



# Health Facts for You



Esophageal surgery

**UW**Health



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## **Your Preop Baseline Vital Signs**

Incentive spirometer level: \_\_\_\_\_

Weight: \_\_\_\_\_

Oxygen level: \_\_\_\_\_

Heart rate: \_\_\_\_\_

Blood pressure: \_\_\_\_\_

## **Your Care Team**

GI Oncology Nurse Navigator:  
**608-263-8728**

Thoracic Surgery Clinic:  
**608-263-8949**

**Surgeon:**

\_\_\_\_\_

**Advanced Practice Providers:**

\_\_\_\_\_

**Nurse Coordinators:**

\_\_\_\_\_

## The Care Team

We have an expert team that works together to help you through your journey. We are here to give you the best care possible. Based on your diagnosis, you may meet with many esophageal specialists. We want to make sure you and your family receive the care you need before, during, and after surgery.

### Surgeon

They perform the surgery and direct your care.

### Anesthesiologists

They are providers who help manage your pain.

### Fellows, Residents and Medical Students

They have different levels of training and help with your surgery and after surgery care.

### Nurse Practitioners (NP)

They help with all of your cares both before and after surgery.

### Physician Assistants (PA)

They help with all of your cares both before and after surgery.

### Registered Nurses (RN)

The nurses help get you ready for surgery and care for you in the hospital. They also help to coordinate care for when you leave the hospital.

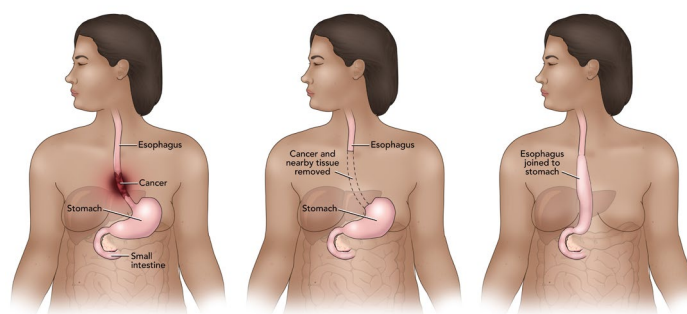
## Your Surgery

This book helps you learn about:

- Your pre-op clinic visit
- Getting ready for surgery
- Your recovery
- Who to call

## Esophagectomy

This is a surgery where most of your esophagus and in some cases, part of your stomach is removed. The rest of your stomach is made into a tube to replace the esophagus. The tube is then reattached to the upper end of the esophagus so you can still swallow as before. **You will be in the hospital for about 6-12 days.**



## Reasons for Surgery

This surgery is used to treat:

- Esophageal cancer
- Barrett's esophagus with high-grade dysplasia (pre-cancerous cells)
- End stage achalasia (failure of the muscles of the esophagus to relax making it hard to swallow)

## How is this surgery done?

There are a few ways to do this surgery. You may have an incision in your neck, abdomen, or chest. The location and number of incisions depends on the reason for the surgery and if you had any chest or abdominal surgeries in the past. Your surgeon will tell you how we will perform your surgery and where the incisions will be.

If we can do it with a laparoscope (a small camera) you will have five to seven tiny incisions in your chest or abdomen.

**Ivor Lewis esophagectomy:** Incisions are made in your abdomen and in the right side of your chest. It is also called a transthoracic esophagogastrrectomy.

**Transhiatal esophagectomy:** Incisions are made in your abdomen and in your neck.

**McKeown esophagectomy:** Incisions are made in your abdomen, neck, and the right side of your chest. It is also called a 3-hole esophagectomy.

## 30 Days Before Surgery

### Pre-Op Clinic Visit

Before you have surgery, you will meet with the team to confirm that surgery is still a safe option. At this visit, you will learn more about the surgery. You can also expect to:

- Review your health history and have a physical exam
- Have blood tests drawn
- Have an echocardiogram (EKG)
- Review medicines and discuss plans for taking them
- Talk about what to expect during surgery
- Meet with a nurse to learn more about your surgery
- Sign a consent for surgery

### Walking

Try to walk at least thirty minutes most days of the week. If you haven't been active, start slowly – 5 or 10 minutes a day – and slowly increase the time. You will be walking at least 4 times a day after surgery.

### Diet

Eat **well-balanced, healthy meals**. If you cannot eat or are losing weight, call your surgeon right away. Healthy eating will help you heal. Poor nutrition or weight loss will delay healing and may lead to problems. You may supplement your diet with

nutritional drinks such as Ensure<sup>®</sup>, Boost<sup>®</sup>, or Carnation Instant Breakfast<sup>®</sup> or by adding protein powder to your meal.

### Smoking

Quit smoking at **least 4 weeks before** your surgery. Smoking delays the wound healing process. It can lower the amount of oxygen in your blood and puts you at higher risk for getting pneumonia after surgery.

If you need help quitting call:

- UW Health Cessation Clinic at **(608) 263-0573**
- Wisconsin Tobacco Quit Line **1-800-784-8669**
- UW Integrative Health Clinic (Hypnosis) **(608) 262-9355**
- Your primary care clinic/provider

### Health Care Power of Attorney (POA)

A health care POA is a legal document that identifies the person who will speak for you if you cannot speak for yourself. This person is called your health care agent. If you would like to complete a health care POA or if you have completed one already, talk with your nurse.

### Caregiver

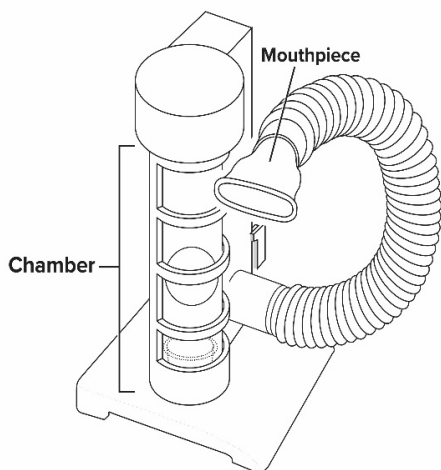
Arrange for someone to stay with you at all times for the first week at home. This person will help you get in and out of bed, help with medicine, change dressings, and help with tube feedings, if needed.

### Coughing and Deep Breathing

Practice taking deep breaths, coughing, and using your incentive spirometer before surgery. An incentive spirometer video can be found on the patient iPad given to you while you are in the hospital.

### How to Use an Incentive Spirometer

1. Exhale and place your lips tightly around the mouthpiece.
2. Take a deep breath. Slowly raise the Flow Rate Guide between the arrows.
3. Hold it. Continue to inhale, keeping the guide as high as you can for as long as you can, or as directed by your nurse or respiratory therapist.
4. Exhale and relax. Remove the mouthpiece and breathe out as usual.
5. Slowly, repeat 10-15 times each hour while you are awake.



### Sleep Apnea

This surgery will impact your ability to use your CPAP right after surgery. If you use a CPAP machine, talk with your surgeon.

### Wedge Pillow

This surgery will require that the head of your bed is greater than 30 degrees at all times. You will **never** be able to lie flat again.

Keeping your head raised greater than 30 degrees prevents food from backing up into the esophagus and going into your lungs. This is called aspiration and can lead to pneumonia. In severe cases, it can lead to breathing trouble that may require a breathing tube.

You will need to purchase a:

- 12" wedge,
- 12" bed lifts, or a
- bed that allows you to raise the head.

Buy these items **before** surgery so that you can get used to sleeping with them.

Sleeping with two or three pillows will **not** work. Pillows only lift your shoulders and head. Your entire upper body must be at an angle.

Most insurance plans will not cover the cost of the wedge. But, still save your receipt and submit it to your insurance in case they do.

If you want to get a hospital bed for home, you will need to call your insurance to see if they will approve it.

### Medical Alert Bracelet

Order a medical alert bracelet before surgery that states that you cannot lie flat. You should purchase some type of medical ID jewelry.

The medical ID bracelet will help protect you from being placed flat if you receive health care outside of UW Health, or if you are found during a health crisis and can't share your health history. Your bracelet will allow the health care provider to contact UW Health so that we can share your health history.

### Suggested wording:

**Do not lay flat**

**HOB >30° all times**

**UW Health 608-263-6400**

**Thoracic Surg Resident**

**Esophagectomy Pt.**

**Patient Name**

**Birthdate**

## **Your Pre-Op Check List**

The purpose of this check list is to make sure that you will have a smooth discharge. For this to occur, you need to arrange these items **before** your surgery.

- ☐ Arrange for someone to be at home with you 24/7 for the first week after you go home. This person needs to help you get in and out of bed, help with medicine, bathing, change dressings, and start tube feedings.
- ☐ Order 12-inch wedge, 12-inch bed lifts, or adjustable bed.
- ☐ Order Med Alert bracelet.
- ☐ Have at least 5 days' worth of full liquid diet at home.
- ☐ Quit smoking.
- ☐ Complete your pre-op work up.

## **7 Days Before Surgery**

### **Blood Thinning Medicines**

Stop taking certain blood thinning medicines including herbal and other dietary supplements. Talk to your doctor about which medicines and supplements to stop before surgery.

### **Arrange Housing**

If you are coming from out of town, you may wish to stay in Madison. Call the **housing desk, (608) 263-0315**, to arrange to stay at a nearby hotel for a discounted rate.

## **2 Days Before Surgery**

### **Diet**

- Stop eating solid food
- Start a clear liquid diet
- Drink at least 6-8 glasses of clear liquids to avoid dehydration

## **Clear Liquid Diet**

If you need to follow a clear liquid diet, avoid fiber, pulp and sediment. Clear does not mean colorless. Examples include:

- Water, sparkling water or soda
- Broth
- Juice without pulp (apple, grape)
- Popsicles
- Italian ice
- Iced tea
- Lemonade without pulp
- Gatorade G3 Recover<sup>®</sup>/silver label bottle only (+ protein)
- Clear Jell-O<sup>®</sup> (no fruit, etc. in it)
- Coffee or tea, no creamer
- Gatorade<sup>®</sup> Crystal Light<sup>®</sup>
- **No** dairy products
- **No** alcohol

## **1 Day Before Surgery**

### **Phone Call**

We will call you the day before surgery by 3:00 pm to tell you what time to arrive at the hospital. If your surgery is scheduled for a Monday, we will call you the Friday before.

### **Diet**

Keep drinking only clear liquids all day. Try to drink at least 6-8 glasses of clear liquids.

**Do not eat or drink anything after midnight.**

**If you already have a feeding tube, stop tube feeding at midnight the day before surgery.**



## Shower

The night before surgery, shower with Hibiclens®. Follow the steps below.

1. Shower or bathe using your normal soap and shampoo. Do not shave.
2. Turn off or step out of the stream of water.
3. Wet the clean washcloth and open the CHG soap.
4. **Do not** apply soap directly to your face, head or genital area.
5. Apply CHG soap to the washcloth and wash your skin from neck to toe. Cover all skin areas one at a time. Use about half of the soap in the bottle. The rest should be used the morning of your surgery.
6. Leave CHG soap on skin for 1 minute (sing happy birthday two times slowly), so it can absorb into your skin.
7. Rinse with warm water. Do not scrub. Slight contact to the genital area during rinsing is fine.
8. Blot your skin dry with a clean towel.
9. **Do not** use lotions, creams, powder, perfume or makeup after the shower or bath.
10. Dress in clean pajamas and sleep on clean sheets.

## Day of Surgery

### Shower

Just before you leave for the hospital, shower using Hibiclens® and follow the same instructions above. **Do not** put on any lotion, cream, deodorant, makeup, powder, perfume, or cologne after your shower.

### Arrive at the Hospital

You should arrive at the hospital two hours before your surgery. When you arrive, go to the First Day Surgery Unit (D6/3).

## Surgical Waiting Area

Your surgery will last about 4 to 6 hours, sometimes longer. Family and friends should wait in the surgical waiting area in the C5/2 lobby just past the D elevators on the 2<sup>nd</sup> floor. They will update your family after surgery.

## After Surgery

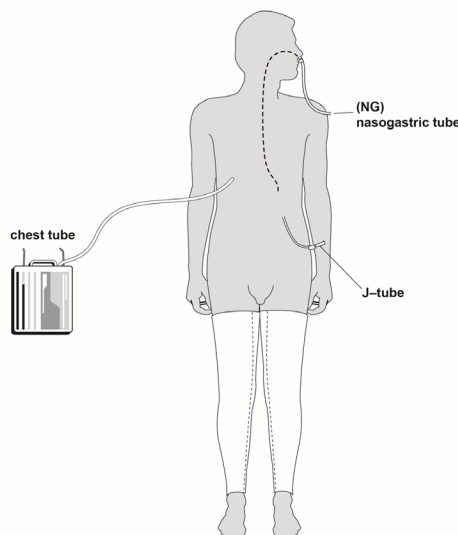
### Post Anesthesia Care Unit (PACU)

After surgery, you will go to the PACU. Visitors are not allowed in the PACU. Once you are transferred to your hospital room, you will be able to have visitors.

### Hospital Room

You will have tubes, drains, and equipment after your surgery. You will have an IV-line, arterial line, heart monitor (EKG), compression boots (SCD's), urinary catheter and nasal cannula for oxygen. You may also have:

- A **nasogastric tube** that goes from your nose to your stomach to help prevent nausea.
- A **J-tube** is a feeding tube to make sure you get good nutrition. You will go home with this feeding tube. This tube will be removed about 6 weeks after it is placed.
- A **Jackson-Pratt drain** comes out



near the neck incision (if you have one), or from your chest. A small bulb at the end of the tube collects fluid. You go home with this drain. We will teach you how to care for it. This drain will be removed at your 2-week follow-up visit if output is low.

- A **chest tube** to help re-expand your lung after surgery and drain fluid or air that gathers there. It connects to a drainage container that makes a bubbling noise. It may be removed before you go home. Some patients will go home with a chest tube and it will be removed at a follow up visit in 1-2 weeks.

### **Pain Control**

You will have pain after surgery. We will work with you to manage your pain. It is very important that your pain is managed well so that you can cough, do your deep breathing exercises and walk. Please let us know when your pain **first** begins. Waiting until your pain becomes severe limits how well the medicine works. You will receive pain medicines through your IV.

**Patient-Controlled Analgesia (PCA):** You may receive a PCA pump. A PCA pump gives pain medicine into your veins. You can control the amount of pain medicine by pressing a button.

**Epidural:** You may also receive an epidural. We give this medicine through a small catheter into the space around your spinal cord.

**Intercostal Nerve Cryoablation:** This is when your surgeon uses an instrument called a cryoprobe in the operating room to freeze and numb the nerves of the chest wall. This helps to lessen nerve pain after surgery.

**Liquid Pain Medicine:** After a few days, you will change to a liquid pain medicine. You can get this medicine through your feeding tube or by mouth once you are allowed to eat. **Do not put any crushed medicines in your feeding tube.**

### **Diet**

You cannot eat or drink anything for several days after surgery. You will need to change the way you eat for a while. Your doctor will tell you when it is safe to start eating and drinking.

You will also meet with a nutritionist while you are in the hospital who will help plan your diet in the hospital and at home.

If you do not have a feeding tube, you will start a liquid diet before you go home from the hospital.

If you have a feeding tube, you receive food through your tube until the surgeon feels it is safe for you to eat. There is a chance that your surgeon will want you to use your feeding tube (if you have one) during the night and eat during the day. This makes sure you are getting enough calories.

### **Follow-Up Visit**

About 1- 2 weeks after you go home, you will have a follow-up clinic visit. You will meet with your surgeon and nutritionist. They will discuss whether you can advance your diet and discuss what to do with your feeding tube. Until that time, you need to follow the diet guidelines you received at discharge.

## Home Care

### Pain Control

When you go home, your pain may increase as you become more active. Narcotic pain medicine may be prescribed to use as needed. We will prescribe you liquid pain medicine that you can put through your feeding tube or take by mouth if you have been cleared to do so.

Using Tylenol®, ibuprofen, ice/heat, and lidocaine patches with narcotics for any breakthrough pain can help manage your pain. This will help you to wean off the narcotic pain medicines. Also try strategies such as relaxation and distraction as ways to take your focus away from the pain.

### Diet

Refer to your “Diet After Esophagectomy” handout for instructions on what kinds of foods are safe to eat. Log the types of foods and amount you are eating on the Calorie Count Sheet on the last page of that handout.

Over time, you will advance to a “normal diet.” Once the doctor states that you may resume your normal diet, you will want to add one new food each day and see how your body handles it before adding another food. Go slowly. Meats (steak, etc.) and doughy breads (bagels, etc.) give patients the most trouble. Add these foods last and with caution. Make sure to chew well.

After this surgery, food may sit longer in your stomach. You may also have a stricture (narrowing), at the reattachment site. You may notice some nausea, fullness in the chest, food sticking and pressure in the chest. Tell your doctor if you have any of these symptoms. A procedure performed with a small scope called a dilation may help get rid of these symptoms. Sometimes, you may need more than one dilation.

To avoid coughing or choking when you eat, follow these steps:

- Sit up straight in a chair.
- Take a sip of liquid.
- Chew your food well.
- Tuck your chin down toward your chest.
- Turn your head to the right.
- Swallow.

### Constipation

Constipation may be a problem after surgery. This will improve. You may need medicines to help, especially if you are taking narcotics. If you cannot take pills or drink anything by mouth, you may need to use liquid medicines to be given through the feeding tube and/or suppositories.

- **Stool softener:** This helps stools pass more easily. You may take Senokot® 1-2 tabs up to twice a day if needed. You should take these if you are taking narcotics.
- **MiraLAX®:** Use 1 heaping tablespoon of powder 1-2 times per day (or as directed by your doctor). Mix it in 4-8 ounces of water or juice.

**Do not** take these medicines if you have diarrhea.

### Activity

**Walking:** You need to walk every day.

**Resting:** You will likely tire quickly and may need an afternoon nap for the first week or two.

**Sleeping:** **Never** lie flat. You need to sleep with your upper body at a 30° angle.

**Driving:** Do not drive for 2-4 weeks or while you are taking pain medicine. Ask your doctor when you can start driving again.

**Lifting:** Do not lift over 10 pounds (a gallon of milk) for 4 weeks.

**Working:** Ask your doctor at your first clinic visit when you can return to work or do other activities.

**Sex:** You can resume sex when you feel ready. At first, you may not have the energy, or, you may worry about the incision. This is normal. Use common sense. When you feel ready, move slowly. This part of your life is an important part of recovery.

### **Mood Changes**

Mood changes are common after surgery. You may feel uncertain, scared or depressed. Your energy level and appetite may vary at times.

Plan to do things within your limits that you enjoyed doing before surgery and that helped you to feel good about yourself. Share activities with your family and friends and talk about your feelings. People do much better when they have support. When you feel able, call friends and have them stop by for short visits.

## **Incision Care**

### **Daily Cleaning**

Wash your incisions daily with mild soap and water. You may have small tape strips (steri-strips) on the incisions. It is okay if they fall off. When you return for your first clinic visit, we will remove any steri-strips, stitches or staples that remain.

### **Incision Dressing**

If your chest tube was removed, the area will be covered with a dressing. Keep the dressing on for 48 hours. After 48 hours, if you don't have any drainage, you can remove the dressing and keep your incision uncovered. If you have drainage, cover with

a new dressing and change the dressing at least once a day or more often if the dressing becomes wet. Sometimes, the drainage may start again after it has stopped. This is normal. Call your healthcare provider if you have questions.

## **J-Tube Care**

### **Bathing**

You may shower. **Do not** submerge the tube in water such as in a bath, swimming pool or hot tub.

### **Daily Cleaning**

The J-tube site needs to be cleaned daily to prevent infection. Clean the skin around the entry site and under the skin disc each day with soap and water and then let air dry. You may do this in the shower or using a washcloth.

### **Tube Dressing**

You may leave one split 4x4 gauze under the skin disc which should be changed daily or more often if it is soiled.

### **Infection**

Always check the tube site for signs of infection. These may include:

- Increased tenderness or pain
- Increased redness or swelling
- Drainage that is green in color or foul smelling

### **Flushing the Tube**

Flush the J-tube with 30mL of tap water before and after feedings and medicines. When you've stopped tube feedings, keep flushing the tube 2-3 times per day with 30mL of tap water to keep the tube from clogging.

## When to Call

Call if you have any questions or if you have any of the problems below.

- Signs of infection:
  - Swelling
  - Drainage
  - Tenderness
  - Fever over 100.5° F, taken two times, 4 hours apart
  - Increased redness around the incisions
- Tube is blocked
- A lot of leakage around the tube
- Redness or bleeding around the tube
- Tube falls out
- Tube has a hole or is torn
- Nausea, vomiting, diarrhea

## Who to Call

Thoracic Surgery Clinic  
Monday-Friday, 8 am – 4:30 pm  
**(608) 263-7502**

After hours, nights, weekends and holidays, the clinic phone number will be answered by the paging operator. Ask for the thoracic surgery resident on call. Leave your name, and phone number with area code. The doctor will call you back.

## Support Services

Please go to this website for more information:

<https://www.uwhealth.org/uw-carbone-cancer-center/patient-and-support-services/10308>

## Integrative Health at UW Health

Our specialists focus on less invasive therapies to help the body heal. To find out more about our programs, call **(608) 262-9355**.

## American Cancer Society Navigator

American Cancer Society Navigators offer free, confidential, one-on-one support to cancer patients and those who care for them. Call **(800) 227-2345** and ask for your regional navigator.

## Center for Patient Partnerships at the University of Wisconsin-Madison

The [Center for Patient Partnerships](#) serves patients with life-threatening and serious illnesses and their families. They help you make more informed medical decisions, access care, navigate employment issues, find support and build your own self-advocacy skills as needed. To find out more, e-mail [advocacy@patientpartnerships.org](mailto:advocacy@patientpartnerships.org) or call **(608) 890-0321**.

## Gilda's Club Madison

[Gilda's Club Madison](#) is a free, non-profit cancer support community for anyone touched by cancer. Those interested in joining Gilda's Club should email [program@gildasclubmadison.org](mailto:program@gildasclubmadison.org) or call **(608) 828-8880**.

GI Cancer Networking Group:

- Location: Gilda's Club, 7907 UW Health Court (or will be held virtually)
- Meetings: 3rd Wednesday of the month, 3-4:30 pm

## United Way 2-1-1

United Way 2-1-1 is a community resource line, providing 24-hour, 365-day a year, free and confidential information and referral services for people in Dane County who are in need of help. Call 2-1-1 within Dane County or **(608) 246-4357** from outside Dane County and from cell phones.

### **Esophageal Cancer Education Foundation**

They bring awareness and educate the public and medical community about this disease. They walk the journey with patients who have this disease, and to financially support research projects that focus on the development of an early warning test for this disease.

### **American Cancer Society**

The [American Cancer Society](#) is a voluntary organization that offers many services to patients and their families. The ACS also supports research, provides printed materials, and conducts educational programs. Staff can accept calls and distribute publications in Spanish.

### **Cancer Care**

[Cancer Care](#) offers free support, information, financial assistance, and practical help to people with cancer and their loved ones.

### **Cancer Support Community**

[Cancer Support Community](#), part of Gilda's Club, is an organization that provides a meeting place for men, women and children living with cancer.

### **Lance Armstrong Foundation**

The [Lance Armstrong Foundation](#), provides resources and support services to people diagnosed with cancer and their families.

### **National Cancer Institute**

The [National Cancer Institute](#) provides a list of the national organizations that provide support to cancer patients and their families.

### **Patient Advocate Foundation**

The [Patient Advocate Foundation](#) provides education, legal counseling, and referrals to cancer patients and survivors about managed care, insurance, financial issues, job discrimination, and debt crisis matters. The Patient Assistance Program provides financial assistance to patients who meet certain qualifications. The toll-free number is **(800) 532-5274**.

### **Cancer Net**

[Cancer Net](#) is designed to help patients and families make informed health-care decisions.

### **Share the Care**

[Share the Care](#) shows you how to create a caregiver team to help you and your family meet the daily challenges of illness.

If you are a patient receiving care at UnityPoint – Meriter, Swedish American or a health system outside of UW Health, please use the phone numbers provided in your discharge instructions for any questions or concerns.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 4/2022 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#4281