

We want you to ask questions. Meeting with a surgeon can be overwhelming. Either you have been referred to our practice after receiving a diagnosis, or you might be in the emergency room. Regardless of how you meet us, you will be presented with a lot of information, during what might be a very difficult time for you. After we share all of the information with you, we ask if you have any questions. Not surprisingly, while you are trying to process everything, questions are sometimes difficult to produce. Please know that is OK. I often advise patients to get a notebook, and jot down questions as they come to you. Either while you are at home, awaiting surgery or in the hospital following an operation.

Second opinions are great, but "Dr. Google" should not be one of them. We know the moment you receive a new diagnosis or are given a surgeon's name as a referral, you look for more information about both online. We *do* want you to be informed about your condition, the surgery you will undergo and treatment options. However, please know that although the internet can be a good source for general information, a true second opinion on your individual care should come from a second *surgeon*. You want the opinion of someone who is board certified in his or her field by his or her professional organization.

Your surgery starts before you even go into the operating room. How you take care of yourself before we even make an incision, counts. If you smoke, *stop smoking*, this is clearly associated with numerous postoperative complications including a significantly higher incidence of wound infections which will lengthen your hospital stay as well as your convalescence. If you don't exercise, start a walking program with approval from your primary care physician as this will improve your stamina from the added stress of the surgery to your body. If you are not eating healthy (aka, a well-balanced diet including fruits and veggies) and taking your vitamins, make a trip to the grocery store or ask a relative or friend to go on your behalf. For some patients that are significantly overweight, a BMI of 35 or greater may necessitate the need to postpone your procedure until you are in better shape, we will have to skip this step if a cancer is involved. I recommend two documentaries to educate my patients in learning about eating properly; 1. **The Magic Pill** and 2. **In Defense of Food**. Your overall health – ***smoking status, exercise tolerance, weight and nutrition and medical issues along with medications you may be currently taking***– all directly impact how successful your surgery can be and how likely it will be that you might have a complication.

Unfortunately, complications do happen, but it's important to remember they are not always someone's "fault." Pneumonia, urinary tract infections, wound infections and unexpected bleeding are all types of complications that can occur even when everything is done right. One of the best approaches to address any concerns you have is to be proactive. While we review specific complications that can occur during your particular procedure please feel free to ask about what types of complications you might encounter with your operation and how those could be treated. Knowing your risks will help you face any fears you might have. And rest assured, we already have a plan in place, in case a complication happens.

Pain is inevitable. You will have it. If you think about how much a paper cut can hurt, a surgery, where sharp instruments are involved, is going to hurt, too. There is a misconception that pain medication will erase all the pain. In fact, it is impossible to take all of your pain away without harming you. The main objective of your pain-management after surgery is to *decrease* the pain, but not completely erase it – the point is to make the pain tolerable, so you can walk, shower and participate in any therapy that might be recommended for you. To that end, prior to major abdominal surgery we have you take Gabapentin which acts on nerve endings, Tylenol and an NSAID, typically Aleve, so that you have medication on board prior to the incision. Following the procedure, we use a long acting local anesthetic mixture that typically lasts for about 24 to 48 hours. We follow that up with scheduled dosing of Tramadol, Tylenol and Gabapentin. We have found that this combination allows patients to get up and start walking on the day of surgery. The more one walks post operatively the quicker the recovery typically is with a shorter hospital length of stay.