

FAQs

Preparing for Surgery

Frequently Asked Questions

Understanding Surgery

What questions should I ask before having surgery?

Once you and your health care professional have agreed that you need surgery, ask the following questions:

- Who will be involved in the surgery? You should know who will do the operation and who will be part of the surgical team.
- Where and when will it take place? Understand whether you are having outpatient or inpatient surgery (read below).
- How will it be done? Understand if minimally invasive surgery is possible (read below).
- What should I do before surgery? Some types of surgery require special preparation. You may need to set up appointments and plan for extra help.

[Preparing for Surgery Checklist](#)

What is the difference between outpatient surgery and inpatient surgery?

Outpatient surgery, also called ambulatory or same-day surgery, does not always take place in a hospital. It may be done in a health care professional's office, surgical center, or clinic. You may arrive for surgery and return home on the same day. You will need someone to drive you home.

Inpatient surgery takes place in a hospital. You usually check in on the day of surgery and remain for a few days or more after surgery.

What is the difference between open surgery and minimally invasive surgery?

Minimally invasive surgery is done using small incisions or no incisions on your abdomen. Open surgery uses bigger incisions, sometimes several inches long.

In minimally invasive surgery, a special instrument called a [laparoscope](#) may be used. This is called [laparoscopy](#).

Minimally invasive surgery has many benefits. Recovery is generally faster and less painful than recovery from open surgery. There is also a lower risk of infection than with open surgery.

You can talk with your health care professional about which way your surgery will be done and whether minimally invasive surgery is possible.

What health care professionals are typically involved in surgery?

A team of health care professionals may work together to care for you before, during, and after your operation. Nurses may help your doctor during surgery, do special tasks, and help make you more comfortable.

A resident or fellow may help during your surgery. Residents are doctors who have finished medical school. They are getting special training by working with your doctor. A fellow is a fully trained doctor who is doing additional training in a specialized area.

The [anesthesiologist](#) is the person who is in charge of giving [anesthesia](#) and checking its effects. Sometimes anesthesia is given by a nurse-anesthetist who works under the direction of an anesthesiologist.

You may also talk with other health care professionals before and after surgery, such as

- hospital or clinic staff
- medical specialists to help with any chronic health conditions
- social workers to help with any needs you have at home

Getting Ready for Surgery

What can I do to help ensure my surgery will go smoothly?

- If you smoke, try to stop smoking before your operation. [General anesthesia](#) affects the normal function of your lungs. Any period of not smoking helps. It is best if you quit at least 4 weeks before surgery. If you cannot quit, even slowing down helps. Quitting smoking before surgery has the following benefits:
 - Your risks related to anesthesia will be lower.
 - Wound healing is faster.
 - The risk of pneumonia, an infection of the lungs, is decreased.
- If you drink a lot of alcohol, try to quit. People who drink three or more alcoholic drinks per day have more complications after surgery than people who drink less. Quitting drinking before surgery can lower your risk of complications.
- If you are taking medication, ask if you should keep taking it before or after the operation. Discuss all of the medications you are taking, including those that have been prescribed for you and those that are bought over-the-counter, such as vitamins, herbs, or other supplements. Some medication should not be taken before an operation. Others may conflict with other medication prescribed for you.
- Follow your health care professional's advice on nutrition and exercise. You may be asked to follow a special diet or exercise plan. Exercising can improve your blood flow and help you heal after surgery. Even walking can help build your strength. Talk with your health care professional about how you can best manage any health conditions before surgery. For example, if you have [diabetes mellitus](#), maintaining good control of your [glucose](#) levels before surgery may improve healing.

[Preparing for Surgery Checklist](#)

What can I do to plan for recovery after surgery?

Ask your health care professional what recovery will be like and what help you may need at home. Here are a few questions that may be helpful to ask:

- Will I need someone to take me home after surgery?
- Will I need someone to help out at home while I recover?
- Will I need any special supplies at home?
- Will I be able to bend over or climb stairs while I recover?

Also think about setting up your home to make recovery easier:

- Stock up on food and any supplies you may need.
- Clean your home to make it easier to move around.
- If you won't be able to bend over or climb stairs, put things you use often at waist or shoulder height.

What is informed consent?

Your health care professional should explain what is involved in your treatment before you agree to it. This process is called **informed consent**. You should be asked to sign a consent form before surgery. This form says that you were involved in the decision-making process with your health care professional.

Many consent forms describe

- the type of operation you will have
- who will do it
- what condition it is meant to treat or evaluate
- risks, benefits, and alternative treatments

Read the consent form closely. Ask questions if there is something you do not understand. Have your health care professional go over anything that is not clear to you.

If it is not possible for you, the patient, to sign the form, you can have a stand-in decision maker sign it for you.

[When Making Health Care Decisions, Your Voice Matters](#)

What is an advance directive?

An advance directive is a legal document that tells your health care professionals about the types of care you want to receive if you are not able to make medical decisions.

Advance directives are optional. You can consider filling out an advance directive form before you have surgery. You can get the form from your health care professional or [state health department](#).

What is involved in a presurgery checkup?

A week or two before your surgery, you may need to have a physical exam and tests. Tests may include lab tests of your blood and urine, a chest X-ray, and an electrocardiogram. An electrocardiogram is a test of heart function with an instrument that prints out the results as a graph.

Tell your health care professional about any changes in your health, medications, or symptoms that happen before your operation, even minor colds or infections.

What can I eat or drink before surgery?

Your health care professional may recommend a certain period of fasting before surgery. The recommended guidelines for fasting now typically include the following:

- Eating a light meal up to 6 hours before surgery.
- Not drinking anything except clear liquids up to 2 hours before surgery.
- Having one clear sports drink or nutrition drink 2 hours before surgery (the carbohydrates in the drink help your body cope with surgery)
- Not drinking alcohol 24 hours before surgery.

If you have not followed any of the directions given to you, tell your health care professional.

If you have diabetes, ask your health care professional when you can have your last meal. You can also discuss which medicines you may take with a sip of water on the morning of surgery.

The Day of Surgery

What do I need to do the day of surgery?

- You may be asked to arrive early to prepare for the surgery. If you have insurance, bring your insurance card with you.
- Before leaving home, shower and wash your hair. (Or you may have been told to shower the night before with an antibacterial scrub.) Do not wear makeup. Leave jewelry and other things of value at home. All jewelry usually needs to be removed from your body before the operation.
- If you will be staying overnight, bring only items you will need, including a case for glasses, contact lenses, or dentures.
- You may be given an ID bracelet with your name and birth date. Make sure this information is correct.
- Be prepared to go over your health history, as well as any allergies to drugs, food, or latex (some surgical gloves are made of latex). You may be asked what medications you are taking. It may be helpful to bring a list of your health conditions and medications.

What may happen right before surgery?

Just before surgery, preoperative preparation takes place. The steps vary, but you may experience the following:

- You may be asked to remove
 - dentures and bridges
 - hearing aids
 - contact lenses or glasses
 - wigs, hairpins, combs, and other hair accessories
 - jewelry
- You will change from your clothes into a hospital gown and maybe a cap. Steps may be taken to help prevent [deep vein thrombosis \(DVT\)](#), a risk with all types of surgery. You may be given special stockings to wear, or inflatable devices may be put on your legs. You may be given drugs to reduce the risk of DVT.

- You will be taken to an area to wait until the surgical team is ready for you. Some places allow family members or friends to wait with you.
- A health care professional will confirm your name, birth date, and type of surgery before you go to the operating room. If the operation is to be done on one side of your body, the site may be marked with a special pen.
- An anesthesiologist or other health care professional will discuss which type of anesthesia you will receive during the operation.
- A tube called an **intravenous (IV) line** may be placed into a vein in your arm or wrist. It is used for supplying your body with fluids, medication, or blood during and after the surgery.
- You may be given a skin patch or other medications that reduce nausea and vomiting after surgery.
- You may be given medication to help you relax. You may also be given other medications, such as pain relievers and **antibiotics** to reduce the risk of infection.
- You may also be given an injection with pain medicine, called a nerve block. Nerve blocks numb pain in a specific area of your body.

What will happen once I am in the operating room?

After you are taken into the operating room, you are moved to the operating table. Monitors are attached to various parts of your body to measure your pulse, oxygen level, and blood pressure.

The surgical team may again ask you your name, date of birth, and what operation you are having. A final review of medical records and tests may be done. This final confirmation is called a "time-out," and it is done for your safety. The time-out may be done before you are given a sedative, or you may not be awake during the time-out.

If you are having general anesthesia, it is given through your IV line. After you are asleep, a tube called a **catheter** may be placed in your bladder to drain urine.

Recovery After Surgery

What may happen after the operation is over?

Once the operation is over, you are moved into the recovery area. This area is equipped to monitor patients after surgery.

Many patients feel groggy, confused, and chilly when they wake up after an operation. Let a health care professional know if you have a headache or nausea. You may have muscle aches or a sore throat shortly after surgery.

These side effects should not last long. You can ask for medicine to relieve them. You should remain in the recovery room until you are stable.

What medicine will I be given?

During your recovery, you may receive antibiotics and other medicines. You may still have an IV line for fluids. Be sure to ask for enough pain relievers to keep you comfortable. You may be given multiple types of pain medicine, including ibuprofen, acetaminophen, and gabapentin. Opioids (also called narcotics) are only given if needed, because the other options can work very well with fewer side effects.

Sometimes the medicines you are given may cause you to have little memory of the day of surgery.

How much should I move around after surgery?

As soon as possible, your nurses should have you move around as much as you can. You may be encouraged to get out of bed, walk around, and use the bathroom soon after your operation. You may feel tired and weak at first. The sooner you are active, the sooner your body's functions can get back to normal.

You may be asked to stay out of bed for at least 2 hours the evening of your surgery and at least 8 hours the day after your surgery. It is also best to sit up in a chair for all of your meals.

How soon can I eat and drink normally?

You will likely be encouraged to eat and drink as soon as possible after surgery. This is usually safe as soon as you are awake, alert, and breathing normally. You may also be

given chewing gum and nutrition drinks. The goal is to help get your digestive system back to normal as soon as possible.

What things do I need to know before I go home?

Before you leave, a health care professional should go over any instructions on diet, medicine, and care of your incision. You should be told what things or activities you should avoid and for how long. You should also discuss whether you need extra help at home.

You should know the signs of a problem, such as a fever or increased vaginal bleeding, and you should know who to call if you have a question or a problem. Also remember that many pain medications cause constipation. Ask your health care professional how to prevent this problem.

You should not drive right after outpatient surgery. Arrange to have someone drive you home when you are ready to check out. Do not operate heavy machinery, make important legal decisions, or drink alcohol for the next 24 hours.

Here is a list of questions you should ask your health care professional:

- What medicines should I take and when? Can I also take vitamins, herbs, and supplements?
- What and when should I eat?
- What signs of complications or infection should I look for?
- When should I see my health care provider again?
- What will happen to my stitches or staples?
- When and how can I shower or bathe?
- How much weight can I lift, and can I bend over?
- When can I drive, and when can I go back to work?
- When can I have sex again?

How long will it take to recover?

If you have had major inpatient surgery, it will most likely take a month or more before you are ready to resume your normal schedule. Minor operations require less recovery

time, but you may need to cut back on certain activities for a while.

Glossary

Anesthesia: Relief of pain by loss of sensation.

Anesthesiologist: A doctor who is an expert in pain relief.

Antibiotics: Drugs that treat certain types of infections.

Catheter: A tube used to drain fluid from or give fluid to the body.

Deep Vein Thrombosis (DVT): A condition in which a blood clot forms in veins in the leg or other areas of the body.

Diabetes Mellitus: A condition in which the levels of sugar in the blood are too high.

General Anesthesia: The use of drugs that create a sleep-like state to prevent pain during surgery.

Glucose: A sugar in the blood that is the body's main source of fuel.

Informed Consent: The process by which a patient gains an understanding of the risks and benefits of a medical procedure or treatment as well as the alternatives.

Intravenous (IV) Line: A tube inserted into a vein and used to deliver medication or fluids.

Laparoscope: A thin, lighted telescope that is inserted through a small incision (cut) in the abdomen to view internal organs or to perform surgery.

If you have further questions, contact your ob-gyn.

Don't have an ob-gyn? [Learn how to find a doctor near you.](#)

FAQ080

Last updated: November 2023

Last reviewed: October 2023

Copyright 2024 by the American College of Obstetricians and Gynecologists. All rights reserved. Read [copyright and permissions information](#).

This information is designed as an educational aid for the public. It offers current information and opinions related to women's health. It is not intended as a statement of the standard of care. It does not explain all of the proper treatments or methods of care. It is not a substitute for the advice of a physician. Read [ACOG's complete disclaimer](#).

About ACOG

Disclaimer

Contact Us

How to Find an Ob-Gyn



Copyright 2024 American College of Obstetricians and Gynecologists

Privacy Statement

|

Terms and Conditions of Use