



TRAUMA & ACUTE CARE
SURGERY TEAM

Colorectal Surgery

Patient Education Guide

To help you and your family better understand colorectal surgery, we offer you this guide for easy reference. You will receive additional information that can be added to this guide along the way. Please print, then bring it with you to appointments, classes and to the hospital on the day of your surgery.





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Appointments

Patient name: _____

Phone: _____

Surgeon: _____

Surgeon Phone: _____

Primary Care Physician (PCP): _____

PCP Phone: _____

Anesthesia Clinic appointment 541-222-7522 (Allow 1-2 hours for appointment):

Date/Time: _____/_____/_____ at _____ : _____ a.m. / p.m.

Location: PeaceHealth Sacred Heart Medical Center, Springfield

Preoperative visit with your surgeon (Allow 1-2 hours for appointment):

Date/Time: _____/_____/_____ at _____ : _____ a.m. / p.m.

Location: _____

Surgery:

Date/Time: _____/_____/_____ at _____ : _____ a.m. / p.m.

Location: Short Stay Unit, PeaceHealth Sacred Heart Medical Center, Springfield

Postoperative at your surgeon's office:

Date/Time: _____/_____/_____ at _____ : _____ a.m. / p.m.

Location: _____



Places to know

PeaceHealth Sacred Heart Medical Center at RiverBend

3333 RiverBend Drive
Springfield, Oregon 97477 [map](#)
541-222-7300

Sacred Heart Anesthesia Clinic

at Northwest Specialty Clinics
3355 RiverBend Drive, Suite 320
Springfield, Oregon 97477 [map](#)
541-222-7522

Sacred Heart Anesthesia and Pre-Operative Clinic

The Anesthesia Clinic is on the 3rd floor of the Northwest Specialty Clinics (NSC) building on the RiverBend campus in Springfield. Park on any level of Garage C. Take the garage elevator to the 3rd floor, turn right and go through the blue double doors to access the hallway that leads to the Sky Bridge. The Sky Bridge leads directly to the Anesthesia Clinic.

Sacred Heart Short Stay Unit (SSU) Surgery Check-In

Park on any level of Garage S at the north end of the hospital and proceed to the 3rd floor of the garage, and then into the north entrance of 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 at the north end of the hospital. 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 PeaceHealth Sacred Heart Medical Center at RiverBend.



Preparing for the hospital

PREPARING FOR SURGERY

PREOPERATIVE MEDICAL EVALUATION

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

If you have multiple or serious medical conditions, you will most likely need to see your primary care physician or a specialist before surgery. If you live out of town, you may need to see a local physician in Eugene/Springfield before surgery to help coordinate your medical care after surgery.

REGISTERING FOR YOUR HOSPITAL STAY

You will receive a phone call from a Patient Registration representative to register you for surgery prior to your Anesthesia Clinic appointment.

If you have not received a phone call to register, you may register in person prior to your Anesthesia Clinic appointment. Please allow an extra 15 minutes for this process and bring your photo ID and insurance cards.

ANESTHESIA CLINIC

- Call the Anesthesia Clinic at least 5 days prior to surgery if your surgeon's office has not made an appointment for you.
- Ask your primary care physician (PCP) to forward any recent information, such as physical evaluations, lab work and heart tests to the Anesthesia Clinic. This information will help to decide if additional tests and consultations are needed to assure you're ready for surgery.
- Bring your medications with you, including prescriptions, non-prescription vitamins, supplements, herbals, inhalers, nasal spray, ointments, eye drops and creams. Someone will review your medications and your overall medical health.

The Anesthesia Clinic will discuss your medications, overall health and anesthesia options, then develop a plan for you. Doctors from Northwest Anesthesia Physicians will provide your anesthesia.

Anesthesia Clinic hours are Monday through Friday, 8 a.m. to 5 p.m.

Phone: 541-222-7522

Fax: 541-222-7543

TYPES OF ANESTHESIA

You will have a general anesthetic for your surgery. With general anesthesia, you are unconscious and have no awareness of sensation. There are a number of general anesthetic drugs. Some are gases or vapors inhaled through a breathing mask or tube, and others are medication introduced through a vein.

Your anesthetic plan may also include an epidural anesthetic. An epidural anesthetic involves a small catheter (tube) that is inserted between the bones of the lower spine and a local anesthetic is then injected, "numbing" the nerves and providing surgical anesthesia. This catheter can be reinjected during the surgical procedure to prolong the anesthetic effect. It can also be used for pain relief after your operation.



Preparing for the hospital

PREPARING FOR SURGERY

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. Also, be sure to discuss this during your Anesthesia Clinic visit. The Anesthesia Clinic will give you a list of all products available for use as options in place of blood transfusions. This information will allow you to decide before surgery what products you may be willing to use. A representative from the Transfusion Free Program will contact you if you would like further information.

LODGING

The Children's Miracle Network (CMN) Lion's Patient Family Guest House provides low-cost lodging for a limited number of families. This is located near the University District campus. To inquire, call 458-205-7150.

Many area hotels and motels offer discounted rates for families or visitors of hospital patients. Special rates for Sacred Heart visitors are subject to availability. Please request a Discount Lodging Guide or visit our [website](#).

HEALTH CARE DECISIONS, ADVANCE DIRECTIVE

You have a right to accept or refuse any treatment. You can protect this right for the future by completing an **Advance Directive**. This is sometimes called a "Directive to Physician," "Living Will," or "Durable Power of Attorney for Health Care Decisions." A time may come when you are ill and cannot speak for yourself. This document allows you to say how and by whom you want medical decisions made for you. If you have any questions, the Spiritual Care Services staff can provide more information to help you complete the Advance Directive form. Please bring a completed copy of your Advance Directive with you to the hospital. The form will become a part of your hospital record. To inquire, call 541-222-2245.

SPIRITUAL CARE

PeaceHealth Sacred Heart Medical Center believes that health care includes addressing emotional and spiritual needs, as well as the physical conditions of patients. This commitment is expressed in many ways, and especially through the spiritual care services available to patients and their families. To reach spiritual care, call 541-222-2245.

PREPARING YOUR HOME

It is important to have your home ready for your arrival when you return from the hospital.

- Clear walking areas and remove throw rugs that may be a fall hazard.
- Make sure stairways have a sturdy handrail.
- Prepare some meals ahead of time and freeze them.
- Put frequently used items within easy reach.
- Make sure you have enough of your medications to last several weeks after your surgery.



Preparing for the hospital

MEDICATION INFORMATION

All medications, including those you are currently taking, should be discussed in detail with your surgeon.

ANTI-INFLAMMATORY MEDICATIONS

Most anti-inflammatory medications, such as aspirin, ibuprofen (Advil) and naproxen (Aleve) can weaken your platelet (blood clotting ability) function and cause bleeding. Unless otherwise advised, we recommend stopping these medications before surgery to allow your body time to clear them from your system. Please discuss this with your prescribing physician, your surgeon and anesthesiologist.

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

BLOOD-THINNING MEDICATIONS

The following medications are strong blood thinning medications and usually require a specific plan of care for colorectal surgery.

- warfarin (Coumadin)
- rivaroxaban (Xarelto)
- edoxaban (Savaysa)
- ticagrelor (Brilinta)
- apixaban (Eliquis)
- dabigatran (Pradaxa)
- clopidogrel (Plavix)
- prasugrel (Effient)

In general, if you are taking any of these blood thinners it is recommended to stop the medication 7 days before surgery. When you should stop taking your blood thinning medication depends on the one you take and will be discussed during your preoperative appointment with an anesthesiologist at the Anesthesia Clinic. Your blood level will be checked the morning of surgery.

If you take blood-thinning medication for artificial heart valves, blood clots, cardiac stents, a history of stroke or other serious conditions, a special plan of care will need to be arranged between your physician and the surgeon. A special plan of care may not be required for atrial fibrillation (afib). Please discuss this with your prescribing physician and surgeon.

Please ask questions about your medication, and always bring a copy of the list of medications you are currently taking with you to all of your preoperative visits. Please do not bring your own medications with you to the hospital the day of surgery, unless specifically instructed by your health care team.



Preparing for the hospital

MEDICATION INFORMATION

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.

HOSPITAL DISCHARGE PLANNING

Preparing for hospital discharge before you enter the hospital helps to smooth your 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 health care team will meet with you to discuss planning for your discharge.

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

SKILLED CARE

The goal is for you to go directly home after your surgery, but depending on your condition at discharge, you may qualify for skilled care. If skilled care is indicated, your case manager will assist you.

Skilled care is the definition of a type of care. Skilled care facilities (SNF) 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 physician will coordinate your care while you are in skilled care.

Be sure to inform your surgeon of your discharge plan.

ASSIGN A SUPPORT PERSON

We recommend the involvement of a family member or friend who can serve as your support person during the preoperative process, through your stay in the hospital and after your discharge. He or she can attend the education session with you and keep you focused on healing.

Before your surgery, it would be wise to choose a support person to receive updates and share information with family and friends while you are in the hospital.



Preparing for the hospital

HOSPITAL DISCHARGE PLANNING

A SPECIAL NOTE FOR YOUR 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 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

Final preparations begin the week before your colorectal surgery:

- Stop taking blood thinners [i.e. warfarin (Coumadin), apixaban (Eliquis), rivaroxaban, (Xarelto), dabigatran (Pradaxa), edoxaban (Savaysa), clopidogrel (Plavix), ticagrelor (Brilinta), prasugrel (Effient)], as directed by your prescribing physician, your surgeon, and the anesthesiologist at the Anesthesia Clinic. Exceptions to this are: patients who have artificial heart valves, cardiac stents, have a history of blood clots or stroke or other serious condition. Should you remain on your blood thinner(s), you will be told to do so at the time your surgery is scheduled.
- Stop taking any herbal medications and vitamins/supplements 7 days prior.
- You may take acetaminophen (Tylenol), if needed. Follow the label directions.
- Pick up your bowel prep (if ordered by your surgeon) from the pharmacy.
- Follow the 5-day nutritional supplement instructions given to you at the Anesthesia Clinic.
- Quit smoking at least two weeks prior to your surgery, if possible. The hospital will supply you with information to help you quit.
- Unless additional assistance is needed or you are being transferred to another facility at hospital discharge, please make arrangements for a family member or friend to drive you home. You will not be able to drive yourself.
- Try to arrange for family or friends to assist you during your hospital stay and after your return home, especially during the first week 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 pain medication. Stool softeners, such as docusate sodium, should be taken once or twice a day while you are taking pain medication.

If you develop a cold, flu or viral symptoms within four days of your surgery, notify your surgeon's office.



Preparing for the hospital

FINAL PREPARATIONS FOR SURGERY

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.
- **Take your first shower** with an antimicrobial soap called chlorhexidine gluconate (Hibiclens) given to you in the Anesthesia Clinic. Follow the directions for preoperative showers, below.

PREOPERATIVE SHOWERS

Cleaning your skin before surgery can reduce the risk of infection. After your shower:

- Do not use any body products, like lotion or powder.
- Dry off with a freshly washed towel.
- Dress in freshly washed clothes or sleepwear.

If you were given chlorhexidine gluconate (Hibiclens) sponges in the Anesthesia Clinic, **in addition to the above**, follow these instructions for your shower.

- With dry hands, open sponge packet (package is hard to open with wet hands).
- First, wash with your own shampoo and soap, then rinse.
- Wet sponge side, wash body from neck down for 2 minutes, then rinse.
- Avoid face, eyes, ear, and genital area.
- Do not use if allergic to chlorhexidine (Hibiclens).
- Use the soft spongy side of sponge, NOT the bristle side.
- If you develop a rash, rinse skin thoroughly with cool water; stop using the sponge and report rash to your nurse on day of surgery.

Shower 3 times before surgery:

2 days before: _____/_____/_____

The day before: _____/_____/_____

The morning of surgery: _____/_____/_____



Preparing for the hospital

FINAL PREPARATIONS FOR SURGERY

THE DAY BEFORE SURGERY

- Stop taking Glucophage 24 hours before surgery; adjust your carbohydrate intake to accommodate this change.
- Begin your bowel prep, if ordered; this frequently includes antibiotics and laxatives. Be sure to follow all of the directions.
- Drink a liquid diet the entire day before surgery; no solid food is allowed.
- Follow the carbohydrate-loading instructions for the night before surgery, if given to you at the Anesthesia Clinic.
- Continue the nutritional supplement.
- Do not drink alcoholic beverages.
- Take a second shower, as directed.

BOWEL PREP FOR COLORECTAL SURGERY

The purpose of the bowel prep is to clear the bowel of all solid matter to prepare it for surgery. Please follow the instructions that your surgeon 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, but this may take some time. Continue to drink liquids from the approved list throughout the entire day before 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 discomfort.
- Station yourself near the bathroom. The urge to go may strike suddenly and without much warning.

DAY OF SURGERY

- You should have had nothing to eat after midnight, before your surgery.
- You should have had nothing to drink, after the carbohydrate-loading drink, starting two hours prior to checking in for surgery at the hospital.
- If you have been told you can take your medications, please take them with 30mL or two tablespoons of water.
- You may brush your teeth and rinse your mouth, but do not swallow any water.
- Take your third shower, as directed.

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



Your hospital stay

On the day of surgery, you can park in Garage S, the parking structure located north of the RiverBend hospital at 3333 RiverBend Drive, Springfield. At the designated time, arrive at the surgery check-in desk in the Short Stay Unit, located on the third floor of the hospital.

WHAT TO BRING

PLEASE BRING THE FOLLOWING TO THE HOSPITAL:

- These colorectal surgery guidelines.
- List of current medications with dose and frequency information.
- Prescription inhalers or other medications you may need, as directed, by your surgeon or anesthesiologist. Leave other medications at home. Medications will be supplied by the hospital pharmacy. Most insurance companies pay for medications while you are in the hospital.
- If applicable, please bring your CPAP or BiPap machine.
- Loose-fitting clothing to wear home. We recommend not wearing make-up or hairspray on the day of surgery.
- Comfortable walking shoes or well-fitting slippers with non-skid soles.
- Knee-length robe that opens down the front (optional).
- Due to electrical equipment used in the operating room, you will need to remove all jewelry and piercings; please remove and leave them at home.
- If applicable, please bring cases for your dentures, glasses, contact lenses and/or hearing aids. If you use contact lenses, please bring a pair of glasses, if possible.
- Personal care items.

PLEASE LEAVE THE FOLLOWING AT HOME:

- Extra clothing
- Food
- Money, including credit cards and checkbooks
- Jewelry



Your hospital stay

WHAT TO EXPECT

THE HOSPITAL SHORT-STAY UNIT

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

For the best outcome, nursing staff will be doing the following activities: clipping your hair at the surgical site, cleaning your skin with cleansing wipes, and giving you a warming gown; you will be able to control the temperature of this gown. All of these activities are meant to reduce the chance of infection. You also will be given medication to help you relax. Your surgeon will visit you before the operation.

Due to space constraints, please have no more than two people in the room with you. Your family or caregivers 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. 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 caregiver 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. Compression devices will be placed on your lower legs to help prevent blood clots.

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

THE POST-ANESTHESIA CARE UNIT

You will wake up in the post-anesthesia care unit. Nurses will frequently monitor your blood pressure and heart rate. You will feel the compression devices alternately tighten and loosen on your lower legs.

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

You will remain in the post-anesthesia care unit one to three hours and then move to your room, dependent on the opinion of your anesthesiologist.



Your hospital stay

INFORMATION FOR YOUR FAMILY

SURGERY WAITING AREA

When you're transferred from the short-stay unit to the operating room, your family and support people will be directed by staff to go to the surgery waiting area, where they should check in with the volunteer at the desk and check out if they leave, in case the surgeon needs to speak with them.

After surgery, your surgeon will speak to your family or support person in the surgery waiting area and inform them about the surgery and how you are doing. Your family will be able to see you once you have moved to your hospital 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 friends to use your room telephone number to check on your status.

STATUS BOARD PATIENT TRACKING SYSTEM

Waiting to hear about a loved one's surgery can be stressful.

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 the short-stay unit to the operating room and from the operating room to the post-anesthesia care unit.

To keep your family or caregiver better informed, patient tracking monitors can be found in the following locations:

- **Short-stay unit** surgery waiting area, located on the 3rd floor
- **Intensive care unit (ICU)** surgery family lounge, located on the 4th floor
- **Riverview Café** (cafeteria), located on the 2nd floor

The status board can also be accessed via the internet for family members who are not able to visit the hospital. The internet address is <http://app.peacehealth.org/SmarTrack/>



Your hospital stay

YOUR HOSPITALIZATION

The hospital 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, respiratory therapists, and wound and ostomy nurses. All are here to assist you during your hospital stay and provide you personalized care.

MEMBERS OF THE INTERDISCIPLINARY TEAM

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. In addition to your surgeon, a nurse practitioner or physician assistant may assist with your medical care. Here are other hospital professionals you may meet during your visit:

- **Nurse:** Provides your direct care, such as medication administration and wound management, and teaches you and your family about your care, helps plan your care, and supervises 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 nursing unit and ensures that the unit runs smoothly.
- **CAN:** 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 or RNCC:** 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.
- **Hospitalist:** A physician who specializes in the care of patients in the hospital.
- **RD:** A registered dietitian is a food and nutrition expert.
- **Wound and 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 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 also show you how to use adaptive equipment, such as reaching and dressing aids.

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 calves to improve circulation, to keep swelling to a minimum and prevent blood clots.
- **Incentive Spirometer (IS):** 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.
- **Surgical Drain.** Drain placed through your abdomen next to your surgical incision. This removes excess fluid from your wound.



Your hospital stay

FREQUENTLY ASKED QUESTIONS

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. It is not uncommon to be very tired the first evening as your body adjusts to the effects of anesthesia and medications. Whether you have visitors early or later in your recovery is up to you. Hospital visiting hours are flexible and are based on patient needs.

HOW CAN MY FAMILY MEMBERS FIND INFORMATION ABOUT ME?

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

DO I HAVE TO BE AWAKENED DURING THE NIGHT?

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 may be ordered to help you sleep, if needed.

MUST I 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?

Staff will offer 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, including:

- Large-print forms and magnifiers.
- Sign language interpreters.
- Video phones for the deaf, located in the main lobbies at RiverBend and RiverBend Pavilion.
- Assistive listening devices, such as pocket talkers, phone amplifiers, hearing impaired kits and Real-Time Captioning.
- TTY phones located in the following lobbies: RiverBend, Oregon Heart & Vascular Institute, Short Stay Unit and Emergency Departments. TTY phones are available in patients' rooms, upon request.
- Closed captioning available on all TVs.
- Amplified phones in all public areas.

WHY IS MY BLOOD SUGAR BEING TESTED, EVEN THOUGH I AM NOT DIABETIC?

The stress of surgery can cause an increase in blood sugar levels. If your blood sugar is elevated, it can interfere with your body's ability to heal and fight infection. Your blood sugar may be tested to make sure it is within a normal range. Most elevated blood sugar levels return to normal within a few days of surgery.



Your hospital stay

DAILY ROUTINE AFTER SURGERY

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

DAY OF SURGERY

You will feel drowsy following surgery.

The nurse will check on you frequently and encourage you to take deep breaths, cough, and use your Incentive Spirometer (IS) to prevent pneumonia and other breathing complications.

Even though you may not feel like eating, it is an important part of your recovery. Your 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.

You will be given medication to help manage your pain.

There will be equipment connected to you, such as compression devices, intravenous fluids or surgical drains.

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 PACU.

Your nurse will check your dressing and change it, if needed.

Discharge planning will begin.

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 Incentive Spirometer (IS) 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 devices on your lower legs.

You will sit 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.



Your hospital stay

DAILY ROUTINE AFTER SURGERY

SECOND DAY AFTER SURGERY

Continue to set daily self-care goals.

You will still be encouraged to take deep breaths, cough and use your Incentive Spirometer (IS) six to ten times per hour while awake.

You will advance to a low-fiber diet and 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 – NORMALLY THIRD DAY AFTER SURGERY

You and your family should feel confident and prepared for discharge.

You should be tolerating the low-fiber diet.

Continue the Incentive Spirometer (IS) 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.



Your hospital stay

PAIN MANAGEMENT

Managing pain after colorectal surgery is important in your recovery process. It allows you to do activities, like moving, walking and deep breathing, that will help prevent complications. Your surgeon will order pain medications for your specific needs.

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.

PAIN LEVEL	PERCEPTION
1, 2, 3	Can be constant or intermittent. Anywhere from a minor annoyance to distracting.
4, 5, 6	Difficult to ignore, making work and social activities difficult. Sleep in long intervals difficult.
7, 8	Physical activities severely limited. Nausea and dizziness may set in as factors of pain.
9	Difficult to speak, crying or moaning generally present.
10	Pain makes you pass out.



Leaving the hospital

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 understand my medications and what the side effects may be.
- I am progressing with moving and walking.
- My new medications have been explained to me.
- I know my physical 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.

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 support person has heard and understands my discharge instructions.
- I understand the symptoms to watch for and whom to call if I notice them.
- My physician or nurse has answered my questions, prior to my leaving the hospital.
- I have scheduled a follow-up appointment with my surgeon's office, and I have transportation to the appointment.
- Because of the medications I am taking, I will not be able to drive myself, and I have arranged for a ride home with a family member or friend.
- I have all 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. Hospital staff will be happy to assist you and answer any questions you may have about the discharge process.



Leaving the hospital

GOING HOME

It is a good idea to plan to stay in your hometown during your first four weeks after surgery. If you plan on traveling during the first four weeks after surgery, please discuss your plans with your surgeon.

WHEN TRAVELING BY 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 process to exit the care.

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 to decrease the risk of blood clots.

WHEN TRAVELING BY 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 and get up and move around every hour on a long flight.

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.



After your stay

POST-COLORECTAL SURGERY GUIDE

MEDICATIONS

When you leave the hospital, you will be given a prescription for pain medication. 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 medication that worked best to control your pain while you were in the hospital. Typically, these medications can be taken every four to six hours. Do not take acetaminophen (Tylenol) in addition to these medications, because they may also contain acetaminophen (Tylenol), unless you have been instructed to do so by your surgeon.

STOOL SOFTENERS (If you have an ileostomy, please disregard this.)

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. Stool softeners are available over the counter.

PRESCRIPTION REFILLS

If your pain medication begins to run low, call your surgeon's office. Please plan ahead and anticipate your needs. It is best to call early in the day. Pain medication will not be filled on weekends.

Expectations are that you should be off pain medication within three to four weeks after your surgery. 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, 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.

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 ranitidine (Zantac) or omeprazole (Prilosec).

BLOOD-THINNERS AND OTHER MEDICATIONS

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

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 if you are going four days without a bowel movement, please notify your surgeon's office. (Note: ileostomy patients will be provided with individualized instructions.)



After your stay

POST-COLORECTAL SURGERY GUIDE

INCISION CARE

It is important to keep your incision clean. 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 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 (Steri-strips) or staples, across the incision when you leave the hospital. The 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. 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 AND 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 the 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 outdoors. 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 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 physician'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 yourself or 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 10 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.



After your stay

MONITORING YOUR CONDITION

SIGNS OF A POTENTIAL PROBLEM

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

- Fever over 101.5 degrees.
- Uncontrolled pain, after 45 minutes after taking your pain medication, if your pain is a level 7 or above on a scale of 1 to 10 (ten being the worst pain imaginable).
- Diarrhea that continues for 12 to 24 hours, or no bowel movement for four days.
- Nausea and/or vomiting that continues for 12 to 24 hours.
- Signs of a wound infection, such as increased swelling, redness, or smelly wound drainage.
- Chest pain or difficulty breathing.
- Your incision separates or opens up.
- For ileostomy patients, follow your surgeon's instructions.

If you have further questions, call your surgeon's office during normal office hours, 9 a.m. to 5 p.m., Monday through Friday. For emergencies after office hours, a surgeon is on call and will be available when you call the office number, or call **9-1-1**.

PREVENTING BLOOD CLOTS

A possible complication following cervical spine surgery is blood clots in the veins, called deep venous thrombosis (DVT). Activities, such as walking, can reduce the risk of blood clots.

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, contact your surgeon or primary care provider immediately.

PREVENTING INFECTIONS

Infections can occur after surgery in the part of the body where the surgery occurred. Although an infection is not common, there are some things that can be done to help prevent a surgical site infection (SSI):

- You and everyone you come in contact with should wash their hands thoroughly. Germs can be spread a number of ways, but the most common is through hand contact. It's always OK for you to even ask hospital staff, "Did you wash your hands?"
- It is also important to keep your incision clean. Most incisions should be kept dry for several days after surgery, unless instructed by your surgeon. Avoid taking baths or using a hot tub spa for two weeks after your surgery.
- Make sure you understand how to care for your incision, and always clean your hands before and after caring for your incision.
- Wash and change your bed linens.
- Keep pets away from your incision and avoid sleeping with them.
- If you have any symptoms of a wound infection, as mentioned on this page under "Signs of a Potential Problem," call your surgeon.



After your stay

LOW-FIBER DIET

A low-fiber diet includes less than 20 grams of fiber per day. The purpose is to restrict foods with insoluble fiber and/or foods that may cause irritation or increased gas.

FOOD GROUPS	FOODS ALLOWED	FOODS TO AVOID
Milk products and milk substitutes	<ul style="list-style-type: none"> • Milk: whole, 2% 1%, skim, chocolate, buttermilk, kefir, half & half • Cheese, cottage cheese • Yogurt (regular or soy), smooth, no seeds • Almond, hemp, rice and soy milk 	<ul style="list-style-type: none"> • Cheeses containing nuts or seeds • Fruited yogurt with seeds, peel, rind or nuts
Meat and meat substitutes	<ul style="list-style-type: none"> • Tender, ground, or well-cooked meats: beef, lamb, ham, pork, poultry, veal, fish, seafood, organ meats, deli meats • Eggs • Smooth peanut butter (only 2 Tbsp. per day) • Seitan, tofu, TVP and other low-fiber, soft-meat substitutes 	<ul style="list-style-type: none"> • Tough meats with gristle • Nuts and seeds, chunky peanut or other nut butters • Cheese with nuts or seeds • Sausage (in casings) • Dried peas and beans • Tempeh
Vegetables Limit to 2 servings per day (1 serving = ½ cup)	<ul style="list-style-type: none"> • Strained vegetable juices • Canned and well-cooked vegetables without skins/peels or seeds: asparagus tips, beets, carrots, green beans, pumpkin and soft winter squash, sweet potatoes, plain tomato sauce or tomato puree, white potatoes 	<ul style="list-style-type: none"> • All raw vegetables • Canned or frozen vegetables: asparagus stems, bell peppers, broccoli, brussels sprouts, cabbage, cauliflower, collard greens and kale, lettuce, alfalfa sprouts, spinach and mixed greens, celery, corn, summer squash and zucchini, mushrooms, 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 = ½ cup)	<ul style="list-style-type: none"> • Most strained fruit juices • Canned and well-cooked fruits without skin/peel: applesauce, peeled apricots, mandarin oranges, peaches, pears • Fresh: avocado, banana, ripe cantaloupe or honeydew melon, ripe nectarine or peach (peeled), watermelon (Caution: melon can be gas-forming) 	<ul style="list-style-type: none"> • Prune juice • Dried fruits • Pineapple, grapefruit and orange sections, and other fruits not listed on the “Foods Allowed” list



After your stay

LOW-FIBER DIET

FOOD GROUPS	FOODS ALLOWED	FOODS TO AVOID
Breads, Cereals, Starches	<ul style="list-style-type: none"> • 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 (e.g. macaroni, spaghetti), white rice, waffles • Refined cooked cereals: Cream of Rice or Wheat, farina, Malt-O-Meal • Dry cereals, such as: Cornflakes, puffed rice, Rice Krispies, Special K 	<ul style="list-style-type: none"> • Whole-grain products, such as: bread, cereals, crackers and pasta products, cracked wheat bran, oatmeal, brown rice, popcorn, quinoa, wild rice • Cereals made with nuts, seeds, coconut, dried fruits, or added bran, such as All-Bran or Raisin Bran
Desserts	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Desserts made with nuts, seeds, whole-grain flours, jam, coconut, dried fruits or other foods not allowed
Fats and Oils	<ul style="list-style-type: none"> • Butter and margarine, plain cream cheese, gravy, mayonnaise, smooth salad dressings, plain sour cream, vegetable oils, sauces made from allowed ingredients 	<ul style="list-style-type: none"> • Chunky peanut butter and all other nut butters, seeds, nuts, and olives • Salad dressings that are highly spiced or flavored, or ones that contain pickles or raw vegetables
Beverages	<ul style="list-style-type: none"> • Coffee (regular and decaffeinated), carbonated beverages (soda/pop), fruit flavored drinks, tea 	<ul style="list-style-type: none"> • Beverages containing fiber or pulp (e.g. orange or grapefruit juice with pulp)



After your stay

NUTRITION TIPS

It is important to maintain a healthy intake of calories, protein, vitamins and minerals for on-going wound-healing and recovery after surgery. Good nutrition has been associated with improved recovery. It is important to eat well-balanced meals, and include each of the four food groups.

Consume protein at each meal (dairy, meat or meat substitute, such as eggs, tofu or beans.) If you are unable to obtain much variety in your diet, consider taking a multivitamin and mineral supplement. If you have trouble swallowing pills, liquid forms are available.

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

- Eat smaller meals and 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. Be aware of any activity restrictions advised by your doctor.
- Medical nutritional supplements can be quick and easy. Some brand name examples: Ensure, Boost, and Breakfast Essentials (Instant Breakfast). Major pharmacies may also carry store brands at a lower 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 them 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” (see “Nutrition tips”) to drink or cook with, and chopped egg in salad or tuna salad. Fats (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 asking family and friends for help with meal preparation. 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.



After your stay

NUTRITION TIPS

High-calorie, high-protein foods you can make at home:

RECIPE	INGREDIENTS	INSTRUCTIONS	NUTRITION
High-calorie Pudding	<ul style="list-style-type: none"> • 2 cups 2% milk • ¾ cup dry milk powder • 2 Tbsp. vegetable oil • 1 pkg (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: 13g Fat: 10g Carbs: 45g
Fortified Milk	<ul style="list-style-type: none"> • 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: 20g Fat: 5g Carbs: 30g
Hi-Pro Breakfast Essentials® Shake (Instant Breakfast®)	<ul style="list-style-type: none"> • 1 cup whole milk • ¼ cup egg substitute • 1 pkg Breakfast Essentials (Instant Breakfast) mix • ½ cup ice cream 	Blend and serve.	Per Recipe: Calories: 410 Protein: 18g Fat: 13g Carbs: 49g
High-protein eggnog	<ul style="list-style-type: none"> • 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: 23g Fat: 9g Carbs: 40g

Let your physician know if you have any concerns or questions.



Resources

PHONE NUMBERS

Anesthesia Clinic

541-222-7522

Care Manager Department (Discharge Planning)

541-222-2440

Medical Social Worker

541-222-2440

Patient Family Guest House

458-205-7150

Spiritual Care

541-222-2245

Sacred Heart Medical Center Financial Services

541-686-7191 or 800-873-8253 (toll free)

Sacred Heart Medical Center (main hospital lines)

541-222-7300 or 800-288-7444 (toll free)

Patient Information

541-222-7300

FINANCIAL INFORMATION

Many financial assistance programs, including OHP and Bridge Assistance, have an application and screening process. It is essential that you apply as early as possible for OHP. Please call the PeaceHealth Business Office soon to speak with someone or to schedule a time to discuss your options in person. Medically necessary hospital services will never be delayed or denied based upon your ability to pay.

The PeaceHealth Patient Financial Services team can help with the following:

- Cost estimates
- Co-payments and/or deposits
- Oregon Health Plan (OHP)
- Family Health Insurance Assistance Program (FHIAP)
- Bridge Assistance

BEFORE SURGERY

To address any financial concerns that you may have before surgery, call the PeaceHealth Business Office at 541-686-7191 or 800-873-8253 and select option 3.

AFTER SURGERY (OR RE: CURRENT BALANCES)

For billing questions and financial services, please call 541-686-7191 or 800-873-8253 and select option 2, from 9 a.m. - noon or 12:30 p.m. - 4:30 p.m., Monday through Friday, except holidays.