

SURGERY FAQ

How can I prepare for my surgery?

In the days before the surgery, hospital staff may recommend that you alter your diet, stop taking certain medications, or other lifestyle changes. However, for all surgeries, you must:

- Discontinue the use of nicotine and/or hormonal contraception for 1 month prior and at least 1 month following surgery to decrease the risk of blood clots and improve healing.
- Stop the use of aspirin and NSAIDs (Ibuprofen/Motrin/Advil, Aleve/Naprosyn, Mobic/Meloxicam) for 7-10 days prior to surgery to decrease bleeding.
- Wear clothes that are easy to put on after your surgery, and be sure to have a ride home
- Do not eat or drink anything 8 hours prior to surgery
- You must have someone over the age of 18 with you to take you home.
- Should you need a brace after surgery, you may need to be fit for your brace prior to surgery.

When should I arrive for surgery?

The business day prior to surgery, you will receive a phone call from the OR nurse between the hours of 2-8 pm telling you what time to arrive and where to go for the surgery. Generally, you will arrive at least 2 hours prior to your OR time.

What will happen the day of surgery?

When you arrive at the hospital, you will be brought into a pre-operative holding area, and a family member or friend may accompany you while you wait. Your surgeon will come to talk to you and will initial the operative site. Up until this point, you will be asked to identify your surgical site multiple times; this is simply a precaution and is nothing to be concerned about. An anesthesiologist will then come in and discuss your options for anesthesia with you. You will then be taken into the operating room, and your anesthesiologist will begin your anesthesia. After your operation, you will be taken to a recovery room to wait for your anesthesia to fully wear off and receive post-operative instructions.

Will I be asleep for the surgery?

You can choose to sleep or remain awake during the surgery. Before the surgery, you will speak with your anesthesiologist, and develop a plan that best fits your needs. Regional anesthesia is typically utilized rather than general anesthesia. Depending on your site of surgery, a block will be injected into either your back (for surgery in the leg region) or your neck (for surgery in the shoulder region), numbing your surgical site. Sedatives can also be added to the IV in your arm in order for you to sleep through the procedure. The anesthesiologist will monitor your comfort throughout the surgery.

What will happen after surgery?

You will wake up in the recovery room. Once you regain sensation and movement, a physical therapist will work with you. Depending on your surgery, the doctors will either discharge you home, or transfer you to a different floor.

How will I control my pain?

Your pain will be controlled using a variety of different medications that is discussed in detail on the POST-OP PAIN MANAGEMENT handout. Our goal is to make you comfortable, and we will work closely with you to reach that goal.

Will I have to do physical therapy?

Almost all surgeries are followed by at least some physical therapy. The specifics of your physical therapy plan varies, please refer to your SURGERY SPECIFIC INFORMATION handout.