

Surgery

Pre-operative medication

For surgery requiring general anesthesia, you may be required to stop your PD medication the night before or you may be allowed to take an early morning dose of Sinemet with the least amount of water.

Tip: Ask to be first on a morning surgery schedule to avoid long periods without medication.

Re-starting PD medication after surgery

PD medication CANNOT be given during surgery and you must start your PD medication as soon as possible after surgery to ensure optimal mobility. Ask the nurses when you will be able to re-start your PD medication.

If you are not allowed to take anything orally after surgery, you may want to ask your surgeon about the possible insertion of a nasogastric tube for administration of medication.

Note: Sinemet alone is preferred for the first few days to minimize the risk of psychosis and nausea.

Post-operative nausea

Gravol, Ondansetron and Domperidone can be taken for nausea. Domperidone prevents only the nausea associated with PD medication. Dopamine antagonists must NOT be taken for nausea.

Post-operative confusion

Post-operative confusion may be caused by reactions to medication, anesthesia, dehydration, constipation or infection.

Most conventional anti-psychotic medications, conventional neuroleptics and major tranquilizers must NOT be taken for confusion.

Day surgery

Procedures that may require you to be awake can pose a problem if you have tremors or dyskinesia.

Tip: Tell your surgeon and healthcare team about your concerns **well before** your procedure. Do not hesitate to speak to all doctors involved (your family doctor, neurologist and surgeon) so that you understand how your care will be coordinated.

Being mobile after surgery

People with PD need to exercise and be mobile after surgery in order to avoid complications such as pneumonia, deep vein clots, urinary tract infections and increased rigidity.

Walk around and try gentle exercises **when you have been advised that it is safe** to do so.

Physiotherapy or respiratory therapy can be ordered by your doctor after surgery for:

- General mobility exercises
- Chest therapy to ease ribcage rigidity and decrease the risk of lung complications

Tip: Ask about in-patient and out-patient programs.

Leaving the hospital

Discharge planning

Ensure that you and your family understand your medical team's follow-up plans. Discuss the following with the nursing staff and the hospital social worker:

- Home nursing care
- Rehabilitation therapy
- Caregiver respite needs

Note: The social worker can connect you with your community health centre and private care providers.

You Are Not Alone. We Can Help.

Call Parkinson Society British Columbia for information on our services including:

- Books, DVDs
- Help Sheets and other current information
- Self-help support groups
- Support and consultation
- Community referrals

Your Support is Essential!

Parkinson Society British Columbia is a not-for-profit charitable organization that exists to help people with PD and the people who care about them through education, research, community outreach, advocacy and public awareness. Your annual membership fee and your donation will enhance Parkinson Society British Columbia's ability to fund research and provide services to people with PD and their families. The Society receives no government funding.

The information contained in this pamphlet is intended to be used for general information only. Please speak with a qualified healthcare professional before making medical decisions.

This pamphlet was produced by Parkinson Society British Columbia in collaboration with the Pacific Parkinson's Research Centre.

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Hospitalization and Parkinson's



Hospitalization and Parkinson's

People with Parkinson's have unique care needs while in the hospital. It is likely that you will be hospitalized for medical problems other than Parkinson's. As a result, you and your family must be prepared to alert the medical staff to your needs as a person with Parkinson's.

It is not uncommon for healthcare professionals to be unfamiliar with these needs. Not all medical staff have had experience treating patients with Parkinson's therefore sharing your knowledge is important.

This pamphlet has been developed as a tool to help you direct your care as effectively as possible in a hospital setting.



Challenges specific to Parkinson's

Worsening of Parkinson's (PD) symptoms

Treatment in hospital can disrupt mobility and mental functioning, which may delay recovery. Be prepared for temporary worsening of symptoms.

Anxiety

PD can make you prone to anxiety, which can reduce energy for healing.

Tip: Use stress management techniques such as breathing exercises and listening to relaxing music.

Constipation

A different diet, inadequate fluid and lack of mobility can lead to serious constipation.

Tip: Bring with you a copy of the "Bowel Management Program" help sheet (available from Parkinson Society British Columbia).

Confusion

You may find that you are not always clear about what is happening to you in the hospital. It is important that you take an active role in your care and speak to any member of your medical team if you have questions.

Tip: Whenever possible, arrange for a family member or friend to be present during discussions with medical staff.

It is not uncommon for people with PD to become confused, disoriented or even delirious in the hospital. This is most often due to changes in medication, the stress of people coming and going, and hospital lights and noise.

Tip: Use a small white board or note pad to keep track of information from medical staff. If you are unable to make notes, ask a family member or friend to do so.

Making your needs known

To help your medical team understand the care needs of someone with PD, mention the following important points:

- **On/off fluctuations** are NOT intentional and can be unpredictable.
- **Physical and mental slowness** can be associated with PD and may worsen in the hospital.
- **Speech problems** may affect your ability to use the intercom.
- **Hand dexterity** may affect eating, hygiene and intercom use.
- **Lack of facial expression** is a symptom of PD and may make it difficult for the clinicians to understand what you are experiencing and that you may need attention.
- Hospitalization increases the risk of **falling and fractures** for individuals with PD.
- Advise the nurses if you have had **Deep Brain Stimulation surgery**.

Note: Visits to the hospital emergency department for concerns about increased dyskinesia or prolonged "off" periods are best avoided. These symptoms, while distressing, will eventually diminish and it is strongly recommended that you stay at home in a calm and quiet environment.



Medication

Timing

It is unlikely that your medication schedule will coincide with the hospital's schedule; however, PD medications **MUST** be given on time, every time. You will need to help the staff understand why you need to take your medications at specific times of the day. Delayed drug delivery can aggravate PD, slowing recovery and delaying discharge.

Ask your family doctor to attach your drug regimen and schedule to your hospital admitting orders and discuss with him/her the possibility of obtaining authorization to self-administer your medication.

Tip: Speak up when your medication is wearing off!

Bring with you and share with the nurses:

- Your "PD Medication: Timing is Everything" folder (available from Parkinson Society British Columbia). Ask that one of the post-it notes be placed in your file.
- Your PD medication in original bottles.
- A list of all your allergies.
- Several copies of your list of daily PD medications and the **specific** schedules for each.
- Any experimental drug that you are taking as part of a research study and a letter explaining the clinical trial and the contact phone number of the study coordinator.

Tip: Give the nursing staff a copy of your PSBC medication card (note: it includes a list of contraindicated medications).