Surgery Guide

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Thank you for choosing Orange Regional Medical Center for your upcoming surgery.

From the moment you walk through our doors, our highly trained physicians, Magnet designated nurses and additional members of your care team will work together to ensure that you receive the highest level of care. Our hospital staff is committed to providing you with an exceptional experience that promotes your health and healing.

We understand that planning a surgery can be stressful for patients and family members. This booklet provides an overview of what you can expect before, during and after surgery. Our goal is to provide you and your caregivers with all the important information you need to ensure you feel comfortable about your procedure.

In addition to answers to frequently asked questions, included are details about—

- Preparing for your surgery
- What to expect on the day of surgery and while you are recovering in the hospital
- Planning for recovery and hospital discharge
- What to expect once you are home

It is important to remember that every patient is different. Your care team will tailor your recovery program to meet your unique needs.

Please contact your physician, nurse or any other member of your care team with any questions you may have. We are here to help and value patients and family members as essential partners in the recovery process.

Please bring this booklet with you to all of your appointments and to the hospital.

On behalf of Orange Regional Medical Center, we wish you a speedy recovery.
The surgical program at Orange Regional Medical Center has a long history of providing high-quality care. Our hospital is proud to participate in the Agency for Healthcare Research and Quality program for Improving Surgical Care and Recovery. This evidence-based approach is designed to enhance the surgical process and improve patients' recovery after surgery. We are one of 12 hospitals in New York State to partake in this initiative. Through standardization of care and a strong partnership with our patients, we strive to improve both the patient experience and surgical outcomes.

We are proud to employ some of the best surgeons in their field who have trained at some of the most prestigious institutions across the country. With our expanding expertise across almost every surgical subspecialty, we are able to meet a wide range of patient surgical needs. Orange Regional Medical Center is dedicated to providing exceptional surgical care and uses best practices to ensure patient safety and improve outcomes. Our progress in maintaining the highest standards of care is reflected in our accreditations, rankings and awards, such as the following:
PREPARING FOR SURGERY

Before Surgery
If your surgeon has instructed you to see your primary care physician, please make this appointment at least 30 days prior to your surgery to meet the preoperative requirements.

Consult with your doctor regarding when or if you should take medication prior to surgery.

Note: Plan for management of blood thinners, such as Warfarin, Clopidogrel and Aspirin, will be prepared by your surgical team and prescribing doctor in advance of surgery, if appropriate.

Prior to your procedure, please cease the use of cigarettes or other tobacco products. For more information on quitting smoking, please refer to “Quitting Smoking Prior to Surgery” on page 20.

Before surgery, you will meet with your anesthesia providers. This meeting will include:

• Review of your medical history
• Review of your anesthesia plan and pain relief options
• Review of bloodwork, if ordered

Insurance Authorization
Your surgeon’s office will contact your insurance company to obtain prior authorization for your surgery and/or admission. Please be sure to notify your surgeon’s office with any insurance changes since your last visit. Our preregistration staff will contact you regarding any out of pocket expenses and to review your payment options. For further questions or concerns, please call (845) 333-7900, option 3.

Infection
Always remind friends, family and healthcare providers to wash and sanitize their hands before entering your room or providing care. Each year, many lives are lost or compromised due to the spread of infection in hospitals.

Advance Directives
An advance directive can be used to appoint a healthcare agent, someone you trust to make healthcare decisions for you and to communicate your personal preferences about treatments that may be used to sustain your life. Advance directives are optional. If you have an advance directive, please bring a copy to the hospital if you want it to apply to your upcoming visit. An advance directive can be removed or revised at any time.

Patient Identification
Make sure your healthcare provider confirms your identity by asking for your full name and date of birth and checking your armband before any medications are administered, treatments are rendered or procedures commence.

Patient Experience
Your safety is our priority. Patients play a vital role in optimizing safety by becoming active, involved and informed members of our healthcare team. We not only welcome but count on your participation in reviewing your options, involving your family members and choosing what’s right for you when considering your lifestyle, family dynamics, and religious, cultural and personal beliefs.

Always ask questions if you have any doubts or concerns. Understanding your needs, beliefs and goals will allow your healthcare team to optimize
your treatment plan. Take time to understand the facts about your conditions, procedures and medications.

Read carefully through your care plan with us and listen closely to your discharge instructions. Be proactive if you would like to make any adjustments to your care plan. Make sure that you and your healthcare team all clearly agree on the details of your procedure.

As an informed and involved patient, you help us to maintain a safe environment for all. If you feel that your concerns have not been addressed, please contact our patient experience and advocacy departments at (845) 333-1015.
PREOPERATIVE CHECKLIST

Use this checklist as a guide to help you prepare for your surgery.

<table>
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<tr>
<th>Action</th>
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<tr>
<td>Prepare to bring your medical records to all appointments with your surgeon prior to surgery.</td>
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<tr>
<td>Meet with your doctors and nurses prior to surgery to review your medical history. You will also be told if you need to stop or change any medication before surgery.</td>
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<tr>
<td>Complete pre-surgical testing appointment as scheduled.</td>
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You should plan to be in the hospital for three to five days after surgery, unless your surgeon tells you to expect otherwise. It is likely that you will need assistance from friends or family immediately after leaving the hospital. If home assistance is limited, some patients require a brief stay in an intermediate care or rehabilitation facility. These facilities offer assistance while you regain your strength for a short period of time. This decision will be made by you, along with the medical, nursing and therapy team responsible for your care. Pick one friend or family member to be part of your care team to help you make decisions and coordinate your care before, during and after surgery.

If you don’t have home assistance, here are a few simple things you can do before coming into the hospital that may make things easier for you after hospital discharge:

- Put the items you use often between waist and shoulder height to avoid having to bend down or stretch to reach them, particularly in the kitchen.
- Bring the items you are going to use on a daily basis downstairs. However, realize that you will be able to climb stairs after surgery.
- Purchase a supply of food and other items you use frequently, as shopping may be difficult when you first return home.

Recovering from surgery requires more nutrients from our bodies. Being well nourished leading up to surgery means your body is better equipped to handle surgery, and this translates into faster healing and recovery. Foods and beverages high in protein, vitamins and minerals help reduce your risk of infection, promote healing and reduce your risk of returning to the hospital. Eat a regular balanced diet with lean proteins, such as chicken or fish, low-fat dairy, whole grains and fruits and vegetables. See pages 22-23 for nutrition information.

Building your strength and endurance has been proven to aid in your recovery after surgery. Walking, squats and heel raises are simple exercises you can perform to increase your strength and stamina, allowing you to return home sooner. See page 19 for exercise examples.
### A FEW DAYS BEFORE SURGERY

<table>
<thead>
<tr>
<th>Action</th>
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<tbody>
<tr>
<td>Confirm you have all supplies needed for your bowel preparation, as ordered.</td>
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<tr>
<td>Confirm you have your chlorhexidine gluconate (CHG) for your skin preparation.</td>
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<tr>
<td>Continue to practice your incentive spirometer lung exercise four times per day. See page 21 for instructions.</td>
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### TWO DAYS BEFORE SURGERY

<table>
<thead>
<tr>
<th>Action</th>
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<tbody>
<tr>
<td>Beginning two nights before your surgery, shower and use chlorhexidine gluconate (CHG) following the instructions on page 26 for proper use.</td>
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### ONE DAY BEFORE SURGERY

<table>
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<tr>
<th>Action</th>
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<tr>
<td>Begin clear liquid diet. See page 25 for diet instructions.</td>
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<tr>
<td>If your surgeon has informed you that you will need to take steps to prepare for your bowel surgery, follow the instructions starting on page 24 of this booklet. Use the checklist to help with each step.</td>
<td></td>
</tr>
<tr>
<td>Receive phone call no earlier than 3 p.m. to remind you what time to arrive for your surgery, review medications to take the day of surgery and answer last minute questions. In general, phone calls are made in the late afternoon to early evening.</td>
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</tr>
<tr>
<td>Evening before surgery, shower and use chlorhexidine gluconate (CHG) following the instructions on page 26 for proper use.</td>
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### MIDNIGHT AND MORNING OF SURGERY

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<tr>
<th>Action</th>
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<tr>
<td>You may continue to drink CLEAR LIQUIDS up until the time you leave to come to the hospital. <strong>DO NOT</strong> eat any solid food. <strong>DO NOT</strong> drink any thicker liquids, like milk or pulped juices. <strong>DO NOT</strong> add cream to any clear liquid drink. See page 25 for details.</td>
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<tr>
<td>Take medications as instructed, with small sips of water only.</td>
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<tr>
<td>Shower and use chlorhexidine gluconate (CHG) following the instructions on page 26 for proper use.</td>
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<tr>
<td>Drink your Ensure® Pre-Surgery clear nutrition drink in the car on the way to the hospital. Complete the entire drink at least two hours before your scheduled surgery time. See page 22 for details.</td>
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</tr>
<tr>
<td>Bring your incentive spirometer and practice your lung exercises in the pre-op area before surgery.</td>
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</table>
What to Bring Day of Surgery

Leave all valuables at home or give to the person(s) accompanying you. We encourage you to only bring essential items the morning of surgery, including:

- Insurance cards
- Personal identification card, such as a driver’s license
- Copy of your advance directive (optional)
- A list of all of your medications, including dosages and how often you take them
- This booklet
- Payment for any deductible or copayment that is due before the operation
- If you have sleep apnea and use a machine at night, please bring your machine and settings with you

Leave contact lenses at home, or if you must wear them, bring a contact case.

Please be aware that there may be some downtime prior to your surgery. We will do our best to predict how long the operations of the day may take, but unexpected delays are sometimes unavoidable. Please bring a book or something to do while you wait.

What to Wear Day of Surgery

Wear loose, comfortable clothing. All jewelry must be removed before surgery, including wedding rings, earrings and any other body piercings.

WHAT TO EXPECT UPON ARRIVAL

Parking and Check-In

Please park in the main parking area in front of the main hospital entrance, located at

707 East Main Street
Middletown, NY 10940

Orange Regional Medical Center offers free valet parking for surgical patients at the main entrance.

Unless otherwise instructed, enter through the main entrance of the hospital and report to the registration desk to sign in the day of surgery.

You will be asked to verify some information and medical consents. You should be prepared to pay for possible copayments with cash, check or credit card.

You will be asked to check in at the surgery waiting area across from the registration area.

Before Surgery

Once your team is ready, you and one member of your family, if desired, will be escorted to our preoperative area. Here, the nurses and anesthesia providers will check you in. You will also see your surgeon. This is an opportunity to ask any last minute questions you may have. During your stay, you may be asked the same questions multiple times from different caregivers. This is for your safety and part of our practice to ensure the best possible care.

Once the operating room is prepared, you will be taken to surgery and your family will be escorted to the waiting area. If you have any questions or concerns at any time, please don’t hesitate to ask your care team.
DURING AND AFTER SURGERY

The Operating Room
Many patients do not recall being in the operating room due to the medications provided during surgery. You will be connected to machines that monitor your heart and lungs during your procedure. You may be given a blood thinner to prevent blood clots and antibiotics to prevent a wound infection. The anesthesiologist will put you to sleep with a general anesthetic.

Typically, most operations last two to four hours, but do not be concerned if the procedure takes longer.

Post Anesthesia Care Unit
Following surgery, you will wake up from anesthesia in the Post Anesthesia Care Unit (PACU), where you will be cared for by specially trained registered nurses. The PACU nurses will continue to monitor your vital signs and keep you comfortable. When your PACU nurse and anesthesiologist feel you are adequately recovered from your anesthetic, you will be transferred to your hospital room.

Post Anesthesia Care Unit Visitation
The PACU is a busy open unit, with patients being admitted and discharged throughout the day. Therefore, we request that only one to two family members visit the unit.

Patients need time for rest and nursing care immediately after surgery. As a result, family visitation is brief and limited. Please note, it is not unusual for an hour to pass once surgery is completed before your family may be brought back to PACU for a visit.

PACU visiting arrangements may be modified depending on the activity in the unit at that time, as certain situations in the PACU may take priority over family visitation. If any PACU patient needs special nursing attention, we may ask family members to leave or delay their visit. Thank you for understanding.

When your loved one is visiting in the PACU, we ask they remain at your bedside to help maintain and respect the privacy of other patients.

Orange Regional Medical Center policy prohibits the use of cell phones, smartphones, cameras, video cameras or any other devices in the PACU area. Thank you for following these guidelines, which will help ensure patient safety, privacy and comfort.

Surgical Unit
From the PACU, you will be sent to one of the surgical units. This is a good time for your family to bring your belongings. Visiting hours are between 9:00 a.m. and 9:00 p.m., and the waiting area receptionist can provide your room number. A family member or companion over the age of 18 is permitted to stay with you in your room, as reclining chairs are available for visitors to sleep on. Please speak to your care team.

In most cases you will have a small tube, called a urinary catheter, in your bladder. This is so we can measure how much urine you are making and how well your kidneys are working. You may also be given oxygen. You will have a drip in your arm providing fluid into your vein. You will be allowed to drink immediately. You will be placed on your regular medications, with the exception of some diabetes, blood pressure and blood thinner medications. You will receive a low dose of a blood thinner medication (injection) to help prevent blood clots. The nursing staff will help you out of bed. Your goal on the day of surgery is to walk 10 feet.
The staff will check your temperature, pulse and blood pressure regularly when you first arrive on the unit. Only close friends or family are advised to visit on this day, as you will still be quite drowsy.

**Belongings for Your Recovery**

Computers, tablets and cellphones are permitted in the hospital, and internet access is available. Towels and gowns will be provided, but many people choose to bring their own bathrobe and toiletries. We will provide all the medicines needed for your recovery.

Please be sure to leave all valuable items at home.
RECOVERY CHECKLIST

Use this checklist as a guide to assist you in your recovery.

What to Expect After Surgery

Immediately After Surgery

- Wear the oxygen mask that is placed over your nose and mouth while in the recovery room.
- Two hours after your surgery is over, with assistance, get out of bed, take a few steps and sit in a chair.
- You will receive juice or water and can drink clear liquids as you feel up to it.
- Medications will be given to you to manage your pain. If you are concerned about any of the medications or are still experiencing pain, talk to your nurses.
- Complete incentive spirometer lung exercises every hour while awake.

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<tr>
<th>Action</th>
<th>Completed</th>
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<tbody>
<tr>
<td>Mobility</td>
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<tr>
<td>Spend at least six hours out of bed. Walk at least twice in hallway.</td>
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<tr>
<td>Diet</td>
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<tr>
<td>Drink clear liquids as you feel up to it. You may be offered soft or solid food if you feel well.</td>
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<tr>
<td>Chewing gum has been shown to wake the bowel up more quickly after surgery. Chew one stick for 5-60 minutes, three times a day.</td>
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<tr>
<td>You may be disconnected from the intravenous fluids. Ask your nurse if some or all the intravenous tubes attached to your arms or hands can be removed.</td>
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<tr>
<td>Pain Management</td>
<td></td>
</tr>
<tr>
<td>Medications will be given to you to manage your pain. If you are concerned about any of your medications or are still experiencing pain, talk to your nurses.</td>
<td></td>
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<tr>
<td>Lung Exercises</td>
<td></td>
</tr>
<tr>
<td>Complete incentive spirometer lung exercises every hour while awake.</td>
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<tr>
<td>Urinary Catheter</td>
<td></td>
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<tr>
<td>Your urinary catheter may be removed. Discuss any concerns you may have with your care team.</td>
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<tr>
<td>If Ostomy</td>
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<tr>
<td>Participate in your ostomy care. Work with your nurse to understand how to care for yourself after discharge.</td>
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# SECOND DAY AFTER SURGERY

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<tbody>
<tr>
<td><strong>Mobility</strong></td>
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</tr>
<tr>
<td>- Spend at least six hours out of bed. Walk at least three times in the hallway.</td>
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<tr>
<td><strong>Diet</strong></td>
<td></td>
</tr>
<tr>
<td>- You will be placed on a soft diet and will advance to more solid foods as you feel up to it.</td>
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<tr>
<td>- Continue to chew gum for 5-60 minutes, three times a day.</td>
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</tr>
<tr>
<td><strong>Pain Management</strong></td>
<td></td>
</tr>
<tr>
<td>- Medications will be given to you to manage your pain. If you are concerned about any of your medications or are still experiencing pain, please consult your nurses.</td>
<td></td>
</tr>
<tr>
<td><strong>Lung Exercises</strong></td>
<td></td>
</tr>
<tr>
<td>- Complete incentive spirometer lung exercises every hour while awake.</td>
<td></td>
</tr>
<tr>
<td><strong>Urinary Catheter</strong></td>
<td></td>
</tr>
<tr>
<td>- Your urinary catheter will be removed, if not already handled. Please consult your care team if this has not been handled.</td>
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<tr>
<td><strong>If Ostomy</strong></td>
<td></td>
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<tr>
<td>- Ask your nurse to teach you how to empty your ostomy bag and care for the skin around your stoma.</td>
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<tr>
<td>- Ask your nurse how to measure ostomy liquid output.</td>
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<tr>
<td>- Ask your nurse or doctor to tell you what you can do at home to prevent dehydration.</td>
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# THIRD DAY AFTER SURGERY

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<tbody>
<tr>
<td><strong>Mobility</strong></td>
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<tr>
<td>- Spend much of the day out of bed and walking.</td>
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<tr>
<td><strong>Diet</strong></td>
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<tr>
<td>- Begin to eat solid food.</td>
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</tr>
<tr>
<td>- Continue to chew gum for 5-60 minutes, three times a day.</td>
<td></td>
</tr>
<tr>
<td><strong>Pain Management</strong></td>
<td></td>
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<tr>
<td>- Your pain should be well controlled on pain medication. Consult your care team about how to manage your pain at home.</td>
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</tr>
<tr>
<td><strong>Lung Exercises</strong></td>
<td></td>
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<tr>
<td>- Complete incentive spirometer lung exercises every hour while awake.</td>
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<tr>
<td><strong>Discharge Planning</strong></td>
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<tr>
<td>- You are ready to be discharged if your pain is well controlled, you are passing gas, drinking and eating well without experiencing nausea.</td>
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<tr>
<td><strong>Discharge Instructions</strong></td>
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<tr>
<td>- Consult your nurse regarding signs and symptoms of infection and what to do if you think you may have an infection.</td>
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<tr>
<td>- Consult your nurse about actions you can take to help prevent dehydration after you leave the hospital.</td>
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</tr>
<tr>
<td><strong>If Ostomy</strong></td>
<td></td>
</tr>
<tr>
<td>- Consult your nurse about the types of foods you can eat to make your ostomy output thicker and prevent dehydration.</td>
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<tr>
<td>- Demonstrate how to remove and apply a new ostomy bag.</td>
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<tr>
<td>- Make sure that you have ostomy supplies for use at home. Learn how to order additional supplies.</td>
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IN-HOSPITAL RECOVERY PLAN

To assist you in participating in your care, see checklist starting on page 11.

Your Post-Surgery Care Team
In addition to the nursing staff on the unit, the colorectal surgery team will care for you. This team is led by your surgeon and may include residents, medical students and a physician assistant and/or nurse practitioner. There will be a physician in the hospital 24 hours a day to tend to your needs. The residents and students will report directly to your surgeon, who will oversee all of your care.

Pain Relief After Surgery
Your pain will be assessed regularly on a scale from 0 to 10. Pain assessment is necessary to guide your pain relief. It is essential that you are able to take deep breaths, cough and move. Prevention or early treatment of pain is far more effective than trying to treat severe pain. Therefore, we have devised a specialized regimen to stay ahead of your pain and use almost no narcotics, which can slow down your recovery process.

One Day After Surgery
Your main focus will be drinking fluids and walking. You will start drinking clear liquids after surgery. The intravenous fluids will be stopped and the catheter may be removed from your bladder. After surgery, your recovery plan will be to get out of bed with the nurses’ or assistants’ help, sit in a chair for meals and start to move about in the hallways. You will also meet with a case manager to assess your discharge needs, which will be discussed with your physician and care team. Your physician may order home care services to assist with your transition home. Home nursing visits can help you get readjusted to home. During these visits you will receive a clinical assessment, review and discuss your medications, learn required treatments and coordinate care with your physician. Other services may be arranged, including therapy and the use of medical equipment.

Two Days After Surgery
You will start eating a soft diet and change to a more solid diet as you feel up to it. The catheter from your bladder will be removed, if not already done so. If there is a dressing on your wound, it will be removed. The tubing will be disconnected from your intravenous (IV), if not already. If you have a new ostomy, you will learn how to properly care for it. Your recovery plan includes being out of bed for the majority of the day and walking at least three times in the hallway, with assistance as needed.

Three Days After Surgery
You will continue to eat a solid food diet. You may be ready to go home if you are drinking enough to keep yourself hydrated, your pain is well controlled, you are not belching or nauseated, you are passing gas and you are able to get around on your own. However, we will not discharge you from the hospital until we are sure that you are ready.

Discharge
You will need to make arrangements for someone to meet you at the hospital. You will not be released without a friend or family member present. Please keep in mind that we strive to get patients discharged as quickly as possible, but there may be delays for a variety of reasons.

Complications That May Prolong Your Hospital Stay

Nausea and Vomiting
It is common to experience nausea after your surgery. We will give you medication to reduce this. However, if you do feel sick, you should
reduce the amount of food and drink you are consuming by mouth. Small, frequent meals or drinks are best in this situation. As long as you can keep yourself hydrated, the nausea will likely pass.

**Ileus**

Following surgery, the bowels can shut down, making it difficult for food and gas to pass through the intestines. This is called an ileus. We have designed our care program to do everything possible to reduce the likelihood of an ileus. If you do develop an ileus, it will usually last two to three days. However, it may require a small tube down the nose to decompress the stomach. The best way to avoid an ileus is to reduce the amount of narcotic pain medications, get up as much as possible after your surgery and stimulate the bowels early after surgery with small amounts of food and liquids.

**Surgical Site Infection**

If a surgical site infection develops, this will typically happen three to ten days after surgery. Signs of a surgical site infection include:

- Temperature greater than 101.5°F
- Redness and an increase in pain around your incision
- Drainage from your incision

**Urinary Retention**

If you are unable to urinate after the catheter from your bladder is removed, the catheter may need to be reinserted until you are able to urinate on your own. This can be caused by anesthesia, pain medication and decreased activity.
HOSPITAL DISCHARGE

Preparing for Discharge
Before leaving the hospital, you should have:

• Detailed hospital discharge instructions.
• All prescriptions for medications you need. Prescriptions can be filled while you are in the hospital, if desired.
• An appointment scheduled with your surgeon within one to two weeks of your discharge date.
• Ostomy supplies, if necessary, and a plan for delivery of additional supplies.

Concerns After Discharge
Never hesitate to contact your surgeon if you are worried about your recovery.

Reasons to contact your surgeon immediately:

• You have a fever higher than 101.5 °F.
• Your wound is red, is more painful or has drainage.
• You are nauseated, vomiting or can't keep liquids down.
• Your pain is worse and not able to be controlled with your current regimen.

If you are running low on any medications, please call the nurse several days before you run out.

In the event of an emergency, such as severe abdominal pain, chest pain, shortness of breath or any other severe problems, please call 9-1-1 or go to your local emergency room.

Post-Surgery Bowel Function
Your bowels will take several weeks to settle down and may be unpredictable at first. Your bowel movements may become loose or you may be constipated. For the vast number of patients, this will return to normal with time. Make sure you eat nutritious meals, drink plenty of fluids and take regular walks during the first two weeks after your operation.

Abdominal Pain
It is not unusual to suffer griping pains (colic) during the first week following the removal of a portion of your bowel. This pain usually lasts for a few minutes but goes away between spasms. If you have severe pain lasting more than one to two hours, have a fever or feel generally unwell, please contact your surgeon.

Loose Stools
The first step to improving your frequent or loose stools is to bulk up the stool by adding foods such as peanut butter, bread and bananas to your diet. The second step is to add a fiber supplement. Psyllium is the most common type of fiber and is available for purchase at most drugstores. Start with one teaspoon mixed into a meal, such as yogurt or oatmeal, in the morning and evening. Try not to drink any fluid for one hour after you take the fiber. This will allow the fiber to act like a sponge in your intestines, soaking up excess water. Continue this for three to five days. You may increase by one teaspoon every three to five days until desired or until you are at one tablespoon (three teaspoons) twice a day.

Urinary Function
After bowel surgery, you may experience the feeling that your bladder is not emptying fully. This usually resolves with time. However, please contact your surgeon with any concerns.

Wound Care
For the first few weeks following surgery, your wound may be slightly red and uncomfortable. You may shower and let the soapy water wash over your incision. Avoid soaking in the tub for one month following surgery or until the wound
is well healed. It will take the wound several months to soften. It is common to have bumpy areas in the wound near the belly button and at the ends of the incision.

If you have staples, they will be removed during your follow-up appointment with your surgeon. You may have surgical glue on your incision. **Do not pick at this, as it will come off over time.**

**Post-Surgery Diet**

Attention to good nutrition after surgery is important to your recovery. If you had no dietary restrictions prior to surgery, you will have no special dietary restrictions after surgery. However, consuming enough protein, calories, vitamins and minerals is necessary to support healing. Some patients experience a low appetite after surgery. In this case, frequent small meals throughout the day may help.

It is not uncommon to lose 10 to 15 pounds after surgery. However, by the fourth to fifth week, your weight loss should stabilize.

After surgery, certain foods may taste different and certain smells may make you nauseous. Over time, the amount you can comfortably consume will gradually increase. You should try to eat a balanced diet, which includes:

- Foods that are soft, moist and easy to chew and swallow.
- Canned or soft-cooked fruits and vegetables.
- Plenty of soft breads, rice, pasta, potatoes and other starchy foods (lower fiber varieties may be tolerated better initially).
- High-protein foods and beverages, such as meats, eggs, milk, cottage cheese or a supplemental nutrition drink like BOOST® or Ensure®.
- At least eight to ten cups of fluids per day. This includes water, fruit juice and Gatorade. Drinking plenty of fluids is especially important if you have loose stools.

Additional dietary tips include:

- Avoid drinking a lot of caffeine, which may cause dehydration.
- Avoid fried, greasy and highly seasoned or spicy foods.
- Avoid carbonated beverages within the first couple of weeks.
- Avoid raw fruits and vegetables.

**Activities**

Walking is encouraged after surgery. You should plan to exercise regularly several times a day and gradually increase this during the four weeks following your operation until you are back to your normal level of activity. You may climb stairs. Do not lift more than ten pounds or play contact sports for at least one month following your surgery. Generally, you may return to your regular activities soon after your surgery.

It can take up to two to three months to fully recover from surgery. It is not unusual to feel fatigued and require an afternoon nap for six to eight weeks following surgery. Your body is using this energy to heal your wounds. Set small goals for yourself and try to do a little more each day.

**Work**

It is normal to return to work four to six weeks after your operation. If your job involves heavy manual labor, please wait six weeks. Please check with your employer regarding rules that apply to your return to work. If you need a return-to-work form for your employer or disability papers, please bring them to your follow-up appointment or fax them to your surgeon’s office.

**Driving**

You may drive once you have stopped taking narcotics and are able to react quickly with your braking foot. For most patients, this occurs three to four weeks after surgery.
EDUCATIONAL RESOURCES

Preoperative Exercises

Exercises prior to surgery can help aid in your recovery. Please be sure to discuss these exercises with your primary care physician prior to beginning an exercise regimen.

Walking
At least 20 minutes, five times per week.
This should be in addition to normal activity.

Mini Squats
Stand at a counter, using fingers for balance as needed.
Place feet hip width apart.
Sit down and back as if you are sitting in a chair.
Do not let your hips drop below your knees.
Repeat ten times, two times per day.

Heel Raises
Stand at a counter, using fingers for balance as needed.
Raise up on your toes, lifting heels off the ground.
Stay for one to two seconds and slowly lower your heels.
Repeat 15 times, two times per day.

Single Leg Stance
Stand at a counter, using fingers for balance as needed.
Lift left leg and hold for 30 seconds.
Lower and repeat with right leg.
If this becomes too easy, try to lift each leg without using your hands for balance or close your eyes.
Perform two times per day for 30 seconds on each leg.
QUITTING SMOKING PRIOR TO SURGERY

If you smoke, plan to quit smoking as soon as you know you may need to have surgery. The sooner you quit smoking, the more it will benefit your surgical outcomes. The successful quit rate is much higher for those who quit prior to surgery.

Smoking can increase your risk of surgical complications, including:

- Increased risk of lung problems, such as pneumonia.
- Increased risk of heart problems, such as high blood pressure, elevated heart rate and irregular heartbeat (arrhythmias).
- Decreased oxygen in your blood.
- Increased risk of blood clots.
- Increased risk of wound complications, such as delayed healing, wound infections and cell and tissue death.

Quitting eight weeks before surgery can help improve your airway function.

Quitting four weeks before surgery can help decrease your surgical complication rate by 20-30%.

Quitting one day before surgery can help improve your blood pressure and heart rate.

Helpful Resources to Quit

Call the Quit Line at 1-800-QUIT NOW (1-800-784-8669)

Government Quit Smoking Resources:

http://teen.smokefree.gov/
http://espanol.smokefree.gov/
http://women.smokefree.gov/

American Lung Association

www.lungusa.org

Centers for Disease Control and Prevention

www.cdc.gov/tobacco/state_system/index.htm

National Cancer Institute Tobacco Line

1-877-448-7848 (also available in Spanish)

American Society of Anesthesiologists

www.asahq.org/stopsmoking/prov
INCENTIVE SPIROMETER INSTRUCTIONS

Since you will not be as active after your surgery, exercising your lungs before surgery may reduce your risk of developing lung problems, such as pneumonia. An incentive spirometer is a device that measures how deeply you can inhale. It helps you take slow, deep breaths to expand and fill your lungs with air.

How to Use

Sit up as straight as possible. Do not bend your head forward or backward. Hold the incentive spirometer in an upright position. Place the target pointer at the level that you need to reach. Exhale normally and then follow these instructions:

• Place the mouthpiece in your mouth and close your lips tightly around it. Do not block the mouthpiece with your tongue.

• Inhale slowly and deeply through the mouthpiece to raise the indicator. Try to make the indicator rise up to the level of the goal marker.

• When you cannot inhale any longer, remove the mouthpiece and hold your breath for at least three seconds.

• Exhale normally.

Repeat these steps for five to ten breaths, four times per day before surgery.

After surgery, you should use your incentive spirometer for five to ten breaths every hour while awake or as directed by your care team.

When to Contact Your Healthcare Provider

• If you feel dizzy or lightheaded.

• If you have questions or concerns about how to use your incentive spirometer.

When to Seek Immediate Care

• If you have chest pain or shortness of breath.

• If you feel faint.

Please remember to bring your incentive spirometer with you on the day of your surgery.
PREOPERATIVE NUTRITION

Recovering from surgery requires more nutrients from our bodies. Being well nourished leading up to surgery means your body is better equipped to handle surgery, and this translates into a faster healing and recovery. Patients with good preoperative nutrition have a lower risk of postoperative complications.

Ensure® Pre-Surgery Clear Nutrition Drink

Remember, you will begin a clear liquid diet the day prior to your surgery as directed by your surgeon. Studies have shown drinking clear fluids up to two hours before surgery is not only safe but optimal.

Drinking a carbohydrate drink has been proven to decrease breakdown of essential nutrients necessary to recover after surgery.

Orange Regional Medical Center has partnered with your surgeon to provide you with an Ensure® Pre-Surgery clear nutrition drink. Please drink one entire bottle two hours prior to your surgery time. Do not drink anything else after the bottle is empty.

Daily Recommendations

Foods and beverages high in protein, vitamins and minerals help reduce your risk of infection, promote healing and reduce your risk of returning to the hospital. Eat a regular balanced diet with lean protein, such as chicken or fish, low-fat dairy, whole grains and fruits and vegetables.

We recommend the following as a daily nutrition guide leading up to your procedure:

- **Bread, cereal, rice and pasta:** Six to 11 servings per day.

  Carbohydrates are a fundamental part of most diets. They supply energy and spare protein.

- **Vegetables:** Three to five servings per day.

- **Fruits:** Two to four servings per day.

A diet rich in vegetables and fruits is one of the best ways to reduce your risk of heart disease and some types of cancer.

- **Meat, poultry, fish, dry beans, eggs and nuts:** Two to three servings per day.

  Protein is needed to keep your body working properly and to help build new tissue.

- **Milk, yogurt and cheese:** Two to three servings per day.

  Healthy bones need calcium and vitamin D.

- **Fats, oils and sugars:** Use sparingly.

  Some fat is necessary in our daily diet. However, less fat is better. Although candy, cakes and cookies are delicious, they have little food value.

Key Recommendations for the General Population from the USDA

Consume a variety of nutrient-dense foods and beverages within and among the basic food groups while choosing foods that limit the intake of saturated and trans fats, cholesterol, added sugars, salt and alcohol.

Meet recommended intakes within energy needs by adopting a balanced eating pattern, such as the U.S. Department of Agriculture (USDA) Food Guide or the Dietary Approaches to Stop Hypertension (DASH) Eating Plan.

Encouraged Food Groups

Consume a sufficient amount of fruits and vegetables while staying within energy needs. Two cups of fruit and two and a half cups of vegetables per day are recommended for a 2,000-calorie intake, with higher or lower amounts depending on the calorie level.

Choose a variety of fruits and vegetables each day. In particular, select from all five vegetable...
subgroups (dark green vegetables, orange vegetables, starchy vegetables and other vegetables) several times a week.

Consume three or more ounce-equivalents of whole-grain products per day, with the rest of the recommended grains coming from enriched or whole-grain products. In general, at least half the grains should come from whole grains.

Consume three cups per day of fat-free or low-fat milk or equivalent milk products.

**Fats**

Consume less than 10% of calories from saturated fatty acids and less than 300 mg/day of cholesterol, and keep trans-fatty acid consumption as low as possible.

Keep total fat intake between 20% and 35% of calories, with most fats coming from sources of polyunsaturated and monounsaturated fatty acids, such as fish, nuts and vegetable oils.

When selecting and preparing meat, poultry, dry beans and milk or milk products, make choices that are lean, low-fat or fat-free.

Limit intake of fats and oils high in saturated and/or trans-fatty acids and choose products low in such fats and oils.

**Carbohydrates**

Choose fiber-rich fruits, vegetables and whole grains often.

Choose and prepare foods and beverages with little added sugars or caloric sweeteners, such as amounts suggested by the USDA Food Guide and the DASH Eating Plan.

Reduce the incidence of dental cavities by practicing good oral hygiene and consuming sugar- and starch-containing foods and beverages less frequently.

**Sodium and Potassium**

Consume less than 2,300 mg (approximately one teaspoon of salt) of sodium per day.

Choose and prepare foods with little salt. At the same time, consume potassium-rich foods, such as fruits and vegetables.

**Alcoholic Beverages**

Those who choose to drink alcoholic beverages should do so sensibly and in moderation, defined as the consumption of up to one drink per day for women and up to two drinks per day for men.

Alcoholic beverages should not be consumed by some individuals, including those who cannot restrict their alcohol intake, women of childbearing age who may become pregnant, pregnant and lactating women, children and adolescents, individuals taking medications that can interact with alcohol and those with specific medical conditions.

Alcoholic beverages should be avoided by individuals engaging in activities that require attention, skill or coordination, such as driving or operating machinery.
PREOPERATIVE BOWEL PREPARATION

Your doctor will prescribe a bowel preparation regimen with antibiotics to prevent infections after your surgery. You will need to purchase the prescribed bowel preparation items and antibiotics.

These instructions may be modified at any time by your surgeon to meet your individual needs.

BOWEL PREPARATION CHECKLIST

<table>
<thead>
<tr>
<th>Time</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breakfast</td>
<td>Begin clear liquid diet (more details on the following page).</td>
</tr>
<tr>
<td>11:00 a.m.</td>
<td>Prepare the bowel prep solution per instructions. The powder must be mixed with water before it is used. Do not swallow the powder directly. Add lukewarm water to the fill mark on the bottle. Shake well until all the ingredients are dissolved. Place in the refrigerator and chill for one hour.</td>
</tr>
<tr>
<td>12:00 p.m.</td>
<td>Start drinking the bowel prep solution as directed by your surgeon’s office. It is best to drink it fast instead of sipping it. Bowel movements usually begin within 30-60 minutes after your first cup of the liquid. Rarely, people may have nausea or vomiting with the prep. If this occurs, give yourself 30-minute break and continue drinking the solution.</td>
</tr>
<tr>
<td>2:00 p.m.</td>
<td>Take first dose of antibiotics as prescribed.</td>
</tr>
<tr>
<td>3:00 p.m.</td>
<td>Take second dose of antibiotics as prescribed.</td>
</tr>
<tr>
<td>7:00 p.m.</td>
<td>Finish the bowel prep solution by this time.</td>
</tr>
<tr>
<td>10:00 p.m.</td>
<td>Take third dose of antibiotics as prescribed.</td>
</tr>
</tbody>
</table>
CLEAR LIQUID DIET INSTRUCTIONS

Begin one day prior to surgery date. Note: It is important to stay well hydrated during your bowel preparation, so please drink many of the allowed clear liquids.

These clear liquids are allowed:
- Water
- Clear broth (beef or chicken)
- Gatorade
- Lemonade or Kool-Aid
- Sodas, tea and coffee (no cream)
- Gelatin (without fruit)
- Ice pops (without fruit or cream)
- Italian ices
- Juices without pulp (apple, white grape juice)

You may use salt, pepper and sugar.

These clear liquids are NOT allowed:
- Milk or cream
- Milkshakes
- Tomato juice
- Orange juice
- Grapefruit juice
- Any soup other than broth

MORNING OF SURGERY

<table>
<thead>
<tr>
<th>Activity</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>You may continue to drink clear liquids up until the time you leave to come to the hospital. Do not eat any solid food. Do not drink any thicker liquids like milk or pulped juices. Do not add cream to any clear liquid drink.</td>
<td>☐</td>
</tr>
<tr>
<td>Take medications as instructed, with sips of water only.</td>
<td>☐</td>
</tr>
<tr>
<td>Shower and use chlorhexidine gluconate (CHG) following the instructions on page 26 for proper use.</td>
<td>☐</td>
</tr>
<tr>
<td>Drink your Ensure® Pre-Surgery Clear Nutrition Drink in the car on the way to the hospital. Complete the entire drink at least two hours before your scheduled surgery time. Do not drink any liquids once the drink is complete.</td>
<td>☐</td>
</tr>
<tr>
<td>Bring your incentive spirometer and practice your lung exercises in the pre-op area before surgery.</td>
<td>☐</td>
</tr>
</tbody>
</table>
PREOPERATIVE SHOWERING INSTRUCTIONS

At Orange Regional Medical Center, we are taking steps to reduce the chance of infection after surgery. Washing with a special soap reduces the number of germs on your skin. Your surgeon has asked that you follow the instructions below to clean your skin before your surgery.

You will need to take three special showers, one two days before, one the night before and one the morning of surgery, with a special antiseptic soap called chlorhexidine gluconate (CHG). You can purchase this soap at the drugstore if you have not received it from your surgeon or the hospital. This soap is available in 2% or 4% strength; either may be used.

Note, please do not use CHG soap:
- On your head, face or genital area.
- On any skin that is not intact or on any open wounds.

Discontinue use of CHG and call your physician if you experience wheezing, chest tightness, swelling of the face, lips or tongue, very bad skin irritation or rash.

Showering Procedure

Please complete two days before surgery, the night before and the morning of surgery.

Wash and rinse your hair first using your normal shampoo. Make sure you completely rinse the shampoo from your hair and body. Wet your entire body, then turn the water off or move away from the water spray. Then, please follow these instructions:

- Using a fresh, clean washcloth and 1/3 of CHG, apply the soap to your body starting under your chin. Do not use it near your eyes, ears or mouth. In the event that CHG comes in contact with your eyes, rinse thoroughly with warm water.
- Gently wash your entire body from the chin down, staying out of the water spray as you wash. Gently wash the area(s) where surgery will occur for about three minutes. If your surgery is on your face, head or genital area, do not wash these areas with CHG. If possible, have someone help you wash areas you can’t reach, such as your back.
- Once you have completed the wash, rinse CHG off with water and rinse your body completely. Do not wash with regular soap after you have used the antiseptic CHG solution.
- Pat yourself dry with a clean, freshly washed towel. Do not apply any powders, deodorants or lotions. Dress with clean, freshly washed clothes. Change bedding, applying clean sheets and pillowcases.
- Do not shave in the area where surgery will occur.

If you have difficulty completing the wash because you can’t reach certain areas, or for any other reason, please tell your nurse when you arrive on the day of surgery.
What Is a Surgical Site Infection?
A surgical site infection (SSI) is an infection that occurs after surgery in the part of the body where the surgery took place. Surgical site infections can sometimes be superficial infections involving the skin only. Other surgical site infections are more serious and can involve tissues under the skin, organs or implanted material.

Symptoms Include:
- Redness and pain around the area where you had surgery
- Drainage of cloudy fluid from your surgical wound
- Fever

Can SSIs Be Treated?
Yes. Most SSIs can be treated with antibiotics. The type of antibiotic given depends on the bacteria (germs) causing the infection. Sometimes patients with SSIs also need another surgery to treat the infection.

What Are Some of the Things that Hospitals Are Doing to Prevent SSIs?
To prevent SSIs, doctors, nurses, and other healthcare providers should follow CDC infection prevention guidelines, including:
- Clean their hands and arms up to their elbows with an antiseptic agent just before the surgery.
- Clean their hands with soap and water or an alcohol-based hand rub before and after caring for each patient.
- If indicated, remove some of your hair immediately before your surgery using electric clippers if the hair is in the same area where the procedure will occur.
- Wear special hair covers, masks, gowns and gloves during surgery to keep the surgery area clean.
- When indicated, give you antibiotics before your surgery starts. In most cases, you should get antibiotics within 60 minutes before the surgery starts and the antibiotics should be stopped within 24 hours after surgery.
- Clean the skin at the site of your surgery with a special soap that kills germs.

What Can I Do to Help Prevent SSIs?
Before surgery:
- Tell your doctor about other medical problems you may have. Health problems such as allergies, diabetes and obesity could affect your surgery and your treatment.
- Quit smoking. Patients who smoke get more infections. Talk to your doctor about how you can quit before your surgery.
- Do not shave near where you will have surgery. Shaving with a razor can irritate your skin and make it easier to develop an infection.

At the time of surgery:
- Speak up if someone tries to shave you with a razor before surgery. Ask why you need to be shaved, and talk with your surgeon if you have any concerns.

After surgery:
- If you do not see your providers clean their hands, please ask them to do so.
- Family and friends who visit you should not touch the surgical wound or dressings.
• Family and friends should clean their hands with soap and water or an alcohol-based hand rub before and after visiting you. If you do not see them clean their hands, ask them to clean their hands.

• Make sure you understand how to care for your wound before you leave the hospital.

• Always clean your hands before and after caring for your wound.

• Make sure you know who to contact if you have questions or problems after you get home.

• If you have any symptoms of an infection, such as redness and pain at the surgery site, drainage or fever, call your doctor immediately.

If you have any additional questions, please ask your doctor or nurse.

PAIN MANAGEMENT

Pain Relief After Surgery

It is important to mention what has worked for you in the past and what has not. If you have a history of chronic pain, you may be less sensitive to pain medication, a phenomenon called tolerance. If this is the case, regional anesthesia with local anesthetics may be a good supplement for you. Pain control following your surgery is a priority for your physicians and staff at Orange Regional Medical Center.

While you should expect to have some pain and discomfort after your surgery, we will make every effort to minimize your pain safely. Pain control helps you recover faster and may reduce your risk of developing certain complications after surgery, such as pneumonia and blood clots. If your pain is well controlled, you can start moving sooner and get your strength back more quickly. This will allow you to complete important tasks, such as physical therapy and deep breathing exercises.

Pain Control Techniques

• Regional anesthesia: We offer a variety of nerve blocks that can be used to control postoperative pain. These blocks may be administered by a single injection or by continuous infusion. Your anesthesiologist will discuss with you whether a nerve block is appropriate for your case.

• Non-narcotic pain medications: We offer a variety of both intravenous and oral pain medications. These are often given in combination to maximize their effect. These drugs are well tolerated and have much fewer side effects than traditional narcotic pain relievers.

• Intravenous (IV) pain medication: After surgery, your doctor may keep your IV catheter in place to deliver pain medication while you are in the hospital. Traditional
narcotic pain relievers (for example, morphine or Dilaudid) are used when your pain can not be controlled by previous methods. You may be offered a patient-controlled analgesia (PCA), a system that allows you to give yourself a fixed dose of the medication by pushing a button. The PCA system has built-in safeguards to prevent you from overdosing on pain medication. If you push the button more than once within a set period of time, the dispenser ignores the second request. This gives each dose of pain medicine enough time to work before you receive another dose. Also, when there’s more medication than you need in your bloodstream, you become too sleepy to press the button. When you are no longer drowsy from medication, you will be able to safely give yourself another dose. That’s why friends or family should never push your PCA button. No one but the person receiving the medication should ever administer a dose.

- **Oral pain medications:** At some point during your hospital stay, you will be switched to oral pain medications in order to prepare you for discharge. Examples of these medications include narcotics, such as oxycodone, nonsteroidal anti-inflammatory drugs (NSAIDS), such as CELEBREX®, and other analgesics, such as Tylenol, Gabapentin and Ultram. These may be ordered to come at a specified time, or you may need to ask your nurse to bring them to you. Make sure you know if you need to ask for medication.

Please do not wait until your pain is severe before you ask for pain medications.

**Post-Discharge Pain Control**

You may be given prescriptions for pain medications to take at home. These may or may not be the same pain medications you took in the hospital. Talk with your doctor about which pain medications will be prescribed at discharge and which ones have worked for you in the past.
IMPORTANT CONTACT NUMBERS

Centralized Scheduling
Pre-Surgical Testing Appointment
(845) 333-7900, option 2 or toll-free at 1-866-676-2837, option 2

Pre-Surgical Testing Department
Office Hours: Monday through Friday, 7:00 a.m. – 4:00 p.m.
Orange Regional Medical Center
Outpatient Building
707 East Main Street
Middletown, NY 10940
(845) 333-7085

Same Day Surgery (Verification of Arrival Time Day of Surgery)
(845) 333-1065

Pre-Surgical Testing Nurse Director
(845) 333-2648

Other Services
Patient Experience and Advocacy Departments
(845) 333-1015

Dietary/Nutrition Director
(845) 333-0405

Pastoral Care
(845) 333-1014

Case Management Office
Social Services, Discharge Planning, Home Care Questions
(845) 333-2178

Preregistration staff will contact you regarding any out-of-pocket expenses and to review your payment options.

For further questions or concerns, please contact: (845) 333-7900, option 3.