



Long-term Recovery

Don’t forget—it will take six months for the mesh to scar into place. Your body will be healing from any surgery for about year (you may not be aware of this). Most can return to a light duty job after about two weeks. If you want to start telecommuting full or partial days sooner, you may be able to if you feel up to it. Discuss this with your surgeon. You should feel more yourself after the first six to eight weeks. You will have inflammation for about six months. If you overdo it, reduce the inflammation with ice, Motrin or Tylenol (if possible) and rest. If pain persists, make an appointment with your surgeon or call your nurse. If you’re worried, we’re worried. Give us a call.

Constipation Management:

- Take a stool softener such as Colace (docusate sodium) as long as you are using a prescription narcotic or as needed for constipation. Colace is an over-the-counter stool softener. It works by drawing more fluid toward the stool. You may take 100 mg of Colace by mouth twice a day as needed.
- Walk more, if you can.
- Drink eight full glasses of fluids per day.
- If you have not had a bowel movement

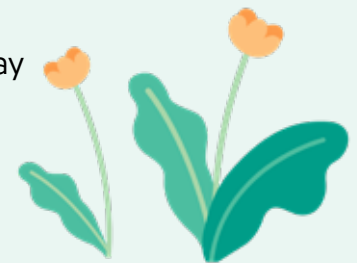
in days AND you are able to pass gas, you may try an over-the-counter laxative of your choice (e.g., mineral oil, milk of magnesia, MiraLAX or senna). You also may try prune juice or aloe vera juice.

- Please do not strain or bear down much to have a bowel movement.
- If you cannot pass gas and are experiencing nausea, vomiting and abdominal distension, please call the office and come to the emergency room.

When to call your surgeon:

Call our office immediately at 443-481-6699 if you develop any of the following or have any questions or concerns (please do not use MyChart for urgent matters):

- Fever higher than 100.4 or feeling feverish and having chills
- Redness surrounding incisions; drainage that is green, yellow or foul-smelling
- Bleeding from your incisions (maintain pressure on the site for 10 minutes)
- Vomiting or persistent nausea
- Inability to urinate more than six to eight hours after surgery
- Severe abdominal pain unrelieved by prescription medications
- Severe swelling or distension of your abdomen
- Large bruising or discoloration
- Overall feeling that you are getting worse each day
- Lethargy



When to call your primary care provider:

- You have a cough
- You have bad-smelling urine
- You have burning with urination
- You need a refill on regularly prescribed medication
- You have a medical problem unrelated to your surgery

You should call 911 or go to the emergency room, if you're experiencing:

- Chest pain
- Shortness of breath or difficulty breathing
- Severe pain that is not relieved by your prescribed pain medication
- Trouble speaking, weakness on one side of your body or both
- Changes in your vision
- Uncontrolled bleeding

Information About Your Medications

You might be prescribed all or some of the following medications following your surgery. Please review the information carefully.

DOCUSATE	What Does It Do?	Side Effects You Should Report to Your Doctor as Soon as Possible*	Side Effects that Usually Do Not Require Medical Attention**
<p>Common brand names include Colace, Colace Clear, Correctol, D.O.S., DC, Doc-Q-Lace, DocuLace, Docusoft S, DOK, DOK Extra Strength, Dulcolax, Genasoft, Kao-Tin, Kaopectate Liqui-Gels, Phillips Stool Softener, Stool Softener, Stool Softner DC, Sulfolax, Sur-Q-Lax, Surfak, Uni-Ease</p>	<p>Docusate is a stool softener, which helps prevent constipation and straining or discomfort. Please follow the prescription information carefully and read the _____</p>	<p>Allergic reactions like:</p> <ul style="list-style-type: none"> ▪ Skin Rash ▪ Itching or Hives ▪ Swelling of the Face, Lips, or Tongue 	<ul style="list-style-type: none"> ▪ Diarrhea ▪ Stomach cramps ▪ Throat irritation



Additional FAQs about Docusate

What should I tell my health care provider before I take this Docusate?

They need to know if you have any of these conditions:

- Nausea or vomiting
- Severe constipation
- Stomach pain
- Sudden change in bowel habit lasting more than 2 weeks
- An unusual or allergic reaction to docusate, other medicines, foods, dyes, or preservatives
- Pregnant or trying to get pregnant
- Breast-feeding

Docusate FAQs continued next page

Docusate FAQs *(continued)*

How should I use this medicine?

Take this medicine by mouth with a glass of water. Follow the directions on the label. Take your doses at regular intervals. Do not take your medicine more often than directed. Talk to your pediatrician regarding the use of this medicine in children. While this medicine may be prescribed for children as young as 2 years for selected conditions, precautions do apply.

Overdosage: If you think you have taken too much of this medicine contact a poison control center or emergency room at once.

NOTE: This medicine is only for you. Do not share this medicine with others.

What if I miss a dose?

If you miss a dose, take it as soon as you can. If it is almost time for your next dose, take only that dose. Do not take double or extra doses.

What may interact with this medicine?

Mineral oil

This list may not describe all possible interactions. Give your health care provider a list of all the medicines, herbs, non-prescription drugs, or dietary supplements you use. Also tell them if you smoke, drink alcohol, or use illegal drugs. Some items may interact with your medicine.

What should I watch for while using this medicine?

Do not use for more than one week without advice from your doctor or health care professional. If your constipation returns, check with your doctor or health care professional.


Drink plenty of water while taking this medicine. Drinking water helps decrease constipation.

Stop using this medicine and contact your doctor or health care professional if you experience any rectal bleeding or do not have a bowel movement after use. These could be signs of a more serious condition.

Where should I keep my medicine?

Keep out of the reach of children. Store at room temperature between 15 and 30 degrees C (59 and 86 degrees F). Throw away any unused medicine after the expiration date.

NOTE: This information is a summary. It may not cover all possible information. If you have questions about this medicine, talk to your doctor, pharmacist, or health care provider.

Ondansetron	What Does It Do?	Side Effects You Should Report to Your Doctor as Soon as Possible*	Side Effects that Usually Do Not Require Medical Attention**
<p>Ondansetron Oral Dissolving Tablet</p> <p>Common brand name: Zofran ODT</p> 	<p>Ondansetron is used to treat nausea and vomiting caused by chemotherapy. It is also used to prevent or treat nausea and vomiting after surgery.</p>	<p>Allergic reactions like:</p> <ul style="list-style-type: none"> ▪ Skin rash ▪ Itching or hives ▪ Swelling of the face, lips, tongue hands or feet ▪ Breathing problems ▪ Confusion ▪ Dizziness ▪ Fast or irregular heartbeat ▪ Feeling faint or lightheaded, falls ▪ Fever and chills ▪ Loss of balance or coordination ▪ Seizures ▪ Sweating ▪ Tightness in the chest ▪ Tremors ▪ Unusually weak or tired 	<ul style="list-style-type: none"> ▪ Constipation or diarrhea ▪ Headache ▪ Nausea, stomach upset

Additional FAQs about Ondansetron oral dissolving tablet

What should I tell my health care provider before I take this medicine?

They need to know if you have any of these conditions:

- Heart disease
- History of irregular heartbeat
- Liver disease
- Low levels of magnesium or potassium in the blood
- An unusual or allergic reaction to ondansetron, granisetron, other medicines, foods, dyes, or preservatives
- Pregnant or trying to get pregnant
- Breast-feeding

Ondansetron FAQs continued next page

Ondansetron FAQs *(continued)*

How should I use this medicine?

These tablets are made to dissolve in the mouth. Do not try to push the tablet through the foil backing. With dry hands, peel away the foil backing and gently remove the tablet. Place the tablet in the mouth and allow it to dissolve, then swallow. While you may take these tablets with water, it is not necessary to do so.

Talk to your pediatrician regarding the use of this medicine in children. Special care may be needed.

Overdosage: If you think you have taken too much of this medicine contact a poison control center or emergency room at once.

NOTE: This medicine is only for you. Do not share this medicine with others.

What if I miss a dose?

If you miss a dose, take it as soon as you can. If it is almost time for your next dose, take only that dose. Do not take double or extra doses.

What may interact with this medicine?

Do not take this medicine with any of the following medications:

- Apomorphine
- Certain medicines for fungal infections like fluconazole, itraconazole, ketoconazole, posaconazole, voriconazole
- Cisapride
- Dofetilide
- Dronedarone
- Pimozide
- Thioridazine
- Ziprasidone

This medicine may also interact with the following medications:

- Carbamazepine
- Certain medicines for depression, anxiety, or psychotic disturbances
- Fentanyl
- Linezolid
- Maois like carbex, eldepryl, marplan, nardil, and parnate
- Methylene blue (injected into a vein)
- Other medicines that prolong the qt interval (cause an abnormal heart rhythm)
- Phenytoin
- Rifampicin
- Tramadol

This list may not describe all possible interactions. Give your health care provider a list of all the medicines, herbs, non prescription drugs, or dietary supplements you use. Also tell them if you smoke, drink alcohol, or use illegal drugs. Some items may interact with your medicine.

Ondansetron FAQs *(continued)*

What should I watch for while using this medicine?

Check with your doctor or health care professional as soon as you can if you have any sign of an allergic reaction.

What side effects may I notice from receiving this medicine?

Side effects that you should report to your doctor or health care professional as soon as possible:

- Allergic reactions like skin rash, itching or hives, swelling of the face, lips, or tongue
- Breathing problems
- Confusion
- Dizziness
- Fast or irregular heartbeat
- Feeling faint or lightheaded, falls
- Fever and chills
- Loss of balance or coordination
- Seizures
- Sweating
- Swelling of the hands and feet
- Tightness in the chest
- Tremors
- Unusually weak or tired

Side effects that usually do not require medical attention (report to your doctor or health care professional if they continue or are bothersome):

- Constipation or diarrhea
- Headache

This list may not describe all possible side effects. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1 800 FDA 1088.

Where should I keep my medicine?

- Keep out of the reach of children.
- Store between 2 and 30 degrees C (36 and 86 degrees F). Throw away any unused medicine after the expiration date.

NOTE: This information is a summary. It may not cover all possible information. If you have questions about this medicine, talk to your doctor, pharmacist, or health care provider.

ACETA-MINOPHEN	What Does It Do?	Side Effects You Should Report to Your Doctor as Soon as Possible*	Side Effects that Usually Do Not Require Medical Attention**
<p>Common brand names include Aceta, Actamin, Anacin Aspirin Free, Genapap, Genebs, Mapap, Pain & Fever, Pain and Fever, PAIN RELIEF, PAIN RELIEF Extra Strength, Pain Reliever, Panadol, PHARBETOL, Q-Pap, Q-Pap Extra Strength, Tylenol, Tylenol Crushable Tablet, Tylenol Extra Strength, XS No Aspirin, XS Pain Reliever</p>	<p>Acetaminophen is a pain reliever. It is used to treat mild pain and fever.</p>	<p>Allergic reactions like:</p> <ul style="list-style-type: none"> ▪ Skin rash ▪ Itching or hives ▪ Swelling of the face, lips, or tongue ▪ Breathing problems ▪ Fever or sore throat ▪ Redness, blistering, peeling or loosening of the skin, including inside the mouth ▪ Trouble passing urine or change in the amount of urine ▪ Unusual bleeding or bruising ▪ Unusually weak or tired ▪ Yellowing of the eyes or skin 	<ul style="list-style-type: none"> ▪ Headache ▪ Nausea, stomach upset



Additional FAQs about Acetaminophen tablets or caplets

What should I tell my health care provider before I take this medicine?

They need to know if you have any of these conditions:

- If you often drink alcohol
- Liver disease
- An unusual or allergic reaction to Acetaminophen, other medicines, foods, dyes, or preservatives
- Pregnant or trying to get pregnant
- Breast feeding

Acetaminophen FAQs continued next page

Acetaminophen FAQs *(continued)*

How should I use this medicine?

Take this medicine by mouth with a glass of water. Follow the directions on the package or prescription label. Take your medicine at regular intervals. Do not take your medicine more often than directed.

Talk to your pediatrician regarding the use of this medicine in children. While this drug may be prescribed for children as young as 6 years of age for selected conditions, precautions do apply.

Overdosage: If you think you have taken too much of this medicine contact a poison control center or emergency room at once.

NOTE: This medicine is only for you. Do not share this medicine with others.

What if I miss a dose?

If you miss a dose, take it as soon as you can. If it is almost time for your next dose, take only that dose. Do not take double or extra doses.

What may interact with this medicine?

- Alcohol
- Isoniazid
- Matinib
- Other medicines with Acetaminophen

This list may not describe all possible interactions. Give your health care provider a list of all the medicines, herbs, non prescription drugs, or dietary supplements you use. Also tell them if you smoke, drink alcohol, or use illegal drugs. Some items may interact with your medicine.

What should I watch for while using this medicine?

Tell your doctor or health care professional if the pain lasts more than 10 days (5 days for children), if it gets worse, or if there is a new or different kind of pain. Also, check with your doctor if a fever lasts for more than 3 days.

Do not take other medicines that contain Acetaminophen with this medicine. Always read labels carefully. If you have questions, ask your doctor or pharmacist.

If you take too much Acetaminophen get medical help right away. Too much Acetaminophen can be very dangerous and cause liver damage. Even if you do not have symptoms, it is important to get help right away.

Where should I keep my medicine?

- Keep out of reach of children.
- Store at room temperature between 20 and 25 degrees C (68 and 77 degrees F). Protect from moisture and heat. Throw away any unused medicine after the expiration date.

NOTE: This information is a summary. It may not cover all possible information. If you have questions about this medicine, talk to your doctor, pharmacist, or health care provider.

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IBUPROFEN	What Does It Do?	Side Effects You Should Report to Your Doctor as Soon as Possible*	Side Effects that Usually Do Not Require Medical Attention**
<p>Common brand names include Advil, Advil Junior Strength, Advil Migraine, Genpril, Ibren, IBU, Midol, Midol Cramps and Body Aches, Motrin, Motrin IB, Motrin Junior Strength, Motrin Migraine Pain, Samson-8, Toxicology Saliva Collection</p>	<p>Ibuprofen is a non-steroidal anti-inflammatory drug (NSAID). It is used for dental pain, fever, headaches or migraines, osteoarthritis, rheumatoid arthritis, or painful monthly periods.</p>	<p>Allergic reactions like:</p> <ul style="list-style-type: none"> ▪ Skin rash, itching or hives ▪ Swelling of the face, lips, or tongue ▪ Severe stomach pain ▪ Signs and symptoms of bleeding such as bloody or black, tarry stools; red or dark-brown urine; spitting up blood or brown material that looks like coffee grounds; red spots on the skin; unusual bruising or bleeding from the eye, gums, or nose ▪ Signs and symptoms of a blood clot such as changes in vision; chest pain; severe, sudden headache; trouble speaking; sudden numbness or weakness of the face, arm, or leg ▪ Unexplained weight gain or swelling ▪ Unusually weak or tired ▪ Yellowing of eyes or skin 	<ul style="list-style-type: none"> ▪ Bruising ▪ Diarrhea ▪ Dizziness, drowsiness ▪ Headache ▪ Nausea, vomiting



Additional FAQs about Ibuprofen

What is this medicine?

- IBUPROFEN (eye BYOO proe fen) is a non steroidal anti inflammatory drug (NSAID). It is used for dental pain, fever, headaches or migraines, osteoarthritis, rheumatoid arthritis, or painful monthly periods. It can also relieve minor aches and pains caused by a cold, flu, or sore throat.

This medicine may be used for other purposes; ask your health care provider or pharmacist if you have questions.

- COMMON BRAND NAME(S): Advil, Advil Junior Strength, Advil Migraine, Genpril, Ibren, IBU, Midol, Midol Cramps and Body Aches, Motrin, Motrin IB, Motrin Junior Strength, Motrin Migraine Pain, Samson 8, Toxicology Saliva Collection

What should I tell my health care provider before I take this medicine?

They need to know if you have any of these conditions:

- Asthma
- Cigarette smoker
- Drink more than 3 alcohol containing drinks a day
- Heart disease or circulation problems such as heart failure or leg edema (fluid retention)
- High blood pressure
- Kidney disease
- Liver disease
- Stomach bleeding or ulcers
- An unusual or allergic reaction to ibuprofen, aspirin, other ns aids, other medicines, foods, dyes, or preservatives
- Pregnant or trying to get pregnant
- Breast feeding

How should I use this medicine?

Take this medicine by mouth with a glass of water. Follow the directions on the prescription label. Take this medicine with food if your stomach gets upset. Try to not lie down for at least 10 minutes after you take the medicine. Take your medicine at regular intervals. Do not take your medicine more often than directed.

A special MedGuide will be given to you by the pharmacist with each prescription and refill. Be sure to read this information carefully each time.

Talk to your pediatrician regarding the use of this medicine in children. Special care may be needed.

Overdosage: If you think you have taken too much of this medicine contact a poison control center or emergency room at once.

NOTE: This medicine is only for you. Do not share this medicine with others.

Ibuprofen FAQs continued next page

Ibuprofen FAQs *(continued)*

What if I miss a dose?

If you miss a dose, take it as soon as you can. If it is almost time for your next dose, take only that dose. Do not take double or extra doses.

What may interact with this medicine?

Do not take this medicine with any of the following medications:

- Cidofovir
- Ketorolac
- Methotrexate
- Pemetrexed

This medicine may also interact with the following medications:

- Alcohol
- Aspirin
- Diuretics
- Lithium
- Other drugs for inflammation like prednisone
- Warfarin

This list may not describe all possible interactions. Give your health care provider a list of all the medicines, herbs, non prescription drugs, or dietary supplements you use. Also tell them if you smoke, drink alcohol, or use illegal drugs. Some items may interact with your medicine.

What should I watch for while using this medicine?

Tell your doctor or healthcare professional if your symptoms do not start to get better or if they get worse.

This medicine does not prevent heart attack or stroke. In fact, this medicine may increase the chance of a heart attack or stroke. The chance may increase with longer use of this medicine and in people who have heart disease. If you take aspirin to prevent heart attack or stroke, talk with your doctor or health care professional.

Do not take other medicines that contain aspirin, ibuprofen, or naproxen with this medicine. Side effects such as stomach upset, nausea, or ulcers may be more likely to occur. Many medicines available without a prescription should not be taken with this medicine.

This medicine can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Ulcers and bleeding can happen without warning symptoms and can cause death. To reduce your risk, do not smoke cigarettes or drink alcohol while you are taking this medicine.

You may get drowsy or dizzy. Do not drive, use machinery, or do anything that needs mental alertness until you know how this medicine affects you. Do not stand or sit up quickly, especially if you are an older patient. This reduces the risk of dizzy or fainting spells.

This medicine can cause you to bleed more easily. Try to avoid damage to your teeth and gums when you brush or floss your teeth.

Ibuprofen FAQs *(continued)*

This medicine may be used to treat migraines. If you take migraine medicines for 10 or more days a month, your migraines may get worse. Keep a diary of headache days and medicine use. Contact your healthcare professional if your migraine attacks occur more frequently.

What side effects may I notice from receiving this medicine?

Side effects that you should report to your doctor or health care professional as soon as possible:

- allergic reactions like skin rash, itching or hives, swelling of the face, lips, or tongue
- severe stomach pain
- signs and symptoms of bleeding such as bloody or black, tarry stools; red or dark brown urine; spitting up blood or brown material that looks like coffee grounds; red spots on the skin; unusual bruising or bleeding from the eye, gums, or nose
- signs and symptoms of a blood clot such as changes in vision; chest pain; severe, sudden headache; trouble speaking; sudden numbness or weakness of the face, arm, or leg
- unexplained weight gain or swelling
- unusually weak or tired
- yellowing of eyes or skin

Side effects that usually do not require medical attention (report to your doctor or health care professional if they continue or are bothersome):

- bruising
- diarrhea
- dizziness, drowsiness
- headache
- nausea, vomiting

This list may not describe all possible side effects. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1 800 FDA 1088.

Where should I keep my medicine?

- Keep out of the reach of children.
- Store at room temperature between 15 and 30 degrees C (59 and 86 degrees F).

Keep container tightly closed. Throw away any unused medicine after the expiration date.

NOTE: This sheet is a summary. It may not cover all possible information. If you have questions about this medicine, talk to your doctor, pharmacist, or health care provider.

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*This list may not describe all possible side effects. Call your doctor for medical advice about side effects. You may report side effects to the FDA at 1-800-FDA-1088.

** Report to your doctor or health care professional if they continue or are bothersome

Appendix

Community Resources

Maryland Access Point: 1-844-627-5465

Need Health Insurance? <http://www.marylandhealthconnection.gov>
or call 1-855-642-8572

Maryland Department of Aging: <http://aging.maryland.gov>

Anne Arundel County Department of Health: 410-222-7095

Prince George's County Department of Health: 301-883-7879

Additional Information

Have a REACH Program and Other Community Resources —
<https://aahealth.org/reach-residents-access-to-a-coalition-of-health/>

REACH en Español —
<https://www.aasalud.org/reach-residents-access-to-a-coalition-of-health/>

Your Rights as a Patient



We want to encourage you, as a patient at Anne Arundel Medical Center, to speak openly with your health care team, take part in your treatment choices, and promote your own safety by being well informed and involved in your care. Because we want you to be a partner in your care, we want you to know your rights as well as your responsibilities during your stay at our hospital. We invite you and your family to be active members of your care team.

Descargar derechos de los pacientes de AAMC y aviso de no discriminación.

You have the right to:

1. Receive considerate, respectful and compassionate care.
2. Receive safe care without neglect and abuse. Abuse includes verbal, mental, physical or sexual abuse.
3. An exam and treatment for emergency medical conditions and labor.
4. Be free from restraints and seclusion unless needed for safety.
5. Know the names and jobs of the people taking care of you if staff safety is not a concern.
6. Have respect shown for your personal values, beliefs and wishes.
7. Be called by your proper name and pronoun of choice in an environment that maintains your dignity.
8. Be treated without discrimination based on race, color, national origin, ethnicity, age, gender, sexual orientation, gender identity or expression, physical or mental disability, religion, language, or your ability to pay.
9. Have a family member or person of your choice and your personal doctor notified of your admission to the hospital.
10. Receive a list of protective and advocacy services when needed.
11. Ask for a cost estimate of your care if it does not slow down your care.
12. Receive information in a way that you understand for free. This may include:
 - Sign language and someone who speaks and understands your language
 - Other formats like large print, Braille, audio recordings and computer files
 - Vision, speech, hearing and other temporary aids as needed

Your Rights as a Patient

13. Receive information from your doctor about your diagnosis, prognosis, test results and outcomes of care.
14. Access your medical records according to the Health Insurance Portability and Accountability Act (HIPAA).
15. Be involved in decisions about your care including your discharge plan. You will be told of your discharge in a timely manner. Before your discharge, you will receive information about follow up care.
16. Be screened, assessed and treated for pain.
17. Refuse care. We are not responsible for any medical issues that occur if you refuse care.
18. Let someone stay with you (see our visitation policy). You may choose who may visit you. You may also change your mind about who may visit.
19. Choose someone to make health care decisions for you if you cannot.
20. Make or change an advance directive. We can give you information on advance directives. We can also help you complete an advance directive if you do not have one.
21. Give written permission before receiving non emergency care. We will tell you the benefits and risks of the care. We will advise you of options, along with benefits and risks if any.
22. Agree or refuse to take part in medical research. Agreeing or refusing will not affect your care.
23. Allow or refuse any images of you for reasons other than your care.
24. Expect privacy and confidentiality in care discussions and treatments. You have the right to a copy of your medical records and to request changes to those records. You have the right to request who has seen your personal health information. Contact Medical Records for more information.
25. Receive a copy of the HIPAA Notice of Privacy Practices.
26. Discuss ethical issues with the Ethics Service. The operator or staff can call the Ethics Service for you.
27. Receive spiritual services from Staff Chaplains or your own clergy. The operator or staff can call a Staff Chaplain for you.
28. File a complaint and have the complaint reviewed. Filing a complaint will not affect your care. Talk to your doctor, nurse, or department manager if you have a concern. You may also contact Patient Advocacy at 443-481-6890 or patientadvocacy@aahs.org.

If your concern is not resolved to your liking, you may also contact:

Maryland Department of Health

Office of Health Care Quality
7120 Samuel Morse Drive
Second Floor
Columbia, MD 21046
410-402-8015 or 877-402-8218

The Joint Commission

Office of Quality and Patient Safety
One Renaissance Boulevard
Oakbrook Terrace, Illinois 60181
<https://www.jointcommission.org/resources/patient-safety-topics/report-a-patient-safety-event/>
Fax: 630 792 5636

The care you receive depends partially on you. Therefore, in addition to the Patient's Rights, you have certain responsibilities. These responsibilities are presented to you in the spirit of mutual trust and respect.

You are expected to:

1. Give complete and accurate information, including your full name, address, telephone number, date of birth, Social Security number, insurance carrier and employer when it is required.
2. Provide the hospital or your doctor with a copy of your advance directive if you have one.
3. Provide complete and accurate information about your health and medical history. This includes your current condition, past illnesses, hospital stays, medicines, vitamins, herbal products and any other matters of your health, including perceived safety risks.
4. Ask questions when you do not understand information or instructions. If you believe you cannot follow your treatment plan, you are responsible for telling your doctor. You are responsible for outcomes if you do not follow the care/treatment plan.
5. Actively participate in your pain management plan and let your doctors and nurses know how well it's working.
6. Leave your valuables at home. Bring only necessary items for your hospital stay. You are responsible for your own belongings.
7. Treat all hospital staff, other patients and visitors with courtesy and respect; follow all hospital rules and safety regulations; and be mindful of noise levels, privacy and the number of visitors you receive. We will not tolerate violence or threats of violence.
8. Provide complete and accurate information about your health insurance coverage and pay your bills on time.
9. Keep appointments and be on time. If you cannot keep your appointments, call.
10. Not take pictures or record staff in any way without their permission.

Most importantly, it's your responsibility to inform us if you believe any of your rights have been or may be violated. You may do this at any time by calling Patient Advocacy at 443-481-6890

Medical Power of Attorney

Law prohibits hospitals from providing any type of medical care beyond lifesaving treatment to ill or injured children without parental consent.

The Anne Arundel Medical Center Power of Attorney enables relatives or friends to consent to your child's emergency medical care when you are away.

Anne Arundel Medical Center recommends you leave this form with the adult who cares for your child in your absence.

From

(Full Name(s) of Parent(s) or Guardian)

To

(Name of Adult Responsible for Child)

We (I)

(Full Name(s) of Parent(s) or Guardian)

of

(Residential Address in Full)

do hereby appoint

(Name of Adult Responsible for Child)

our true and lawful attorney in fact, with full power in loco parentis, to decide upon and consent to the rendering of any medical diagnosis and treatment, including surgery, which _____ deems in the best interest of the health and welfare of our child

(he or she)

(or children)

(Name(s) of the Child or Children)

This power of attorney shall be effective during such period of time as we, or either of us, may for any reason not be available to give our consent to any medical diagnosis or treatment, including surgery, for our child (or children).

This power of attorney shall not be affected by the disability of either or both of us, but shall continue in full force and effect during any such disability.

Executed this _____ day of _____, 20_____.

WITNESS:

(Signature of Parent or Guardian)

(Name and Address of Witness)

(Signature of Parent or Guardian)

(Name and Address of Witness)

**Authorization for Use and Disclosure
of Medical Information**

PATIENT ID LABEL

Patient Name: _____ Date of Birth: _____ Phone #: _____

Contact Person (if other than patient): _____ Contact Phone #: _____

I authorize Anne Arundel Health System to release my medical records, as specified below:

Information to be released:

- Abstract (Patient Demographics, Discharge Summary, History & Physical, Operative/Procedure Note, Laboratory, Radiology, and Pathology)
- Discharge Summary Operative Report Radiology Images
- ED Record Pathology Reports Transfer Summary
- EKG Procedure Report Other: _____
- Laboratory Reports Radiology Reports _____

For the date(s) of service from: _____ to _____

Purpose of Request:

- Personal Use Continuing Care

Action requested (check one):

- Provide a copy of my health information to me: _____
- Release my health information to: _____

Name: _____

Street address: _____ City: _____

State: _____ Zip code: _____ Fax Number (we cannot call before faxing): _____

Delivery options:

- Release to MyChart
(Abstract, ED Record, or Ambulatory Summary only.)
- Mail (to address above)
- Fax (to number above)
- Hand Carry
(Patient will be contacted at telephone number listed above when records are ready for pick-up)





Authorization for Use and Disclosure of Medical Information

PATIENT ID LABEL

Authorization for General Release of Information:

I understand that:

- I have the right to revoke this authorization at any time.
- If I revoke this authorization, I must do so in writing and present my written revocation to the Health Information Management department.
- Revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.
- Unless otherwise specified, this authorization will automatically expire in one year and will only be in effect for visits which have occurred prior to the authorization date.
- Authorizing the disclosure of this health information is voluntary.
- I can refuse to sign this authorization and I need not sign this form in order to assure treatment.
- I may inspect or receive copies of the information to be used or disclosed, as provided in Code of Federal Regulations (45 CFR 164.524).
- Any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules.
- The medical information released may contain information related to the diagnosis or treatment for HIV testing, drug and alcohol, or a psychiatric condition.

For questions about disclosure of health information, contact Health Information Management at 443-481-4137.

Signature of Patient Only: _____ Date: _____ Time: _____

If you are NOT the patient but are signing of behalf of the patient, please complete the following:

I, _____, am the (check which applies):

- Parent (Rights to medical records have not been restricted by court order)
- Court appointed guardian
- Legally appointed healthcare agent
- Surrogate decision maker
- Medical power of attorney
- Power of attorney with right to see medical records
- Court appointed personal representative of deceased

You MUST attach proof of your authority to act on behalf of the patient as checked above.

Representative's Signature: _____ Date: _____ Time: _____

Submit this completed and signed authorization form to Health Information Management by mail, fax, or in person to:

Anne Arundel Medical Center
 Health Information Management
 2001 Medical Parkway
 North Tower, 1st Floor
 Annapolis, MD 21401
 Fax: 443-481-4111



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