

# A LINE ON LIFE

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## So You Need Surgery.... \*

David A. Gershaw, Ph.D.

If our physician says we need an operation, we need to be aware of our rights as consumers of a medical service. If we buy a car, we investigate and ask lots of questions. However, if we need surgery, we often just accept medical decisions without asking questions. We have a right to ask questions, but what questions should we ask?

1. **Are there alternatives to this operation? What are these alternatives? What are the risks?** For example, temporary pacemakers are typically implanted during cardiac surgery. However, this is *invasive* procedure – one that requires cutting into the body. Using the noninvasive method – attaching temporary pacemakers with electrodes outside the chest– is effective with 94% of the patients. Any invasive procedure involves more risks than a noninvasive one.

The above questions emphasize the importance of getting a **second opinion**. Depending on the type of surgery, up to 80% of operations may not be recommended by a second opinion. If the first two options do not match, seek a third or fourth opinion, until you get a *consensus*.

2. **How experienced is the physician with this procedure?** Although this should not be the only factor in choosing a surgeon, those who repeatedly do a particular procedure tend to do them better.

3. **What are the fees?** As with any purchase, find out your fees in advance – and get them *in writing*. Often these fees are negotiable. Separate billings will be received from the hospital and the anesthesiologist. You can ask them similar questions too.

4. **What training and experience does the surgical support team have?** Meet with your anesthesiologist before your operation. Ask if s/he is board certified. Ask what type of anesthesia you will be getting. Is it **local** (affecting only a small part of the body for a short time), **regional** (numbing a larger body area) or **general** ("*putting you to sleep*")? Although the risks for all are low, general anesthesia typically involves a slightly higher risk. Most anesthesiologists will be ready and willing to discuss these topics with you.

5. **What will happen during the surgery?** The anesthesiologist can explain what you are likely to experience before, during and after the surgery.

6. **How often is this surgery done at this hospital?** For instance, when a hospital does over 100 coronary bypass surgeries yearly, the recovery rate for this operation is higher.

7. **What is the infection rate at the hospital?** About 10% of patients get post-operative infections, usually because of human flaws in hospital sanitation procedures. (If the rate is 5% or less, the hospital is doing a good job of controlling infections.)

Although you may be hesitant to ask, your questions serve two important functions. First, they provide you with *vital information*. Second, your questions indicate to the medical team that you are informed and interested. Studies indicate that those who ask questions about their surgery receive above-average treatment. As the medical personnel become more involved with *you*, they are more likely to do their best with someone they know.

With Thanksgiving approaching, we have many reasons to be thankful. For those of us who are healthy and do not need surgery, that is a good reason to give thanks. Even if we do need surgery, we can be thankful for the surgery or other treatments that are available – and the capable, caring people who administer them.

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\* Adapted from Charles B. Inlander's "Questions to ask before having an operation," *Bottom Line: Personal*, November 15, 1993, pages 11-12.