

## THE PATIENT CHANNEL PRESENTS: YOUR SURGERY: BEFORE, DURING AND AFTER

### **Narrator**

Every year, 15 million people in the United States undergo a surgical procedure for a wide variety of reasons. An operation can relieve or prevent pain, change the course of a disease or improve the function of the body. But no matter the reason for the operation, surgical patients can take important steps to ensure the best possible outcome.

### **Thomas Russell, MD FACS, Exec. Director, American College of Surgeons**

“You know all of us, when we go through life, are probably going to have an operation someday, and when that happens, you better be prepared.”

### **Narrator**

Dr. Thomas Russell is the Executive Director of the American College of Surgeons and was a practicing surgeon for 35 years.

### **Thomas Russell, MD FACS, Exec. Director, American College of Surgeons**

“And I think it’s about education, it’s about communication, and it’s about participation. And if you do all that you’re going to have a good result.”

### **Narrator**

Regardless of the surgical operation recommended, knowledge is power.

### **W. Barsoum, MD, – Orthopedic Surgeon, Cleveland Clinic, Ohio**

“Knowledge is the key to a speedy recovery. The more you know about what to expect, the fewer surprises you’re going to have.”

### **Narrator**

Dr. Barsoum is an orthopedic surgeon at the Cleveland Clinic in Ohio who specializes in knee and hip replacements.

### **Wael Barsoum, MD– Orthopedic Surgeon, Cleveland Clinic, Ohio**

“Get as much information as you can, don’t be shy, ask your doctor, ask the internist who’s going to clear you for surgery, talk to the anesthesiologist, get as much information from them as you can. So that when the day of surgery comes, nothing surprises you.”

### **Narrator**

The important information patients should know before an operation breaks down into 5 categories:

- 1) Selecting the proper surgeon
- 2) What to do at home before the operation
- 3) What happens in the hospital before the procedure
- 4) What happens in the hospital after the operation
- 5) What to do at home after the operation

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The right surgeon is someone well skilled in your condition, someone who cares for you and puts you at ease, and someone who encourages you to ask as many questions as you'd like.

### **Douglas Boyd, MD, Cardio-thoracic Surgeon, Cleveland Clinic, Weston, Florida**

"Surgery is not something that somebody does to a patient. It's a partnership. You both have to get through this. You have to really be a team in order to have the best opportunity for success."

### **Narrator**

Dr. Douglas Boyd is a cardio-thoracic surgeon at the Cleveland Clinic in South Florida.

### **Douglas Boyd, MD, Cardio-thoracic Surgeon, Cleveland Clinic, Weston, Florida**

"I'm happy when patients look into our institution. I'm happy when patients look into my record and me personally because I know the harder they look, the better we look. And I welcome that kind of scrutiny."

### **Narrator**

One of Doctor Boyd's patients is Brian Stafford, a former Secret Service Agent and a former director of the Secret Service.

### **Brian Stafford, Patient**

"In the Secret Service, where I spent 31 years, that was our mantra, it's one of our mantras: being prepared. And I personally approached surgery exactly the same way."

### **Narrator**

Brian seemed to be in good physical condition. He ran 10 miles a day, and he didn't have any noticeable symptoms of declining health. But with a strong family history of coronary disease, his doctor suggested a cardiac catheterization. To Brian's shock it revealed 4 blocked arteries to his heart.

### **Brian Stafford, Patient**

"One of my blockages was close to 80%."

### **Narrator**

While Brian didn't need an operation immediately, but he didn't want to put it off. So he set out to find the best surgeon for his condition.

### **Brian Stafford, Patient**

"My due diligence was extensive. Probably much more so than Dr. Boyd enjoyed."

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### **Narrator**

After he and his wife had several interviews with Dr. Boyd they knew they'd found their surgeon.

### **Brian Stafford, Patient**

"He was always patient, always clear, and always answered all of our questions. I asked him everything from how many have you done, to what his academic credentials are. I got into his personal life. I wanted to know all about that. And basically I learned that he's as good as there is. There's none better."

### ***Natural Sound***

***"Are you happy today?"***

### **Narrator**

Michelle and Patrick Hanrahan, only met pediatric surgeon Dr. Jeffrey Upperman once before deciding he was the right person to operate on their son Devin.

### **Michelle Hanrahan, Patient's Mother**

"We met with him and thought that our meeting would be about 10 minutes, and it ended up about 2 hours! And he just was wonderful. He educated us completely regarding the options, and where Devin was, and the goals. So by the end of the meeting we were happy that he would be the doctor that Devin would have for the surgery."

### **Narrator**

Dr. Upperman is an Associate Professor and the Director of Trauma at the University of Southern California's Children's Hospital in Los Angeles.

### **Jeffrey Upperman, MD, FACS, Children's Hospital, Los Angeles**

"I think one of the things we've learned over recent times through the efforts of the American College of Surgeons and other organizations, is that families who are prepared for operations – in general – have better outcomes."

### **Narrator**

19-year old Devin has cerebral palsy, a condition that makes it difficult for him to express himself verbally.

### **Patrick Hanrahan, Patient's Father**

"It's always amazed me that he can have such a good attitude in life being trapped inside this body that doesn't allow him to communicate like you and I."

### **Narrator**

Devin, who uses a service dog, developed severe difficulty swallowing and he's having an operation to help improve the situation.

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### **Jeffrey Upperman, MD, FACS, Children's Hospital, Los Angeles**

"Devin's case is going to be a laparoscopic gastrostomy tube. Essentially what it involves is putting a plastic tube, a special device, into the stomach through the abdominal wall."

### **Narrator**

Once you choose your surgeon, the next step is to understand exactly what to expect in the days leading up to the operation. And what to expect afterwards, in the hospital and at home. This is best accomplished by patient/doctor meeting before the operation— or in Devin's case, the patient and his parents too.

### **Jeffrey Upperman, MD, FACS, Children's Hospital, Los Angeles**

"I think the importance of the patient/doctor meeting before an operation is key. I think what it allows the patient to do is to one understand the doctor. And understand where they're coming from, what their philosophies are, what their principles are, what techniques they'll be using and just how they'll be cared for not only before the operation but also during and after the operation."

### **Narrator**

Preoperative meetings allow the surgeon to obtain necessary information, lay out expectations and guidelines, and provide the patients with an opportunity to ask all of the questions they can think of.

### **Jeffrey Upperman, MD, FACS, Children's Hospital, Los Angeles**

"Being prepared for a surgery not only entails just having the fundamental information about the disease and the procedure at hand, it also entails understanding what can go right and what can go wrong."

### **Narrator**

Surgeons will conduct an in-depth review of all your medications – prescription and over-the-counter – as well as any supplemental herbal remedies, and vitamins. They'll also tell you what medicines to take or avoid on the day of your surgical procedure.

### **W. Barsoum, MD– Orthopedic Surgeon, Cleveland Clinic, Ohio**

"Again, knowledge is the key. You're never going to go wrong by giving more knowledge than you think is necessary."

### **Narrator**

Patients about to enter the hospital for an operation should also have an advocate: a family member or friend who goes with them to the hospital and serves as a voice if necessary before, during, or after the procedure.

### **Jeffrey Upperman, MD, FACS, Children's Hospital, Los Angeles**

"I would define advocates as being anyone from social workers, to translators, to actual advocates that we have working at the facility. Well, sometimes young

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parents need someone to be in their corner. So we encourage families to bring in family members who may have a medical background, or who don't even have a medical background."

### **Narrator**

Devin's advocates, his parents, Michelle and Patrick, were by his side on the day of the operation ready to face the monumental day ahead of them. That's coming up...

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### **Narrator**

The day of Devin's operation has arrived and he's about to go into the hospital. He knows what to expect, and he's ready.

### **Jeffrey Upperman, MD, FACS, Children's Hospital, Los Angeles**

"What happens the day of surgery? Devin's day will start out like all of our children's days who come for elective same day of surgery. Devin will show up in the administration area. He'll be identified by our staff and from that point on he'll get an ID bracelet."

### ***Natural Sound***

***"That looks right: Devin Hanrahan. Put your ID bracelet on."***

### **Jeffrey Upperman, MD, FACS, Children's Hospital, Los Angeles**

"And that really starts our first steps at due-diligence to make sure that everybody knows who Devin is. And he will go through a period of checks throughout his operative day to make sure that Devin is who Devin is. And that sounds like a simple thing but it's a necessary thing."

### **Narrator**

In the Preoperative area, surgical patients get a once-over from the nurses to double check their identity and to make certain nothing else compromises their readiness for the operation.

### ***Natural Sound***

***"One more time tell me what you're going to have done today."***

***"A partial left knee replacement."***

***"Okay."***

### **Narrator**

Patient David Armor is a retired 81-year old Design Engineer living in Erie, Pennsylvania. David and his wife have come to the Cleveland Clinic in Ohio so he can have a partial knee replacement.

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***Natural Sound***

***“You’re having your left knee done today.”***

***“Yes.”***

***“It’s a left partial knee replacement.”***

***“That’s correct.”***

***“Okay good.”***

**Narrator**

In Pre-Op patients meet members of their surgical nurses team.

**Lori DeWitt, RN, Surgical Nurse, Cleveland Clinic, Cleveland Ohio**

“Well pre-operatively, the patients come in for surgery that day and the role of that nurse is to ensure that everything is ready. That they have the necessary papers: that they have the necessary tests for that patient to safely have surgery. They’re making sure that there’s a physical, that there’s informed consent. If there is blood work or EKGs that are needed, they make sure that that is all available and ready to go. Make sure the patient is not sick, pass along any pertinent information to the anesthesiologist. To make sure they took their medications.”

***Natural Sound***

***“What kind of surgery will you have today?”***

***“A partial left knee replacement.”***

**Narrator**

During Pre-Op, patients talk with the anesthesiologist and the anesthesia team as they prepare the patient for surgery.

**Cherie Fisher, MD, Anesthesiologist, Cleveland Clinic**

“I just think that we’re the person who makes sure the patient is safe. We are the person who makes sure that the patient is safe during their anesthesia that they come out of anesthesia, that we put them to sleep, that we wake them up. And we make sure that they don’t feel any pain, they’re not aware of anything and that they’re asleep during the surgery.”

**Narrator**

Dr. Cheri Fisher is a staff anesthesiologist at the Cleveland Clinic in South Florida.

**Cherie Fisher, MD, Anesthesiologist, Cleveland Clinic**

“In the pre-op area, the first thing I like to do is make sure I have the right person. And the first thing I do is introduce myself and make sure that’s the patient I’m doing surgery on. The next thing I like to do is look at the consent and make sure the consent and where the patient is having their surgery is correct and also make sure that the surgeon marked wherever the patient is having surgery. That’s what I do first. Then, after I get a history and a physical from the

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patient, just to make sure I know all their medical problems, if they're on any medications, if they have any allergies, and also just to make sure the patient didn't have any major complications from surgery in the past or anesthesia in the past. Just so I know what to expect when I'm going in for surgery. And I think it's a good time for me to tell patients their options for anesthesia and exactly what I'm going to do during anesthesia to make them nice and comfortable."

### **Narrator**

Some operations, like patient David Armor's partial knee replacement, call for limited types of anesthesia like an epidural, a type of spinal anesthesia where the patients remain conscious and semi-alert during the entire surgical procedure but can't feel anything below their waist.

### ***Natural Sound***

***"Unfortunately this is the best angle I can give you. It doesn't go more than this."***

***"How long is this thing?"***

***"We're almost done."***

### **Narrator**

Devin Hanrahan's "G-tube" operation requires that he undergo general anesthesia and be completely unconscious throughout the procedure.

Because of the risk of a medical error, hospitals have procedures in place to lower the chances of something going wrong. "Universal Protocol for Wrong Site, Wrong Procedure and Wrong-Person Surgery" is a set of guidelines designed to make surgical procedures safer than ever before.

### ***Natural Sound***

***"I was joking about writing this on my right knee and all the nurses said: That's a good idea!"***

### **W. Barsoum, MD– Orthopedic Surgeon, Cleveland Clinic, Ohio**

"What the Universal Protocols are designed to do is to make sure that you, as the correct patient, receive the correct surgery, by the correct surgeon, on the correct extremity at the correct location.

Then, once the patient comes into the room, we perform what's called a "Surgical Time Out" where everybody stops what they're doing. We say the name of the patient, we state the surgical site, and everybody confirms that this is the correct patient and the correct site. And in the case of an implant, when we're using an implant, we also state the name of the implant that we'll be using. Again, the whole idea here is to try to eliminate as much risk as possible. Although, there's always risk with surgery, there are certainly things we can do to minimize that risk and Universal Precautions are one of those things that we do."

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### **Narrator**

So then, what can patients undergoing surgery expect after they've had their operation? We'll take a look when we come back.

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### **W. Barsoum, MD– Orthopedic Surgeon, Cleveland Clinic, Ohio**

“Finally when you're all done with the surgery itself, the anesthesiologist will bring you back to the recovery room and make sure to sign out to the person in the recovery room any issues that may have come up during the procedure, anything to keep an eye out for, and just a general review of your health.”

### **Narrator**

What patients can expect in the recovery room depends on the type of operation and anesthesia they've had. Several hours after his partial knee replacement, patient David Armour was just beginning to get sensation in his legs.

### **David Armour, Patient**

“It's taken a long time to get the feeling back in my legs so I can't go to my room. I'm not really in any pain. It feels fine. Nurses say you should be thankful for that because it's going to start hurting and then you'll wish you didn't feel anything!”

### **W. Barsoum, MD– Orthopedic Surgeon, Cleveland Clinic, Ohio**

“If you've had an epidural anesthetic or a spinal anesthetic, the first thing that might surprise you when you arrive in the recovery room is the fact that you still may not be able to move your legs at all. That's nothing to worry about.”

### **Narrator**

Patients who are given general anesthesia like Devin, may remain unconscious after surgery for hours. So the surgical nurse's attention is important during the postoperative period as well.

### **Lori DeWitt, RN, Surgical Nurse, Cleveland Clinic, Cleveland Ohio**

“The most important thing to realize is that when you come out of the OR you have your recovery room nurse and she's watching very closely. You will have some pain and our goal is to make you comfortable, so it's getting your pain level to a level that is tolerable.”

### ***Natural Sound***

***“Are you having any pain?”***

***“No pain at all at this point which makes me wonder when is it going to start?”***

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### **Narrator**

Once a person has recovered from the anesthesia and the pain is at a tolerable level, and the incision site is OK, and their vital signs are good, they'll be transferred to a hospital room.

Regardless of the type of operation or the type of anesthesia it's still up to the individual patients to help the hospital staff with their recovery.

### **W. Barsoum, MD– Orthopedic Surgeon, Cleveland Clinic, Ohio**

“And if in fact you are nauseated you should let your nurse know right away because we have terrific medications that are very, very good at counteracting nausea so there's no reason to be miserable while you're sitting there. Additionally, you may have pain. If you have pain you should also let your nurse know in the recovery room right away. The reason that's important is pain actually affects many of our organ systems. It will raise your blood pressure; it will cause you to breathe more quickly. So it does have some physiologic affects that we don't necessarily want. So it's important for you to let us know about it so we can make you feel more comfortable.”

### **Narrator**

Some rules for patients to follow include: listen carefully to the instructions of your healthcare professionals; don't get out of bed without talking to the nurse; don't touch the surgical site or bandage and keep it dry; make sure everyone who comes into the room washes his or her hands, that goes for family and friends as well. And don't be afraid to ask questions.

Another important and all too common post-operative condition that may develop – in the hospital or at home – is a blood clot in the legs. Ask your doctor if you should take any medications to prevent them.

### **W. Barsoum, MD– Orthopedic Surgeon, Cleveland Clinic, Ohio**

“If one of your legs starts swelling, if you start feeling calf pain: let your doctor know right away. If you can't reach your doctor, go straight to the Emergency Room. That's one of the types of problems that can actually be a life threatening issue. So if there is any concern of calf pain or lower extremity swelling, go straight to an Emergency Room but also try to reach your physician as well to them know.”

### **Narrator**

It's also important to have a checklist before going home: Make sure you have an easily accessible bathroom; ask the doctor what the most comfortable position to sleep in is; and have all home nursing arrangements made in advance. And make sure you know how to contact your doctors.

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Dr. Barsoum also suggests that any necessary prescriptions be filled and ready for the patient before he gets home.

### **W. Barsoum, MD– Orthopedic Surgeon, Cleveland Clinic, Ohio**

“I’ll give you one example that’s important. In orthopedics we frequently use blood thinners, and some of these blood thinners can be somewhat difficult to find. So if you’ve already left the hospital and you can’t get your prescription filled, that’s a problem. So you want to be sure that somebody’s already made the arrangements for you to have those prescriptions filled for you in advance.”

### **Narrator**

When we come back, what patients should do at home after their operation.

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### **Narrator**

The day you leave the hospital is an important one, but what you do after getting home is critical in ensuring the safest and most effective outcome to your individual procedure.

### **W. Barsoum, MD– Orthopedic Surgeon, Cleveland Clinic, Ohio**

“The most important thing that I would tell you to make sure is arranged is some way to contact your doctor or whoever’s on call for that particular practice at night or anytime you have a question. Because, again, what you don’t want to feel is that you’re all alone. You want to know that people are there to help you if you need them.”

### **Narrator**

Patients at home after an operation should know how to take their medications as instructed. And they should also know how to look after their surgical wound.

### **Lori DeWitt, RN, Surgical Nurse, Cleveland Clinic, Cleveland Ohio**

“They would be looking at that incision and looking for signs of infection, such as redness, such as any discharge of fluid, such as the incision may be separating a little bit is something to look for as well. And they might even possibly get a fever, so those are the kinds of symptoms they’d want to look for and report to their physicians.”

### **W. Barsoum, MD– Orthopedic Surgeon, Cleveland Clinic, Ohio**

“Things to be aware of when you get home; things that should maybe prompt a call to the your hospital: If your appetite isn’t coming back; if you’re not having bowel movements, if you aren’t able use the restroom, these are things that could potentially signify a problem. The opposite is also true. If you have uncontrolled diarrhea, if it won’t stop. You need to let your doctor know. Anything that’s kind of out of the ordinary that just isn’t getting better. Again, knowledge is key. Let your doctor know. They may tell you it’s nothing to worry about. On the

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other hand, they might want to see you and be sure it's nothing to worry about. So if you have a concern, ask your doctor."

### **Narrator**

It's vital to follow your doctor's orders, including diet, exercise, rehab if prescribed, and when to resume normal activities and more.

### **Lori DeWitt, RN, Surgical Nurse, Cleveland Clinic, Cleveland Ohio**

"I think the key information is to follow the instructions they were given. So if they're given information about how to care for their wound to make sure they follow that. They do need to take their pain medication if they are having pain. That's really important because a very important part of your recovery is to ambulate, to move."

### **Narrator**

Informed patients who follow the guidelines set out by their surgeons have the best chance for a good outcome.

### **Douglas Boyd, MD, Cardio-thoracic Surgeon, Cleveland Clinic, Weston, Florida.**

"What you have to do is keep thinking positive. You know, you're going to move forward, you're going to get on with your life, you're going to be prepared, you're going to cooperate and use this as a stepping stone to living longer or feeling better."

### **Thomas Russell, MD, FACS, Exec. Director, American College of Surgeons**

"I would say, one word to summarize it, participate in this thing. It's about you and you've got the final say in this thing."

### **W. Barsoum, MD– Orthopedic Surgeon, Cleveland Clinic, Ohio**

"I would say one thing to realize is surgery today is very different than it was 10-15 or 20 years ago. It's safer. We have better medications for controlling your pain, we have better ways of controlling your nausea. You'll probably be in the hospital a shorter period of time. So if you need surgery, hopefully these words will put your mind a little bit at ease."

### **Narrator**

Patient Devin Hanrahan is back at home recuperating with the help of his family. David Armour is back in Erie Pennsylvania where his new partial knee replacement has made getting around a lot easier. And two years after his operation, Brian Stafford is running 5 miles a day with as much vigor as ever.

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AND AFTER

This program was reviewed by:

Bruce B. Dan, MD  
Managing Editor  
The Patient Channel

American College of Surgeons

Special Thanks:

Cleveland Clinic, Cleveland, Ohio  
Cleveland Clinic, Weston, Florida

American College of Surgeons  
633 N. Saint Claire St.  
Chicago, Illinois 60611

312. 202. 5328

United States Secret Service

The Clinton Archives

Children's Hospital, Los Angeles

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