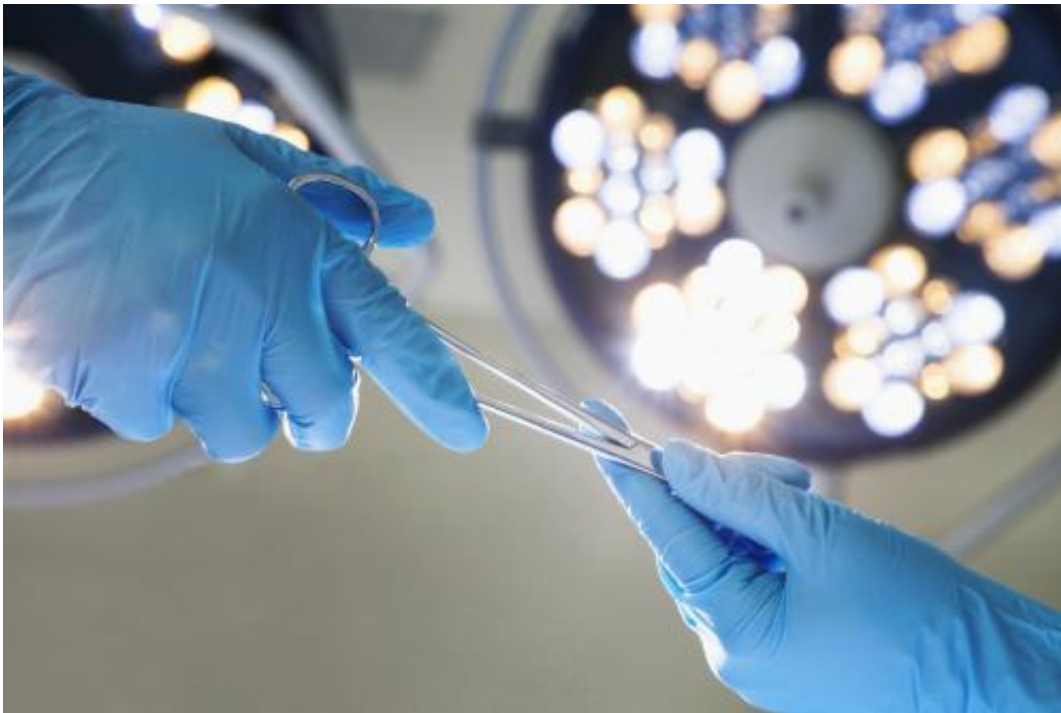


Expert suggests five questions to ask your surgeon before an operation

March 11 2014, by Sharon Theimer



(Medical Xpress)—The news that you will need surgery can prompt many questions and a lot of anxiety. Beyond details about your medical condition and treatment options, what should you ask your surgeon before the operation? Whatever you need to ask to be comfortable with the decisions you make about your care, says Robert Cima, M.D., a colon and rectal surgeon and chair of Mayo's surgical quality

subcommittee.

"You are the one who has to know if it fits in with your life and your family's life to do which type of procedure when. So it's important for you to feel comfortable asking your surgeon if this is the best option, are there other options, is this the best place for me to do this?" Dr. Cima says. "It's your body, it's your disease; you should feel comfortable asking those questions before you enter into something as major as [surgery](#)."

Dr. Cima suggests inviting family members or friends who will help you recover to accompany you and to ask any questions they have. He also proposes adding these five questions to your list:

Are you board-certified to perform this procedure?

Board certification is a credential that physicians earn in addition to state medical licensure. It means surgeons are qualified to perform a particular type of operation, such as cardiovascular surgery.

"They are recognized by the institution as well as the national organizing body for that specialty as having met all the important standards for practice, competency and background," says Dr. Cima, who is board-certified in general surgery and colon and rectal surgery.

They may have submitted their case logs and had their outcomes reviewed. More recently, as part of the national effort to improve [health care](#), many boards now require recertification, in some cases every three to four years, so surgeons maintain their skills and show growth in their knowledge, Dr. Cima says.

"It is a marker of someone who is committed to high-quality care and who is trying to stay abreast of the knowledge and the changes in health

care in their specialty," he says.

In addition to asking your surgeon, you may also look him or her up on the American Board of Medical Specialties website or your state medical licensing board website; some boards post physician profiles that include board certification.

Will it help if I lose weight before the operation?

Obesity is a risk factor for almost all major complications after surgery. For surgical patients, a healthier weight is better, Dr. Cima says.

It can often be difficult for people needing surgery to exercise, especially those waiting for knee or hip replacement; consult with your care team to find safe methods. Building strength can be as important as burning calories; sometimes known as "prehabilitation," it can include such goals as building arm and grip strength in elderly patients.

"Just like an athlete, you're going to perform better if you're in better shape and your strength is better," Dr. Cima says. "Surgery is a major event, a physiologic injury, and you have to be able to respond to that."

Apart from working on a healthy weight, improving your diet before surgery by eating more protein and cutting out fat, sugar and salt can help, Dr. Cima says. For those with diabetes, getting blood sugar under control before surgery is crucial, he adds.

Does it matter if I'm a smoker?

Smoking is a risk factor for many surgical complications, such as infections, slow healing, pneumonia and cardiovascular problems, Dr. Cima says. Even ending tobacco use just two weeks to a month before surgery can pay off. Surgery can provide motivation and an opportunity

to try to stop smoking; Mayo has a smoking cessation program designed for surgical patients.

"Unfortunately, smoking has significant negative impacts on almost all surgical procedures we've looked at," Dr. Cima says. "The nicotine and many of the compounds in tobacco smoke constrict the small blood vessels. You need those blood vessels to be open to bring blood down to the level of the healing wound."

Sneaking a cigarette before surgery can mean a canceled operation. In some procedures, such as reconstructive cosmetic surgery with skin grafts, nicotine use raises the risk of a poor surgical outcome so much, Mayo Clinic tests patients for nicotine the day of the operation, and if the test is positive, will cancel the operation until the patient is nicotine-free.

What if I have sleep apnea?

Up to 1 in 5 older [surgical patients](#) have [obstructive sleep apnea](#), and the breathing disorder has been associated with higher rates of post-surgery complications. If you have sleep apnea, make sure your surgeon knows that. If you're being treated with a continuous positive airway pressure machine, bring your CPAP machine with you for your [hospital stay](#). And if you are at high risk of sleep apnea or worry about it, ask to be tested for sleep apnea before the operation.

"A lot of institutions now, including Mayo Clinic, are so concerned about sleep apnea that we actually screen for it in the postoperative period in the recovery room," Dr. Cima says. "In certain patients, if they are high risk for undiagnosed sleep apnea, we have protocols in place here to admit them overnight for observation in a more intense care area such as monitored care, or we'll have them evaluated in the hospital for [sleep apnea](#) and intervene earlier."

Is there anything we can do to shorten my hospital stay?

There are several steps the medical team and patient can take to try to avoid complications that could lead to a longer hospital stay. Surgical site infections are a major preventable cause of prolonged hospitalization; a Mayo colorectal surgery study found that simply having patients shower with an antiseptic cleanser the day before and the day of surgery can help reduce infection risk.

"The most important thing from the patient's point of view is to come into the surgery as 'optimized' as you can," Dr. Cima says. "So that means, if possible, having lost weight or increased your lean muscle mass. It means getting better control of your diabetes, knowing that you're on a stable regime with good sugar levels. It means, if possible, decreasing or stopping smoking all together."

A minimally invasive procedure with a shorter recovery time may be an option. Physicians have also rethought practices such as withholding food and confining patients to beds for a day or longer after surgery, Dr. Cima says. Now, patients may be given food the night after surgery. Thanks to other improvements such as less catheter use and new pain control methods that limit or eliminate opioid use, many are up and walking with help from a nurse the night after surgery, he said.

"We try to get your body back to its normal state as soon as possible," Dr. Cima says.

Provided by Mayo Clinic

Citation: Expert suggests five questions to ask your surgeon before an operation (2014, March

11) retrieved 3 May 2024 from <https://medicalxpress.com/news/2014-03-expert-surgeon.html>

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