

YOUR GUIDE TO Having Surgery



APPOINTMENT

Surgery Date: _____

Arrival Time: _____

You will receive a call in the afternoon the day before confirming your arrival time.

Location: _____



MARSHALL
MEDICAL CENTER

It's about you



Marshall Medical has given you this brochure to answer questions you may have about your surgery. It will guide you and your family through the entire process, from pre-op (before surgery) to surgery, hospitalization, and recovery. Understanding what will happen can help you prepare for your hospital stay and speed your recovery.

Your questions and concerns are important to us. Please feel free to discuss them with anyone on your health care team. We look forward to serving you.

Surgery Information

Your Surgeon: _____

Phone Number: _____

Marshall Medical Center (530) 622-1441

PAT Nurse (530) 626-2782
Pre-anesthesia Testing

Social Services (530) 626-2633

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YOUR HOSPITAL STAY

You and your doctor have decided that you need surgery. This may be a new experience for you. You are not alone — each year millions of people have surgery.

We provide the full range of services your surgery requires. Our staff of highly skilled professionals will care for your physical and emotional needs. Your health care team will perform the tests you need, follow your progress, and answer your questions.

Depending on your surgery, you will enter in as an:

- Inpatient
- Outpatient

Inpatients will spend at least one night in the hospital. They are admitted the day of surgery.

Outpatients will enter the hospital the day of surgery and leave the same day. Sometimes you may need to be admitted to the hospital for more treatment or observation. If you need to stay, your surgeon will discuss the reason with you.

BEFORE SURGERY

Pre-anesthesia Testing (PAT)

If you need lab work or other diagnostic tests before surgery, you will need to make a PAT appointment for a health screening, or one may have been made for you by your doctor. For some surgeries or procedures, the health screening may be handled by phone. Your pre-op visit will last approximately 30 minutes, depending on your procedure, personalized education plan and the tests your doctor requests. During your PAT visit you may:

- Fill out the hospital admission forms.
- Talk with a registered nurse to plan your hospital stay.
- Get lab work and other physician-ordered testing done.
- Find out where and when to arrive on the day of surgery.

- Plan for your care when you leave the hospital after surgery.

What to Bring to Your PAT Appointment

- Your health insurance card and photo ID.
- All of your prescription and over the counter medications **in their original containers**.
- Any paperwork your doctor may have asked you to bring to the hospital, such as physician's orders, lab results, or x-rays.
- A copy of your completed "Advance Medical Directive".

Your Role in Preparing for Surgery

Taking these simple steps can help to ensure a safe surgery and quick recovery. Check the steps below that you need to do before surgery.

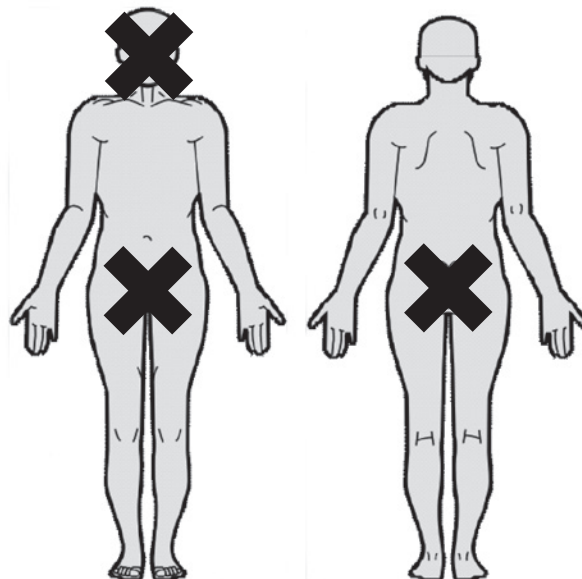
- **If you smoke, quit or at least cut down before surgery.** People who don't smoke heal faster than people who smoke.
- **Stop drinking alcohol** (liquor, beer and wine) at least 2 days before surgery.
- **Consult your surgeon about stopping Aspirin and blood thinners** (including ibuprofen) prior to surgery.
- **If you get a fever, cold, or rash**, call your doctor. Your surgery may need to be postponed.
- **During your visit with your PAT nurse, you will be told when to stop eating and drinking**, including gum, mints, candy, and using chewing tobacco.
- **NOTHING to eat or drink** (including water) after MIDNIGHT unless otherwise indicated by your doctor.
- **Ask your doctor** about taking your regular medications, including diabetes and blood thinning medications.
- **Arrange for someone to pick you up** from the hospital and stay with you for the first 12 hours after you go home.
- **You will receive a call** the next business day.

PREPARING THE SKIN BEFORE SURGERY

To reduce risk of infection at your surgical site; Marshall Hospital has chosen 2% Chlorhexidine Gluconate (CHG) antiseptic solution disposable wipes.

WARNINGS

- **Do not use the CHG cloths if you are allergic to Chlorhexidine**
instead use a NEW container of liquid soap (non-fragrant, no other additives) for your shower.
- **Stop using if redness or irritation occurs**
- **Avoid using wipes on your face & genital area. Dispose of wipes in trash, not toilet.**
- **Do not shave any part of your body**
(this may cause infection).



Two Nights Before Surgery: _____

Before Bed:

- Take out all ear and body piercings before proceeding
- Shower, wash your hair and rinse thoroughly.
- Dry off with a clean towel.
- Allow your skin to dry for 15 minutes before applying the wipes.
- Take one wipe:

Starting at your neck, down to your hips, front and back.

Wipe skin back and forth for 3 minutes (do not scrub too hard—that may cause irritation).

Pay special attention to carefully cleaning your surgical site.

- With the second wipe:

Wipe starting at your hips, cleaning down to toes, front and back. Avoid genital area.

Wipe skin back and forth for 3 minutes (do not scrub too hard—that may cause irritation).

Pay special attention to carefully cleaning your surgical site.

- Allow your skin to air dry.
- Do not apply anything to your skin after prepping. (Lotion, moisturizer, deodorant, powder, or make-up, sunscreen.)
- Dress in clean sleepwear.

The Night Before Surgery: _____

Before Bed:

- Repeat steps 1-9 (above).
- Dress in clean sleepwear and sleep on clean sheets.

The Day Of Surgery: _____

Before Arriving at the Hospital:

- Shower, rinse and dry off with a clean towel. Dress in clean clothes.
- **DO NOT** apply lotion, moisturizer, deodorant, powder, face/body make-up or jewelry.

TIPS FOR A SAFER SURGERY

Avoiding Infection

- **Pre-op shower/bathe** with antibacterial cloths
- **If your doctor determines you need antibiotics before surgery:** They will be given within 60 minutes before surgery and should be stopped within 24 hours in most cases. Given properly, antibiotics can greatly lower your chances of getting an infection after surgery.
- **Do not shave the surgery area.** Using a razor to remove hair before surgery can cause infections because of the risk of leaving small cuts on the skin. Once in surgery, your doctor or nurse will use clippers to remove hair if needed at the site of your surgery.

Avoiding Blood Clots

- When you have surgery, you are at risk of getting blood clots because you do not move while under anesthesia. The more complicated your surgery, the higher your risk. Your doctor will know your risk for blood clots and steps that will prevent them, such as giving you the right medicine before surgery and using special stockings during and after your procedure.

Avoiding a Heart Attack

- Taking certain medicines together can cause problems. Tell your doctor about all the medicines you are taking, including heart disease medicine, and any over-the-counter drugs like aspirin and herbal remedies. Your doctor or nurse will tell you which medicines you should continue to take and which you should stop before surgery.

THE DAY OF SURGERY

It is important for your stomach to be empty at the time of your surgery. For your safety, please follow the instructions given to you by the PAT nurse. If you do not follow these guidelines, your surgery may be cancelled or rescheduled.

Scheduled procedure/surgery times can change due to cancellations or emergencies. Please provide a phone number, other than your home, where we may reach you the day of your procedure/surgery if we need you to come in earlier or inform you of delays.

Before You Arrive at the Hospital

- All body piercings must be removed before arrival at the hospital.
- Shower or bathe – do not apply lotion, oil, or powder.
- Do not shave the area of the body where you will have surgery.
- Remove contact lenses, hairpins, lipstick, and other makeup.
- Wear comfortable, loose clothing.
- Leave valuables, such as jewelry, watches, cash, and credits cards at home.
- Bring your eye drops and inhalers if you use these.
- Bring CPAP machine if you use one.
- Diabetic patients should follow their doctor's instructions regarding medication.
- Patients on blood thinners should follow their doctor's instructions regarding medications.

On the Day of Surgery

- Take medications as instructed with a small sip of water. Most heart, lung, and blood pressure medications are continued until the time of surgery, but ask if you are uncertain.

What to Bring With You

- A parent or legal guardian, if the patient is under 18.
- Robe and toiletries for overnight stays.
- This booklet.

Checking In

- You will fill out registration insurance forms and sign a surgery consent form if you haven't done so already. If you are a minor, your parent or guardian will fill these out. Be sure to ask questions that you have about these forms.
- You will be taken to a surgery preparation area. Your family and friends may be able to wait there with you after preparation is complete.
- You will be asked to change into a hospital gown and wear an ID bracelet until you go home.
- If you wear glasses, hearing aids, or dentures, ask if you should wear them.
- If an overnight stay is expected, your personal belongings should be given to a relative or friend. For those having outpatient procedures, your personal belongings will be kept in the outpatient surgery locker.

You are encouraged to complete an "Advance Medical Directive" (Durable Power of Attorney for Health Care or a Living Will)

ANESTHESIA CARE

Anesthesia is medication that keeps you comfortable during surgery. It is given by a highly trained specialist, either an anesthesiologist or a nurse anesthetist. You will meet with him or her before surgery to discuss what type of anesthesia is best for you. Let us know if you have had nausea or vomiting after previous surgery or if you get motion sickness. We can take steps to prevent this problem or treat it early.

Types of Anesthesia

There are three main types of anesthesia: general, regional or local, and monitored sedation. Depending on the type of anesthesia given, the anesthesiologist, nurse anesthetist, or registered nurse will watch your condition and provide medication as needed.

- **General Anesthesia.** With general anesthesia you are totally asleep and aware of nothing.
- **Regional or Local Anesthesia.** Regional or local anesthesia numbs certain areas of the body so you do not feel pain. You might also receive additional medications to relax you.
- **Monitored Sedation.** With monitored sedation, you are kept relaxed and comfortable. You may remain awake and aware throughout the surgery, or you may be drowsy or in a light sleep.

Notes to family and friends.

- The surgeon may speak to you when the patient has arrived in the recovery room.
- It's OK to ask questions about the patient's recovery.



PREOPERATIVE/OPERATING ROOM

Your Preoperative Experience

- An intravenous (IV) line will be started in an arm or hand vein in our pre-op area.
- A cuff will be placed on your arm to monitor your blood pressure during surgery.
- Pads placed on your chest will monitor your heart's function.
- A clip placed on your finger will measure the oxygen level in your blood.

The operating room (OR) provides a safe and comfortable place for your surgery. You will be taken into the operating room on a gurney.

Your Surgical Team

Your surgeon leads the OR team. Other surgical team members usually include nurses, an anesthesiologist or nurse anesthetist, and a surgical assistant.

POST-OPERATIVE CARE

After surgery, you will be taken to a recovery room: the PACU (post anesthesia care unit), the ICU (intensive care unit), or you may return to the outpatient surgery area where you will be discharged. Wherever you recover, you will be closely monitored as the anesthesia wears off.

- You will have some discomfort during your recovery. You will be given medications and other treatment to assist with your pain. Notify your nurse when you start to feel pain or discomfort. Do not wait until you are in severe pain to ask for medications because it takes time for the medications to work. You will be asked to rate your pain on a scale of 0-10 (0 being no pain and 10 being the worst pain you have ever had).



NO pain after surgery is an unrealistic expectation. You and your nurse will work to achieve a reasonable pain goal after surgery. Multiple approaches may be considered in treating post op pain. You and your nurse may discuss: Ice, heat, compression, massage, elevation, music, along with medications to treat pain.

Severe pain and or anxiety may cause extreme discomfort that:

- Prevents sleep
- Makes it hard to cough and take deep breaths
- Cause your heart to beat fast
- Increase the risk of constipation and bloating
- Decrease wound healing
- May result in depression and a feeling of helplessness
- If you are being admitted, you might have patient-controlled analgesia (PCA), which allows you to control your own pain medication or an epidural.
- Please notify your nurse if you have nausea or vomiting after surgery. We will give you medications to help you feel better.
- You might have a mild sore throat if an airway tube was placed in your windpipe during surgery to help you breathe. Throat lozenges commonly help with this.
- You may wake up with a small tube (catheter) in your bladder to drain urine. This is usually temporary.

Your Role in Recovery

You should become more active as soon as the doctor says it is all right. Rest when you feel tired. To speed recovery, you will be asked to breathe deeply, cough, possibly use an incentive spirometer, and do some simple exercises. Be sure to follow your post-op instructions.

- **Deep breathing, coughing, and using an incentive spirometer (IS)**, a breathing tool, can help clear your lungs, aid circulation, and can also help prevent pneumonia. Depending on your surgery, you may try holding a pillow over the incision for support. A respiratory

therapist will instruct you on the importance of the incentive spirometer and how to use it.

- **Range-of-motion exercises and moving your legs** while you are in bed will help your circulation and help prevent serious complications.
- **Walking** will help your circulation as well as help your body functions return to normal. You will be assisted the first time you walk.
- **Healthy eating** can help speed your recovery. If you are in the hospital, you may have an IV. Your diet will be advanced slowly from liquids to solids. If you are recovering at home, start by eating small amounts of easy-to-digest foods. If you are given a special diet, be sure to follow it.
- **Managing your pain** can actually speed up your recovery. If your pain is not relieved, or gets worse, notify your doctor. Most oral pain medications take 20 minutes to take effect; do not wait until the pain gets severe to take them.
- **Constipation** is a common side effect with some pain medications. Eating fruits and vegetables can help, as well as drinking extra fluids, unless you are instructed not to. Check with your doctor about stool softeners and laxatives.
- **Nozins** will be used two times per day (am/pm) for 4 days following surgery. They will be given to you upon discharge with instructions.

INCISION AND DRESSING CARE

When you go home, you may have a dressing over your incision. You will be shown how to care for your incision and the dressing. Do the following things to help your incision heal quickly.

- Keep the incision clean and dry. You will be told when it is safe to shower.
- If the incision is on your leg, arm or head, you may be told to keep it elevated.
- Wash your hands before and after touching the incision area. This helps prevent infection.

- If you have a drainage tube, follow your written instructions.
- It's normal to run a slight fever and for the incision to be slightly pink and swollen the day after surgery.

Call Your Surgeon If:

- **You have a fever over 100° F (37.5° C).**
- **Your incision becomes more red, swollen, or painful, or has a foul discharge.**
- **Your incision bleeds a lot or opens.**
- **You feel too sleepy, dizzy, or groggy. (The medication may be too strong.)**
- **You have side effects from your medications such as nausea, vomiting, redness, rash, or itching.**
- **Your pain is uncontrolled by current pain medication.**
- **You are unable to urinate after eight hours.**

GOING HOME

Discharge

Your doctor will tell you when you will be discharged. Ask a friend or family member to help you during your recovery. Both of you should listen to your post-op instructions. Be sure that you both understand the instruction and that your questions are answered.

Notes to family and friends.

Your care and concerns can help speed recovery. Ask the patient and nurse what you can do. Here are some suggestions:

- Learn all you can about the patient's health problem and surgery.
- Offer to run errands such as grocery shopping.
- Help with cooking, laundry and other household chores.

You will be given a written copy of these instructions to take home with you.

You will be given a list of medications and instructions about how to take them once you go home.

Be Sure to Ask About:

- Stitches, staples and incisions care.
- When to resume medications.
- Bathing and showering.
- Pain (what to expect, what to do).
- What to eat.
- Physical activity.
- Resuming sexual relations.
- Driving.

Visiting Hours

Visiting Hours are from 12pm to 8pm daily.

MARSHALL MEDICAL CENTER POLICY STATEMENT

Marshall Hospital Outpatient Surgery

We want to provide you with the very best care. We would like you to know that in an outpatient setting, even if you have an Advance Directive for Healthcare, we will provide immediate medical treatment if you have an emergency medical condition.

ADVANCE DIRECTIVE INFORMATION

The following websites are helpful in understanding and completing an Advance Directive or a POLST (Physician Order for Life Sustaining Treatment):

- www.marshallmedical.org
- www.nlm.nih.gov/medlineplus/advancedirectives/html
- www.capolst.org

Advance Directive forms are also available in the Admitting Department at the entry of the hospital.

ADDITIONAL RESOURCES

For information on preparing for surgery:

www.ahrq.gov/consumer/surgery/surgery.htm

This site offers additional questions to ask your physician and surgeon about your surgery.

For information on quality of hospital care, visit Hospital Compare at:

www.hospitalcompare.hhs.gov

This site includes information on how often hospitals provide some of the recommended care to get the best results for most patients.

For information on the Joint Commission's Speak Up™ Program:

www.jointcommission.org/patientsafety/speakup

This site includes safety tips for surgical patients and infection prevention.

For patient information concerning anesthesia:

www.asahq.org/patienteducation.htm

For more information regarding surgery, visit the American College of Surgeons:

www.facs.org/public_info/ppserv.html

If you do not have access to a computer:

The Community Health Library Staff are available for assistance. They are located at:

3581 Palmer Drive
Suite 101
Cameron Park, CA
530-626-2778

To sign up for MyChart, visit:

Marshallmedical.org/mychart

SOME USEFUL TERMS

Advance Medical Directive

A formal document stating your choices for healthcare, or naming someone to make those choices if you cannot.

Anesthesia

Medication to prevent pain during surgery and medical procedures. There are three different types: general, regional or local, and monitored sedation.

Anesthesiologist

A doctor who specializes in administering anesthesia medications.

Drainage Tube

A tube that has been temporarily inserted at the incision site to drain excess fluid.

ECG or EKG

Electrocardiogram. A test that gives information about how the heart is working.

Epidural

Medication is delivered through a catheter – a very thin, flexible, hollow tube – that's inserted into the epidural space just outside the membrane that surrounds your spinal cord and spinal fluid.

Health Care Provider

A doctor, nurse, or other trained medical person.

ICU

Intensive care unit. Section of the hospital that is equipped for patients who need constant, close monitoring.

Incentive Spirometer (IS)

A very important tool for you to use to keep your lungs clear, strengthen your breathing muscles, and help prevent postoperative complications such as pneumonia.

Inpatient

A patient who will spend at least one night in the hospital. Inpatients are admitted to the hospital the day of surgery.

Intravenous or IV Line

A thin tube that delivers medications, fluids, or blood directly into a vein.

OR

Operating room. The room where surgery is performed.

Outpatient

A patient admitted and discharged the day of surgery.

PACU

Post-anesthesia care unit. The recovery room where patients may stay until their anesthesia wears off.

PAT

Pre-anesthesia testing. A screening done to identify possible risks before surgery. It includes an interview with a PAT nurse (to review allergies, medications, medical history), blood test, xray, and an EKG.

PCA

Patient-controlled analgesia. A pain relief method in which the patient pushes a button to get pain medication through an IV line.

Pneumonia

A serious lung disease that sometimes occurs after surgery. Deep breathing and coughing can help prevent it.

Surgery Consent

A legal form the patient signs before surgery, after discussing the risks and benefits of surgery with the doctor.



PATIENT RIGHTS

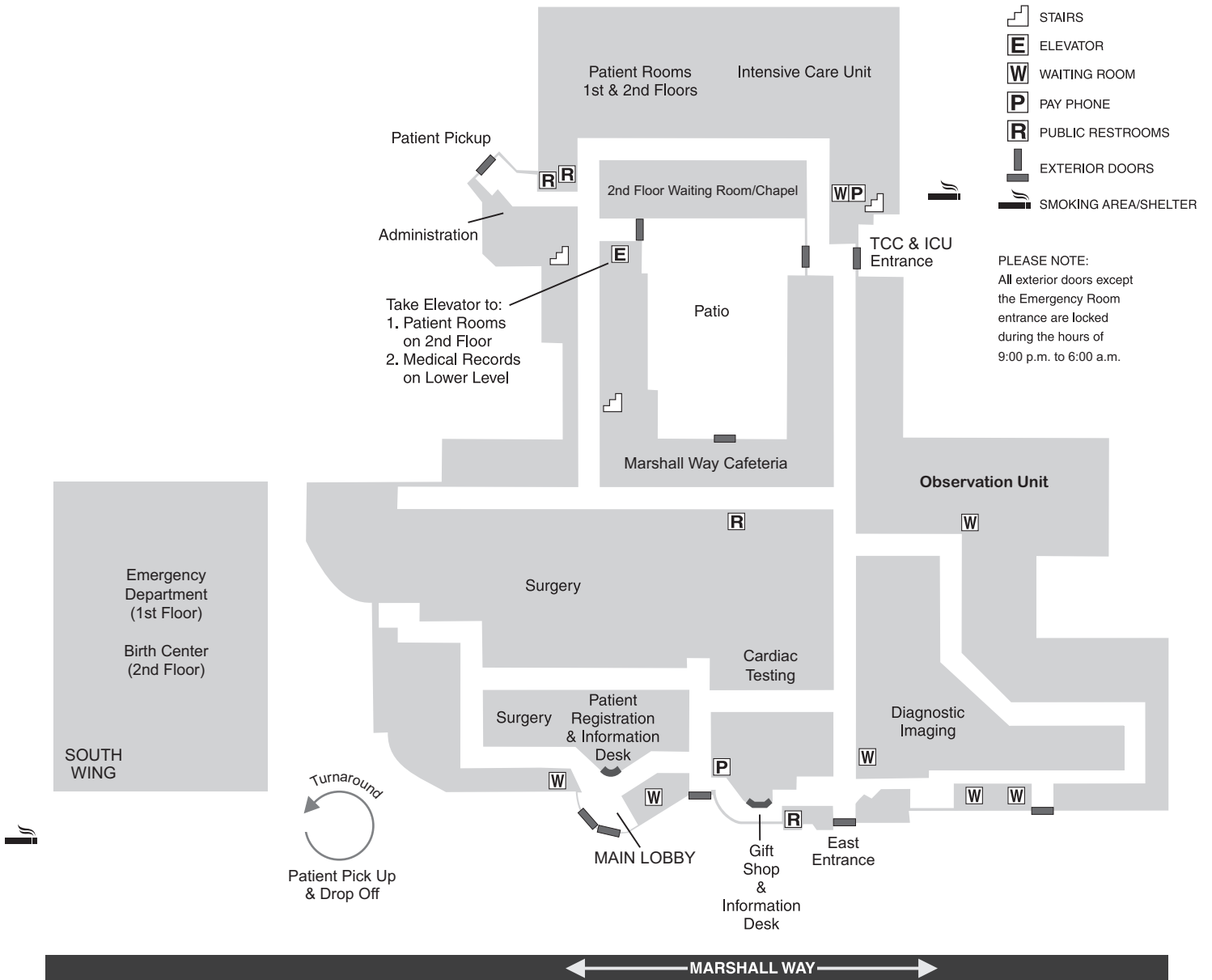
1. Considerate and respectful care, and to be made comfortable. You have the right to respect for your cultural, psychosocial, spiritual, and personal values, beliefs and preferences.
2. Have a family member (or other representative of your choosing) and your own physician notified promptly of your admission to the hospital.
3. Know the name of the licensed health care practitioner acting within the scope of his or her professional licensure who has primary responsibility for coordinating your care, and the names and professional relationships of physicians and nonphysicians who will see you.
4. Receive information about your health status, diagnosis, prognosis, course of treatment, prospects for recovery and outcomes of care (including unanticipated outcomes) in terms you can understand. You have the right to effective communication and to participate in the development and implementation of your plan of care. You have the right to participate in ethical questions that arise in the course of your care, including issues of conflict resolution, withholding resuscitative services, and forgoing or withdrawing life-sustaining treatment.
5. Make decisions regarding medical care, and receive as much information about any proposed treatment or procedure as you may need in order to give informed consent or to refuse a course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved, alternate courses of treatment or nontreatment and the risks involved in each, and the name of the person who will carry out the procedure or treatment.
6. Request or refuse treatment, to the extent permitted by law. However, you do not have the right to demand inappropriate or medically unnecessary treatment or services. You have the right to leave the hospital even against the advice of members of the medical staff, to the extent permitted by law.
7. Be advised if the hospital/licensed health care practitioner acting within the scope of his or her professional licensure proposes to engage in or perform human experimentation affecting your care or treatment. You have the right to refuse to participate in such research projects.
8. Reasonable responses to any reasonable requests made for service.
9. Appropriate assessment and management of your pain, information about pain, pain relief measures and to participate in pain management decisions. You may request or reject the use of any or all modalities to relieve pain, including opiate medication, if you suffer from severe chronic intractable pain. The doctor may refuse to prescribe the opiate medication, but if so, must inform you that there are physicians who specialize in the treatment of pain with methods that include the use of opiates.
10. Formulate advance directives. This includes designating a decision maker if you become incapable of understanding a proposed treatment or become unable to communicate your wishes regarding care. Hospital staff and practitioners who provide care in the hospital shall comply with these directives. All patients' rights apply to the person who has legal responsibility to make decisions regarding medical care on your behalf.
11. Have personal privacy respected. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. You have the right to be told the reason for the presence of any individual. You have the right to have visitors leave prior to an examination and when treatment issues are being discussed. Privacy curtains will be used in semi-private rooms.
12. Confidential treatment of all communications and records pertaining to your care and stay in the hospital. You will receive a separate "Notice of Privacy Practices" that explains your privacy rights in detail and how we may use and disclose your protected health information.
13. Receive care in a safe setting, free from mental, physical, sexual or verbal abuse and neglect, exploitation or harassment. You have the right to access protective and advocacy services including notifying government agencies of neglect or abuse.
14. Be free from restraints and seclusion of any form used as a means of coercion, discipline, convenience or retaliation by staff.
15. Reasonable continuity of care and to know in advance the time and location of appointments as well as the identity of the persons providing the care.
16. Be informed by the physician, or a delegate of the physician, of continuing health care requirements and options following discharge from the hospital. You have the right to be involved in the development and implementation of your discharge plan. Upon your request, a friend or family member may be provided this information also.
17. Know which hospital rules and policies apply to your conduct while a patient.

PATIENT RIGHTS

18. Designate a support person as well as visitors of your choosing, if you have decision-making capacity, whether or not the visitor is related by blood, marriage, or registered domestic partner status, unless:
- No visitors are allowed.
 - The facility reasonably determines that the presence of a particular visitor would endanger the health or safety of a patient, a member of the health facility staff, or other visitor to the health facility, or would significantly disrupt the operations of the facility.
 - You have told the health facility staff that you no longer want a particular person to visit.
- However, a health facility may establish reasonable restrictions upon visitation, including restrictions upon the hours of visitation and number of visitors. The health facility must inform you (or your support person, where appropriate) of your visitation rights, including any clinical restrictions or limitations. The health facility is not permitted to restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.
19. Have your wishes considered, if you lack decision-making capacity, for the purposes of determining who may visit. The method of that consideration will comply with federal law and be disclosed in the hospital policy on visitation. At a minimum, the hospital shall include any persons living in your household and any support person pursuant to federal law.
20. Examine and receive an explanation of the hospital's bill regardless of the source of payment.
21. Exercise these rights without regard to sex, economic status, educational background, race, color, religion, ancestry, national origin, sexual orientation, gender identity/expression, disability, medical condition, marital status, age, registered domestic partner status, genetic information, citizenship, primary language, immigration status (except as required by federal law) or the source of payment for care. If you believe that these rights have been denied to you, you may file a grievance with this hospital or you can file a grievance with the Office for Civil Rights, by writing or calling:
*U. S. Department of Health & Human Services
 Office for Civil Rights – Region IX
 90 7th Street, Suite 4-10
 San Francisco, CA 94103
 (800) 368-1019
 (800) 537-7697 TDD*
22. File a grievance. If you want to file a grievance with this hospital, you may do so by writing or by calling:
*Marshall Medical Center Patient Advocate
 1100 Marshall Way
 Placerville, CA 95667
 (530) 344-5428*
 The grievance committee will review each grievance and provide you with a written response within 30 days. The written response will contain the name of a person to contact at the hospital, the steps taken to investigate the grievance, the results of the grievance process, and the date of completion of the grievance process. Concerns regarding quality of care or premature discharge will also be referred to the appropriate Utilization and Quality Control Peer Review Organization (PRO).
23. File a complaint with the California Department of Public Health regardless of whether you use the hospital's grievance process. The California Department of Public Health's phone number and address is:
*California Department of Public Health
 Licensing and Certification
 3901 Lennane Drive, Suite 210
 Sacramento, CA 95815
 (916) 263-5800*
24. Patients and members of our community are encouraged to share concerns with Marshall Medical Center Administration at (530) 626-2838. If concerns are not resolved, the patient or community member may also contact the Joint Commission's Office of Quality Monitoring at (800) 994-6610 or via e-mail at complaint@jointcommission.org.
- This Patient Rights document incorporates the requirements of The Joint Commission; Title 22, California Code of Regulations, Section 70707; Health and Safety Code Sections 1262.6, 1288.4, and 124960; 42 C.F.R. Section 482.13 (Medicare Conditions of Participation); and Section 1557 of the Affordable Care Act (42 U.S.C. 18116, 45 C.F.R. Part 92). (10/19)*

MARSHALL HOSPITAL MAIN FLOOR MAP

1100 Marshall Way • Placerville, CA 95667



Directions to Marshall Medical Center

Take Highway 50 to Bedford Avenue and turn South onto Bedford. Go left onto Main Street, then right at the fork onto cedar Ravine. Turn Left onto Marshall Way (at the Fowler Professional Building) and proceed up the hill to the last parking lot on the left.

Follow signs to convenient parking in Lot #9, which is located across Marshall Way from the awning-covered Outpatient Surgery entrance.

About Marshall Medical Center

We are an independent, nonprofit community healthcare provider located in the heart of the Sierra Foothills between Sacramento and South Lake Tahoe. Marshall Medical Center includes Marshall Hospital, a fully accredited acute care facility with 111 beds located in Placerville; several outpatient facilities in Cameron Park, El Dorado Hills, Placerville and Georgetown; and many community health and education programs. Marshall has over 190 board-certified physicians and a team of over 1,600 employees providing quality healthcare services to more than 180,000 residents of El Dorado County.

Marshall Medical Center

1100 Marshall Way
Placerville, CA 95667
530-622-1441 or 916-933-2273



MARSHALL
MEDICAL CENTER

It's about you

www.marshallmedical.org

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