



# WHAT YOU NEED TO KNOW ABOUT YOUR SURGERY

*By Jenifer F. Walker*

**Y**ou've just found out you need to have surgery. The news can be overwhelming—but you don't have to just accept the news. In fact, the more involved you are in your surgery—what to expect before and after your surgery—the less overwhelming the process will seem.

## **Why Should I Have This Surgery?**

Perhaps the first thing you'll need to understand is why you need surgery. Sometimes, surgery will relieve pain—for example, if you're going to have back surgery to relieve the pain of a herniated disc. Surgery may ease a problem or improve how part of your body works—for example, getting a hip replacement. Sometimes surgery helps physicians diagnose a problem—for example, if an X-ray or other test doesn't clearly show the reason you are having pain.

Whatever the reason you will be having surgery, make sure your doctor tells you exactly why you will be having the operation. It is very important that you understand how the surgery is designed to help you.

## **What Type of Surgery Should I Have—and What Should I Know?**

Be sure to ask your surgeon to explain the surgical procedure. Have him or her draw you a picture or show you a pamphlet or book and explain the steps involved in the procedure. Ask if there is more than one way to do the operation. There may be options to how complicated your type of surgery will be.

Find out where your operation will be performed. Ask if your surgery will require you to stay in the hospital or if it will be done on an outpatient basis. Outpatient surgery usually means you will only be at the hospital or doctor's office for one day. Outpatient surgery may be less expensive, but may not be appropriate for your condition.

Learn all you can about your surgery. For example, ask your surgeon:

- Have many of these types of operations have been done in this hospital? Have you done many of them yourself?
- How long does the surgery take?
- How much pain will the incision or procedure cause?
- What are the risks of this type of surgery?
- Can my family and friends be there when I wake up from surgery? Who will tell them where I am after my surgery?
- How long does it normally take to completely recover from this kind of surgery?
- What will happen if I don't have this surgery?
- Are there certain activities that I should avoid for a while? If so, how long should I wait before resuming such activities?
- How much will the operation cost? (Most health insurance covers surgery, but the coverage may vary according to your health plan. Before you have the operation, you should call your insurance company to find out what your plan covers.)

## **Should I Get a Second Opinion?**

Many people ask if they should get a second opinion, but some are worried that their surgeon may think they don't trust him or her. The most important thing to remember is that you are the one having the surgery; you must be comfortable with both your diagnosis and your surgeon. Some health insurance plans require you to

get a second opinion before you have some operations. Even if your insurance plan does not require a second opinion, you may still want to have one. Be sure to ask if your insurance plan will pay for it, though.

### **What Will I Need to Do Before I Have My Surgery?**

When you will have your surgery depends on your age, medical condition, the type of surgery you will be having, and the surgeon's schedule. Unless the surgery is an emergency, it may be several weeks before you have your surgery. This gives you some time to make sure you've asked your surgeon all the questions you may have, and also to prepare yourself for the surgery.

You will most likely have some presurgical testing a few days before your surgery. Below are some of the tests you may have:

- Urine testing. Urine testing is done to check your kidney function, diabetes control, or other conditions that may affect your surgery.
- Blood testing. Blood testing usually is done before most surgeries. Blood testing may be done if you have a chronic illness, a history of bleeding problems, or if the type of operation you will have causes your doctor to anticipate that you may need a transfusion. Depending on the type of operation and your general health, other blood testing may be done.

You will also fill out forms during your preoperative visit. Take your insurance information. Write down any medications you take or information on any medical conditions or other surgeries you have had. You will be told about anesthesia and how it works. Questions you may be asked include:

- Do you have any heart problems? Have you ever had a stroke?
- Do you have high blood pressure?
- Have you ever had hepatitis or liver problems?
- Have you ever had a blood transfusion?
- What medications are you currently taking?
- Do you smoke? How much? How many years have you smoked?
- Do you use recreational drugs or alcohol?
- Do you have asthma? If so, do you use an inhaler?
- Do you have swelling in your feet, ankles, or legs at the end of the day?
- Do you ever have difficulty moving your jaw? Do you ever have problems turning your head or moving your neck?
- Do you wear dentures or partial dentures?
- Do you have any allergies?
- Have you ever had bleeding problems or hemophilia?

While you are at the hospital for your preoperative visit, you may be asked to sign consent forms. It is very important that you read consent forms carefully and ask questions about anything on the forms you don't understand.

Consent forms may stir up feelings of uneasiness for you. This is normal. A consent form is a legal form that states you understand the risks of the surgery you are having but also understand that the surgery is meant to provide relief of pain or other symptoms. Only if you give your consent, or permission, will the surgery take place.

Some items to check on the consent form include

- correct name of you, the patient;
- correct name of your surgeon;
- correct name of the surgery you are having; and
- correct location of surgery (for example, right foot).

More information on your rights can be found online at <http://thomas.loc.gov/cgi-bin/query/z?c106:S.6:>

### **What Will Happen the Day of My Surgery?**

Your doctor or the nurse at your preoperative visit will go over what to expect when you get to the hospital

before your surgery. But you should be sure to ask exactly what you need to do. Some questions include:

*Can I eat or drink anything the day of surgery?*

In almost every case, it is VERY IMPORTANT that you do not eat or drink anything the day of your surgery, including mints and chewing gum. You will be asked if you have had anything to eat or drink when you get to the hospital. Be sure to tell the truth. Your operation may be delayed or rescheduled if you eat or drink the day of surgery.

*Can I eat or drink anything the day before surgery?*

Usually, you can eat a light meal or drink something until midnight the night before your surgery. But some doctors or hospitals may ask you not to eat or drink anything after dinner the night before your surgery; be sure to ask.

*Can I brush my teeth or wear makeup the day of surgery?*

Most doctors and hospitals allow you to brush your teeth the day of surgery. Be sure to ask. Do not wear any makeup the day of surgery.

*What do I wear?*

Wear loose clothing that will be easy to put on after your operation, especially if you are going home the same day. Do not wear jewelry. If you have dentures, you may be asked to remove them before you go to the operating room. You should bring your hearing aid so you will be able to hear questions. Do not wear contact lenses; bring your glasses.

*What should I bring to the hospital with me?*

If you are staying at the hospital after your surgery, bring a few items that will make you more comfortable. Bring comfortable clothes, and don't forget your medications. It's best to leave cash and valuables at home. If you are having same day or outpatient surgery and will be going home that day, bring pillows or blankets for your ride home. Remember, you won't be driving, but you will want to be as comfortable as possible on the way home.

*What do I do when I get to the hospital?*

You should have been told where to check in at your preoperative visit. After you check in, you may be directed to another area and asked to change into a dressing gown. You may be asked to remove all clothing except for the dressing gown. You will be taken to a preoperative holding area and usually will lie down on a gurney (a rolling cart). A nurse will take your blood pressure and temperature and ask you a few questions, especially making sure you have signed your surgical consent form. Nurses in the preoperative area are used to people being nervous or scared before surgery; that is perfectly normal.

Anesthesia is used to make sure you don't feel pain during surgery. You may have general anesthesia, which usually is given through an intravenous (IV) line. Children generally are given anesthesia through a mask that is placed over their mouth and nose. Anesthesia will make you unconscious during your surgery. The doctor who gives you anesthesia is called an anesthesia care provider and is specially trained for his or her job. A certified registered nurse anesthetist (CRNA), a specially trained nurse, also may give you anesthesia.

The anesthesia care provider or CRNA will talk with you before your surgery. He or she will ask if you've had anything to eat or drink and tell you how you may feel when you are given anesthesia. He or she will usually start an IV line in your arm at this point. This will give you liquids to make sure you do not become dehydrated during surgery. The anesthesia care provider may give you some medication through your IV to help you relax during this stressful time.

When the operating room is ready for you, you may walk or be wheeled out of the preoperative area into the operating room. This may be a little scary for you, but remember that all the nurses, doctors, and anesthesia care providers are well trained and experienced professionals.

The operating room will feel cold to you. Keeping the operating room cool helps prevent bacterial growth. Your anesthesia care provider will tell you he or she is ready to begin and will put the anesthesia mask over your mouth and nose to give you oxygen. The anesthesia care provider will give you medication through your IV. The medication in your IV may sting. In just a few seconds, the anesthesia will take effect. When you wake up after surgery, you will be in the postanesthesia care unit (PACU), or recovery room.

### **What Can I Expect After My Surgery?**

You will wake up after the operation is over and the anesthesia care provider has slowly reduced how much anesthesia you are receiving. Most times, you will wake up in the PACU. You may be able to hear what is happening around you before you can actually open your eyes. You will probably have a blood pressure cuff on your arm and a heart monitor attached to your finger. This helps the PACU nurses monitor your heart rate and breathing.

Don't be surprised if you don't remember much of what happens after surgery. You are still recovering from the anesthesia, and this is normal. You may not know where you are at first either; this is normal, too. You may be thirsty. Nurses will be watching you carefully and have a very strict set of rules to follow to make sure you are recovering from your anesthesia and surgery as you should be.

After you have met all the checkpoints the PACU nurses monitor (this may take an hour or so), you will be moved to your room if you are staying in the hospital or to another postoperative area to prepare you for check out. If you start to feel some pain or discomfort from your surgery, be sure to tell the nurses. This is normal, but it is better to take care of the pain or discomfort early instead of waiting until it is very uncomfortable. You may be asked to rate your pain on a scale of one to 10.

There are many ways to help you control your pain. You may get some pain medication through your IV. If you will be staying in the hospital, you may be given a computerized pump; this will let you push a button to receive pain medication. Instead, if you are being discharged, you may be given a prescription for pain medication. You should have it filled immediately. Some hospitals have a pharmacy in the building.

Remember, pain is not just a state of mind. People who experience less pain after surgery tend to recover faster and have fewer complications.

### **Resources**

American College of Surgeons: Free pamphlet called "When You Need an Operation." For copies, write to the American College of Surgeons, Office of Public Information, 633 N Saint Clair St, Chicago, IL 60611; call (312) 202-5000; or visit their web site at [http://www.facs.org/public\\_info/operation/wnao.html](http://www.facs.org/public_info/operation/wnao.html).

American Society of Anesthesiologists: Free booklets available by writing to 520 N Northwest Highway, Park Ridge, IL 60068; phone (708) 825-5586.

American Association of Nurse Anesthetists: Free booklets available by writing to 222 S Prospect Ave, Park Ridge, IL 60068-4001; phone (708) 692-7050.

Agency for Healthcare Research and Quality (formerly know as the Agency for Health Care Research and Quality): "Pain Control After Surgery: A Patient's Guide" is available free. Write to the AHRQ Publications Clearinghouse, PO Box 8547, Silver Spring, MD 20907-8547; phone toll-free (800) 358-9295; or visit their web site at <http://www.ahrq.gov/gils/00000140.htm>.

The Federal Consumer Information Center has pamphlets that can be read online at <http://www.pueblo.gsa.gov/health.htm>.