



Outpatient Surgery

Frequently Asked Questions

Why should I not eat or drink anything after midnight?

When a patient is unconscious or sedated, food or liquid in the stomach could come back up into the throat and get into the lungs, causing dangerous pneumonia. Solid foods and creamy liquids are the worst offenders. If your surgery is scheduled later in the afternoon, you may be permitted to have water or clear liquids up to six hours before the procedure. If you have special concerns or risk factors for anesthesia, your surgeon or your hospital should be able to arrange for consultation with a physician anesthesiologist ahead of time. Otherwise, you will meet your physician anesthesiologist on the morning of surgery, and he or she will explain the anesthesia plan and answer any questions you and your family may have. Check your hospital's website; many have information about the physician anesthesiologists who practice there.

Should blood pressure medicines be taken on the morning of surgery?

Doctors may differ in their opinions on this question. As a general rule, patients will probably need to take all blood pressure medications at the usual time on the day before surgery but not on the morning of surgery. Fluid pills such as hydrochlorothiazide may cause dehydration, and other blood pressure medications such as lisinopril (Zestril) or valsartan (Diovan) may contribute to dangerously low blood pressure under anesthesia. If a patient's blood pressure is high on the day of surgery, I.V. medications can be used to bring it to a safe level. Consult with your physician for a definitive answer.

Should all blood thinners be stopped a week before surgery?

This is a complicated issue, and the answer depends on which blood thinner has been prescribed and why. If you have coronary artery stents, for example, you may be told to

stop clopidogrel (Plavix) a week before surgery, but continue taking baby aspirin. If you are taking warfarin (Coumadin) for an irregular heartbeat or an artificial heart valve, you may be advised to stop taking it and switch to a shorter-acting blood thinner for a few days. Your surgeon and your cardiologist should agree on the best plan for your situation. Don't just follow pre-printed instructions that the office staff may give you; talk to all your physicians in advance to be clear about the safest plan for you.

Who will be giving me anesthesia?

It's important to find out who will be in charge of your anesthesia care. In some hospitals, a physician anesthesiologist (a medical doctor who specializes in anesthesia) will be personally taking care of you. In others, a physician anesthesiologist may supervise anesthesiologist assistants, residents or nurse anesthetists on an Anesthesia Care Team. Sometimes a nurse anesthetist may work alone without physician oversight, though this is not permitted in many states. Ask your surgeon or call the hospital in advance to make sure a physician anesthesiologist will be on site.

How do you handle pain control for your patients?

This is the one thing many patients wished they had asked their doctor about. Standards vary widely but there is NO REASON you have to endure this surgery without adequate pain relief. Being told that the surgery is more dangerous with pain meds is simply not true in this day and age. Pain pumps, morphine, Percocet, and a whole host of other narcotic medications are being used for procedures safely. The majority of people on our list who have had surgery had pain control. Ask about a pain team at the hospital...many hospitals have them. Also talk about nausea control...another big problem for some people.

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What are some of the things I can do to make sure my surgery will go well?

The quick answer is ask questions, ask questions, ask questions. Start at the physician's office when you have your pre-op appointment. A nurse will call you the day before surgery, provide you with specific instructions, answer your questions, and ask questions about your medical history. Make sure to give detailed information about your medical history including current medications and supplements you are taking. This will allow for good communication with your anesthesiologist and ensure he or she has all the details necessary for safe anesthesia. If you have more questions, write a list of the questions and bring it with you the day of surgery. In pre-op, patients often forget some of the questions they had. Have a support person with you who can provide transportation, help you remember and follow discharge instructions and make sure you get home safely with all of the items you will need for recovery.

Will I experience a lot of pain from surgery?

With most surgeries, you will experience some level of pain but we will do everything we can to make sure you don't experience a lot of pain. After surgery, a nurse will be with you one-on-one for the entire time you are in the recovery room. Your nurse will make sure that you are safe and that your pain is well controlled. We use a pain scale to assess your level of pain and adjust medications until your pain is at a tolerable level. Different types of surgery may produce different amounts of pain and pain tolerance and response to medications vary among patients. We assess each patient and provide appropriate pain management for each unique situation.

I am having a lot of anxiety about my upcoming surgery. Do you have any advice to help calm my nerves?

It is normal to be nervous. Feel free to discuss your concerns with your doctor, the nurse who calls the day before your surgery and with the surgical team in pre-op. Rest assured that while this may be your first surgery, this is certainly not our first surgery. We are here to support you and decrease your anxiety. As a faith-based organization, we also offer prayer at the patient's request at any time. It is our role and our goal to provide you with as much comfort as possible and ease your anxiety.

Why does everyone ask me the same questions over and over?

Certain key questions such as what procedure you're having, any allergies and if you've had anything to eat or drink are critical to the success of your surgery. Having several people confirm the information is a safety net that decreases the chance of missing important information. We understand that repeatedly answering the questions may be annoying, but it is for your safety.

What should I bring with me to the center?

Bring any documents from your doctor, a case for your eyeglasses or contact lenses, your insurance card and some form of payment. Wear comfortable, loose clothing and low-heeled shoes. Please do not wear contact lenses, make-up, body lotion, perfume or other cosmetics. Leave all jewelry and other valuables at home.

What time should I expect to go home?

Recovery time varies for each patient depending on the type of procedure, the response to anesthesia and the ability to tolerate liquids. Most patients are discharged after anywhere from 30 minutes to two hours, but it is up to your nurse and anesthesiologist to agree on your discharge time. When you are ready to be picked up, the discharge area is beside the facility's main entrance with a covered drive-up service area.

Do I need someone to take me home?

Yes. Your procedure may be canceled if you have not arranged for a responsible adult to take you home. Also, we cannot discharge a patient via taxi.

Do I need someone to be with me the first night home?

We recommend that you have someone stay with you on your first night home.

If you cannot have someone stay with you, it is a good idea to make arrangements to have someone nearby who you can call should you need help. A member of our staff will contact you following your procedure to see how you are doing.

If I have a problem when I am at home whom should I call?

You should call your doctor's office. If it is an emergency, call 911 or go to the nearest hospital emergency room.