

Your Surgery by SHSC: What to Expect

The Weeks and Days Before Your Surgery

When scheduling your procedure with your surgeon, make sure you obtain an estimate of how long you will be in the hospital. Most likely, you will go home the same day; alternatively, you might be required to stay in the hospital for a few days. Make sure to plan accordingly, considering work schedules, holidays, and upcoming family plans.

- **Clearance:** You will be referred to an internal medicine specialist for a medical evaluation and clearance for surgery. This clearance includes a history and physical examination as well as some laboratory tests. If your particular medical condition requires it, additional tests such as an EKG or chest x-ray will be ordered at this time.
- **Medications:** You may be instructed by your surgeon and/or primary doctor to stop certain medications (such as strong blood thinners like Plavix or Coumadin) several days to a week before your surgery, depending on the medication. In addition, you may be instructed to take some of your medications the morning of surgery even though you won't be able to eat that morning. **It is important to bring a list (or a bag of pill bottles) including all your medications to your medical clearance**, including vitamins, over-the-counter medications, and supplements (a number of medications and supplements may interact with medications you might receive after surgery.)

On the day before surgery, a nurse from SHSC will call you with additional instructions and reminders. You will be told when and where to come the next morning, what medications to take, and by what time you should no longer have anything to eat or drink. This does not apply to medications that you have been instructed to take the morning of surgery with a small sip of water. Be sure to follow the nurse's recommendations strictly, as your surgery might otherwise have to be re-scheduled.

The Morning of Surgery

On the morning of your surgery, you will arrive several hours before your procedure is scheduled to begin.

- **The "Holding Area":** You will come to the preoperative "Holding Area", where dedicated staff will help prepare you for surgery. Please leave any valuables at home. This includes all jewelry, as you will be asked to remove everything before entering the operating room. You will be asked to change into a hospital gown and will be assigned a

bed in the Holding Area. A nurse will start an intravenous line (commonly referred to as an 'IV'), to give you fluids, and if you are a woman of child-bearing age, you will be asked to provide a urine specimen for a pregnancy test.

- **Pre-Operative Exam:** A physician or his will take your history and perform a physical examination. The main purpose of this examination is to see if anything has changed since you last saw your medical or surgical physicians. You will be asked to confirm what type of surgery you are having and will be asked to sign consent for that surgery if you have not already done so. Your surgeon or one of his or her assisting physicians will come to speak to you and to sign your surgical site. This is simply a safeguard to confirm where on your body the surgery will be performed. At this time, you will also meet your anesthesiologist, who will discuss what type of anesthesia you will receive.

Anesthesia

Hand and upper extremity surgery can be performed under two major types of anesthesia: general or regional anesthesia.

- **General Anesthesia** involves being put to sleep with medications that are given to you through your intravenous line. Once you are completely asleep, a breathing tube is placed in your trachea and your breathing will be assisted with a ventilator. You will remain completely asleep and comfortable until the surgery is complete, at which time you will start breathing on your own, the tube in your lungs will be removed, and you will awaken in the operating room.
- **Regional Anesthesia** for hand surgery involves an injection in your arm or upper chest area that will numb the nerves going to the arm. You will be comfortably sedated before the injection, and depending on your preference, can be either lightly or heavily sedated for the surgery. More than 90% of the hand and upper extremity surgeries by SHSC are performed under regional anesthesia. When you receive this type of anesthesia for hand surgery, you will feel no pain during the surgery. As a result, you will need to receive less sedative and pain medication, which will make your recovery faster and you will feel more comfortable and have less side effects such as sleepiness and nausea. In addition, the anesthesia will last for several hours after the procedure, significantly reducing your pain and smoothing the transition to oral pain medications.

If your recovery is expected to require several days in the hospital, your anesthesiologist will choose one of two options to control your pain after surgery. He or she may elect to place a tiny plastic catheter at the site of the injection. This will allow you to receive a continuous infusion of pain medication after the surgery and will make your recovery much more comfortable. The other option is called intravenous patient-controlled analgesia, or PCA. This is a button that you can push to administer a small dose of intravenous pain medication at a set interval as needed.

The Operating and Recovery Rooms

- **Anesthesia/Surgery:** after your consultation with the anesthesiologist, you will be taken to the operating room by a nurse. Once there, your anesthesiologist will put on

standard monitors and will begin giving you sedative medication. One of the forms of anesthesia discussed above will be administered, and the surgery will begin. When the surgery is complete, your surgeon will speak with your family and you will be taken to the recovery room.

- **Recovery:** In the recovery room, you will fully awaken from the sedation and will eventually be given ice chips followed by small sips of water. Your doctor or someone from his /her team will come by and speak with you about the surgery and follow-up plan. If you will be going home that same day, you will receive detailed instructions for taking care of yourself at home and a prescription for pain medication. If you will be staying in the hospital for a few days, you will be assigned a room and will go there later that day or early the next morning. While still in the recovery room, your pain will be controlled with the infusion catheter, the PCA, or oral pain medications.

Recovering in the Hospital

- **Physical/Occupational Therapy:** The recovery process will be an active one. You will likely begin working with a therapist the day after your surgery. This is an important part of your recovery that will allow you to get back to your normal activities as soon as possible.
- **Pain Management:** A surgeon from SHSC will visit you each day to evaluate your pain. On the first day after the surgery, you will be transitioned from the PCA to oral pain medications. The surgeon will assist you in this transition and will ensure that a comprehensive and patient-specific discharge plan (including pain management) is in place for each patient, both during their stay and when they leave the hospital.

After one to four days of recovery, you will be discharged home, likely with a prescription for pain medication, a prescription for physical therapy, and a follow-up appointment with your surgeon.