

OUTPATIENT SURGERY

GENERAL INFORMATION

A very large number of operations are performed on an outpatient (go home the same day) basis or with a hospital stay of less than 24 hours. Some patients who are scheduled to have an operation performed on such a setting become anxious, but there is little reason for this. Advances have been made in surgical procedures, such as using the arthroscope where only little portals are made, and anesthesia and pain management, that, when properly selected and done, outpatient surgery is just as safe and effective as when you are admitted to a hospital. Very likely you will be pleasantly surprised how well things will go. Much of this will go more smoothly if you read the following and if you participate as much and as well as you can.

Once the diagnosis is made and the recommendation is that you have your operation as an outpatient, there will be a full discussion with you as to the reasons why this may be best for you. Some of these considerations and reasons may be as follows:

- There is a short recovery time
- There can be less emotional strain on you; you will be able to return to more familiar surroundings much sooner
- It is more likely you will get more rest at home, since you will not need to be awakened at night regularly by the nurses performing their duties
- The atmosphere of an outpatient facility (or the doctor's office) often is more relaxed than it is in a hospital.
- Often it is more convenient for you and your family
- Because you will not stay in the hospital, the cost is generally lower

TYPE OF FACILITY

The outpatient surgical facility can be one that is attached to a hospital, is free-standing, or simply is in the surgeon's office

PREOPERATIVE EXAMINATION

The preoperative visit will include a review of the history of your problem, your past medical and surgical history, and any other information that might influence the way to proceed with your operation. Such information may include allergies to medications, current medications, such as those that might affect your blood clotting (coumadin, aspirin, non-steroidal anti-inflammatory medications) and past medication use (such as steroid use), any unusual reactions to previous operations, and whether you take any illicit drugs (cocaine, LSD, marijuana) of any type and any time.

PREOPERATIVE TESTS

What tests you have will be influenced by your surgical problem, the operation planned, your past medical history, medication, and age.

- Often it is not necessary to have any laboratory tests at all
- Common tests may include evaluation of blood, urine, EKG (to study the electrical activity of the heart) and/or a chest radiograph (x-ray) to evaluate your lungs. Other tests may be obtained as needed

PREOPERATIVE PREPARATION

- Do not eat or drink anything (that includes coffee) for 8 hours before surgery. Food and drinks makes general anesthesia more hazardous.
- Smoking should be reduced or stopped pre-operatively to help reduce the possibility of post-operative complications from general anesthesia. Further, stopping or reducing smoking post-operatively will help healing of the surgery.
- If you need to take medicines regularly, be certain to discuss with the surgeon or anesthesiologist what you should do about this on the day of the operation
- Shower or bath as usual on the day of the operation, unless instructed otherwise.
- If anything prevents you from keeping your surgical appointment (example - a cough or cold or fever), inform your surgeon and the outpatient surgery facility promptly
- Wear loose fitting clothing
- Leave all jewelry and valuables at home
- You must have a responsible escort to accompany you home if you have sedation or general anesthesia. Often it is advisable to also make arrangements for someone to be with you for the first 24 hours after the operation
- Do not forget to bring any regular medicines with you

REGISTERING AT THE OUTPATIENT FACILITY

- Be certain to bring along the results of all the laboratory test that were done in preparation for this operation. If, for some reason, the results are not available at all, the operation may need to be postponed.
- Bring along any insurance information (including insurance card)
- You will be asked to sign a routine consent form for the operation at the outpatient facility or at your physician's office before surgery for the surgery and possibly one for the anesthesiologist to perform anesthesia so you will feel no pain during the procedure
- A band with your name on it will be applied around your wrist.
- You will be shown where to disrobe and put on an appropriate gown, cap, and slippers. You will then be helped onto a comfortable gurney (rolling bed).
- You will be asked on which side the surgery is to be performed and an may be placed on the area by the nurse.
- You may be given medicine to make you feel drowsy before you are brought into the operating room.

OPERATION

- The operating room is brightly lit and on somewhat cool. There is a lot of activity going on within the room
- The nurse will introduce herself or himself and be at your side while you are prepared for the operation
- Intravenous fluids may be started. The medicines to make you drowsy or keep you asleep are given through them.
- A tiny oxygen mask or catheter may be placed on your face or at the opening of your nose.
- The anesthesiologist, nurse anesthetist or the surgeon will have discussed with you beforehand the type of anesthesia to be used. This can be any of the following:
 - *Local Anesthesia:* A very fine needle is used to place the anesthetic around the area of the incision to make it numb
 - *Local Anesthesia with Sedation:* Above with medicine to make you feel drowsy during the operation
 - *General Anesthesia:* Putting you totally asleep
 - *Nerve Block or Regional Anesthesia:* The nerve to the area of your body to be operated upon is injected with an anesthetic to make it numb
 - *Spinal Anesthesia* An injection into the back to numb both legs.

- The area to be operated upon will be prepared with an antiseptic solution and surrounded with sterile drapes.
- If the operation is done with the help of a video screen (arthroscopy) the lights in the room may be dimmed.
- Wires attached to recording machines will be taped to several places on your skin. They keep track of your blood pressure, heartbeat, breathing, and level of oxygen in your blood.
- If local anesthesia is used, you may feel some tugging during the operation, but no pain. If, however, you do feel any twinge of pain, mention it to the surgeon because this can easily be taken care of.
- Many patients who have anesthesia along with sedation do not remember very much afterward about the operation itself.

POSTOPERATIVE CARE

- You will be taken to the recovery room and observed. When your blood pressure, pulse and breathing are normal and you are completely alert, you will be offered some fluids to drink. At this point you can go home with a responsible adult (not a taxi or Uber.Lyft).
- As appropriate, you will be given instructions on your diet, activity, wound care, medicines and your follow-up visit.

HOME CARE

- Follow the instructions given to you
- Do not use any power equipment or drive if you are taking medications (such as narcotic pain medicines) that may decrease your alertness or if you cannot move freely and without pain.
- Do not take pain medications on an empty stomach. They might cause nausea.

NOTIFY OUR OFFICE IF

Any of the following occur after surgery:

- You experience pain, numbness, or coldness in the extremity operated upon
- Blue, gray or dusky color appears in the fingers or toenails
- Increased pain, swelling, redness, drainage or bleeding in the surgical area despite rest, ice elevation and pain medications.
- You develop any unusual signs or symptoms
- You have chest pains or breathing problems
- You vomit for longer than 4 hours
- Signs of infection including fever 101 or higher
- You have any questions