

Preparing for Surgery

If you are planning to have surgery, major or minor, you will need to know some basic facts. Each type of operation—like each patient—differs a little. The steps vary with the setting and the nature of the surgery. This pamphlet will discuss:

- Things you can do to prepare for surgery
- What type of anesthesia may be used
- Your recovery after the surgery

Planning Ahead

Once you've found out that you need surgery, you'll need some details. You'll want to know where and when it will take place and what you should do in advance. Your doctor can tell you where the operation will be done and any special things you should do. The setting may depend on the services at hand, your needs, and the type of surgery.

Facing an operation can make you nervous. Knowing what to expect will help you feel more at ease.

Outpatient surgery does not always take place in a hospital. It may be done in a doctor's office, surgical center, or clinic. The patient arrives for surgery and returns home on the same day. This is also called ambulatory or same-day surgery.

Inpatient surgery takes place in a hospital. In most cases, the patient checks in on the day of surgery and remains for a few days or more after surgery.

There are things you can do before your surgery to help it go smoothly and help you heal quickly:

- If you smoke, stop smoking before your operation. Any period of not smoking helps. It is best if you quit at least 2 weeks before surgery, though. This is because **general anesthesia** will change the normal function of your lungs for a short while. If you quit smoking:
 - Your lungs will be in better shape before the operation
 - You will adjust to the anesthesia better
 - Your lungs will be able to resume their normal function with less effort after surgery
 - You won't cough as much
 - The risk of infection is less
- If you are taking medication, ask your doctor if you should keep taking it before or after the operation. Medications may be prescribed for you by a doctor or

obtained over-the-counter. Some medications should not be taken before an operation. Others may conflict with other medication your doctor may prescribe.

- Follow a special diet or take iron supplements before your surgery if your doctor suggests it.
- Take it easy. Try not to get too tired in the days before and after your operation. Eat right and get proper rest and exercise. Any kind of surgery, no matter how minor, can be stressful.

You may want to give blood before your operation if you are having inpatient surgery. In most major operations, you lose some blood. If the loss is great enough, you will need to be given blood to replace it. Ask your doctor if you can donate your blood in advance. It will be set aside in case you need it. Tell your doctor about any changes in your health that occur before your surgery. Even tell your doctor about minor colds or infections.



Before Surgery

You will be asked to arrive early to prepare for surgery. You should have an empty stomach before an operation. It is best not to eat or drink for 6–8 hours before your surgery. (If you have had something to eat or drink during this time, tell your doctor.)

Leave jewelry and other things of value at home. If you wear jewelry, you will be asked to remove it before the operation. If you will be staying the night, bring only those items you will need.

You will be asked to fill out some forms about how you will pay for the surgery. If you have insurance, it will help to have your card ready. You will be given an ID bracelet. It will include your name, room number, and doctor's name.

Your health history, as well as any drug allergies, may be noted. Some routine tests and exams may be done:

- Checks of your temperature, pulse, and blood pressure
- Blood tests
- Urinalysis
- Chest X-ray
- Electrocardiogram (ECG), in which heart function is examined with an instrument that prints out the results as a graph

Informed Consent

As part of informed consent, your doctor will talk to you about:

- What will be done during the surgery
- Why you need it
- Risks of the surgery
- Risk of not having any treatment
- What other choices you may have

You should make sure you understand this information. Don't be afraid to ask questions. Have your doctor go over something if it isn't clear to you.

Your doctor must explain what is involved in your treatment before you can agree to it. This process is called ***informed consent*** (see box). You will be asked to sign a consent form before surgery. This form varies from doctor to doctor. Most consent forms spell out what your operation is, who will do it, what condition it is meant to repair, and what the risks are. Read it closely. Ask questions if there is something you don't understand.

The Health Care Team

A team headed by your doctor and made up of a number of health care professionals will work together to care for you before, during, and after your operation. Interns and residents on the team are doctors who have finished medical school. They are gaining special training by working with your doctor. During the surgery, a resident or another doctor may help your doctor.

The anesthesiologist is the person who is in charge of giving anesthesia and keeping a check on its effects. Sometimes anesthesia is given by a nurse–anesthetist who works under the direction of a doctor.



Nurses will assist your doctor during surgery, perform special tasks, and help make you more comfortable. You may be visited before or after surgery by members of the health care team. They may discuss anesthesia and things you may need to do to help you get well.

Preop Prep

Just before surgery, preop prep (for *preoperative preparation*) takes place. The steps vary, but this is what you can expect:

- The part of your body where the doctor will operate will be cleaned and may be shaved.
- You may be given a laxative or an enema to empty your bowels. You may be asked to douche or to empty your bladder.
- You'll be asked to remove any of the following items:
 - Dentures and bridges
 - Hearing aids
 - Contact lenses and glasses
 - Nail polish
 - Wigs, hairpins, combs, and barrettes
 - Jewelry
- You'll be asked to remove all your clothes. You will put on a special gown and maybe a cap.
- You will be taken to an area where you'll wait until the surgical team is ready for you. Some places will allow family members or friends to wait with you.

- You may be given medication to help you relax. You may also be given other medications that your doctor has ordered.
- A needle may be placed into a vein in your arm or wrist. This needle is attached to a tube that will supply your body with fluids, medication, or blood during and after the surgery. This is called an intravenous (IV) line.
- A tube called a *catheter* may be placed in your bladder to drain urine. This is often done after you have been given anesthesia. This way it is not felt.

Anesthesia

After you have been taken into the operating room, you will be moved to the operating table. Monitors will be attached to your chest, arms, and other parts of your body before the anesthetic is given.

Any anesthesia carries some risks. The drugs and techniques used today are pretty safe, though. If you are concerned, talk to your doctor or anesthesiologist. The choice of anesthesia will depend on the type of operation, the state of your health, your wishes, and other factors.

General anesthesia makes you unconscious. First, you may be given oxygen through a mask placed over your nose and mouth. The anesthetic is then given through your IV line. After you are asleep, you will still receive the anesthesia through the IV line, the mask, or a tube that is placed into your mouth and down your windpipe. This tube will be removed shortly after the operation.

Regional anesthesia does not make you unconscious. It works by blocking feeling in a region of the body. You may still feel a sense of pressure in this part of your body during the operation. Regional anesthesia for surgery in the pelvic area is given as a shot from a needle into the lower back. This is where nerves that carry feeling from the lower body meet the spinal cord. To receive regional anesthesia, you should be sitting up or on your side. You'll need to be still while the needle is placed.

Local anesthesia is given by a shot from a needle into the area where the doctor will operate. It does not numb as large an area as a regional anesthetic does. Like regional anesthesia, local anesthesia takes away pain but not feelings of pressure. You may have had this type of anesthesia at the dentist's office.

After the Operation

Once the operation is over, you will be moved into the recovery area. This area is equipped to monitor patients after surgery.

You may have an IV line in your arm or wrist to provide fluids because you won't be able to eat right away. You may also have a tube in your nose or a mask over your face to provide oxygen. Other tubes may be in place to drain fluid from the incision or from your stomach.

Many patients feel groggy, confused, and chilly when they wake up after an operation. It is common to have a headache, nausea and vomiting, muscle aches, or a sore throat shortly after surgery. These discomforts should not last long. You can ask for medicine to relieve them. You will remain in the recovery room until you are stable and the anesthesia has worn off.

Recovery

Pain is a normal part of the healing process after an operation. During your recovery, you should have enough pain relievers to keep you comfortable. You may also receive antibiotics and other medicines.

Fluids may be given through an IV line. It often takes a few days before you are able to eat solid food. Sometimes the pain medicine may cause you to have little memory of the day of surgery.

As your strength returns, the doctors and nurses will have you move around as much as you can. You may be able to get out of bed and walk around a little soon after your operation. This depends on the type of surgery you had.

You may feel tired and weak at first. The sooner you resume activity, the sooner your body's functions can get back to normal. Any tubes, catheters, or IV lines will be removed soon.

Going Home

After outpatient surgery, you will most likely be able to go home within a few hours. Before you leave, a nurse or doctor will go over any instructions on diet, medicine, and care for your incision. You will be told about any things you should avoid. These may include having sex, taking baths, climbing stairs, driving, or exercising.

You may be advised against driving right after outpatient surgery. You should arrange to have someone drive you home when you're ready to check out.

If you've had major inpatient surgery, it will most likely take a month or more before you are ready to resume your normal schedule. Minor operations require less recovery time. You may need to cut back on certain activities for a while, though. Before you leave the hospital, make sure you know what you can and can't do in the weeks after your surgery.

Finally ...

Facing an operation can make you nervous. Knowing what to expect will help you feel more at ease. Each surgery is unique. Your doctor can provide details and answer any questions you may have. The more you know about your surgery, the better you can take part in getting well.

Glossary

Catheter: A tube used to drain fluid or urine from the body.

General Anesthesia: The use of drugs that produce a sleep-like state to prevent pain during surgery.

Informed Consent: The process by which a patient gains an understanding of what will be involved in receiving a medical treatment or procedure before agreeing to treatment, including why it is being done, its risks, and other alternatives, before agreeing to treatment.

Local Anesthesia: The use of drugs that prevent pain in a part of the body.

Regional Anesthesia: The use of drugs to block sensation in certain areas of the body.