

25 Questions You Must Ask at the Hospital

A special report by Dr. Michael Roizen, MD

This report is an excerpt from the book, *You the Smart Patient* (Free Press, 2006) by Dr. Michael Roizen, MD, Dr. Mehmet C. Oz, MD, and the Joint Commission.

You're Having Surgery? Use These Insider Tips to Sail Safely Through the OR

Have you had the pleasure yet?

We bet you have. Or maybe you're still looking forward to it.

We're talking about surgery, of course. We see it from the scalpel-wielding end just about five days a week, and it's still a thrill.

However, understandably, the patients on the other end of the adventure are a tad less enthusiastic. After all, they're asleep when all the interesting stuff happens. That's a bit ironic when you think about it, isn't it? They're undergoing one of the most important things that'll ever happen to them personally—one in which every little move can affect their lives—and during the whole thing they're sawing wood. Out like a light. Oblivious to everything and everyone. Could you imagine sleeping through your own wedding? Your child's graduation?

Now, if you're on the table and have an anesthesia drip in your arm, you have a great excuse for snoozing. But a lot of patients doze through the whole process, starting six weeks before the surgery is even booked. They let their doctor make all the decisions, blindly assuming that everything will go smoothly because everyone will be looking out for them. They say, "Wake me when it's over," long before they step foot into the operating room, and they mean it.

Folks like this make us shiver in our scrubs. They don't realize that they're the surgeon's and anesthesiologist's biggest ally in making their surgery a success! That's because "having surgery" doesn't refer to the hour or so when you're in the operating room; it's a process that goes on for several weeks before and after the surgeon does his or her thing. And the main guard on duty during all that time is—drumroll, please—you.

Of any medical situation you'll ever face, having surgery is the only one where being a Smart Patient isn't just admirable, noble, and awe-inspiring, it's absolutely mandatory. When the inevitable happens, Smart Patients transform from savvy, educated consumers of health care into lean, mean, fact-finding machines. They leave no proverbial stone unturned; they become detectives with the tenacity of Columbo and Jessica Fletcher combined. (Hmmm, pairing a ratty trench coat with pumps is an interesting look.)

Checklist: What Smart Patients Want to Know

When your doctor says, "You need surgery," that's your cue to put on your Sherlock Holmes hat and find out every pertinent detail—even the ones that seem too elementary to ask. Be inquisitive and be thorough, with a notebook, tape recorder, and your health care advocate right by your side (see the section "Advocating Advocates" on page 102 for details about this comrade-in-arms). Here are the key questions you should ask before undergoing any surgery—except maybe splinter removal.

- I know I've asked before, but can you review once again in lay terms why I need this surgery?
- What'll happen if I run for the hills and don't have it done?
- Can I peek at some of the data showing what happens if I "just say no"?
- What are the alternatives to surgery?
- What are risks of the surgery in the hands of a skilled practitioner? What if he or she is not skilled?
- Is there an alternative or newer way to perform the surgery that offers different pros and cons? If so, which method will you use and why? Any minimally invasive options? Are those better?
- Will the benefits be permanent? By the way, how long is "permanent"?
- Where is the absolute best place to have this surgery done besides here?
- How many of these specific surgeries does this hospital do a year?
- How long will I be in the hospital?
- Is it possible to do this on an outpatient basis, and if so, would that be smart?
- Can this be done under local anesthesia instead of general? (Don't get knocked out unless it's necessary, or the surgeon thinks it'll be most beneficial.)
- How many times have you performed this procedure? ("You're my very first!" is a bad answer.)
- How do your results in this operation compare with those of other surgeons?
- What kinds of complications do your patient's most frequently experience from this surgery? (Don't let the surgeon speak in generalities here.)
- What should I do and not do immediately before and after surgery? (Find out about food, alcohol, medications, sex, triathlons, and other activities.)
- Is the operation painful? How much pain will I be in after surgery? What painkillers will I be given during and after surgery? (Get drugs now; see the section "It's a Pain" on page 120.)
- How long will I be laid up after this surgery—meaning flat on my back or really unable to get around easily?
- How soon will I be able to drive? Do I need someone with me for the first twenty-four to forty-eight hours?
- What kind of scar (if any) will I have from the surgery? How long will it take to heal?

- How much time from work can I milk this for? [06] Will I need physical therapy, and if so, for how long?
- What will my insurance cover? What will my insurance not cover? (Review your insurance plan ahead of time; it's a little easier to face surgery without worrying that you'll wake up \$ 32,000 in debt.)
- What complications should I be on the lookout for after surgery, and what should I do if they occur?
- Who should I call after my surgery if I have questions, or if I experience something unexpected? (Get a specific phone number to call.)

You'll probably feel most like Detective Columbo, come to think of it, since you'll need to be sure to ask (and if necessary, rephrase and re-ask) questions until you have all the information you need. We'll impart their secrets—and ours—in this chapter. Much of the territory we'll cover in the rest of this book will be extremely useful when you're having surgery, especially the tips in chapter 6 ("Have a Happily Humdrum Hospital Stay") and chapter 7 ("Why You Should Always Get a Second Opinion"). But the tips in this chapter are the real must-dos whenever you have a date with the surgeon.

Advocating Advocates

A Smart Patient isn't a lone force; he or she enlists a friend or family member to act as a partner. Or, more specifically, as a health care advocate. What is a health care advocate? Simply a supportive, reliable person who serves as a second set of eyes and ears in helping you get the best care. This person can accompany you to appointments, suggest questions to ask the doctor, prevent oversights and mistakes, help you understand and remember care instructions, and also keep an eye on you to make sure you follow those care instructions between appointments.

Your advocate might take notes in the exam room, or she might sit in the waiting room and then discuss everything with you over coffee after the appointment—whatever works best. Surgery is certainly an apt reason to find a health care advocate, but it's an important move any time that you're being treated for a particular condition or disease.

A friend or relative with a medical background who's willing to help you could be a great choice, most obviously. But your advocate doesn't have to be an expert—just someone to stand by you and help you communicate with your doctor and whoever else is treating you. Your spouse can be a fine choice, of course, if he or she has the temperament for it. You want someone who's organized and will be a stress reliever. If the person you're sleeping with doesn't fit that job description, enlist another comrade.

Find the Best Surgeon

Minor surgery is an operation that someone else is having. If you're having any surgery, and especially if the best solution is a tricky operation, one that your doctor doesn't cautiously describe as "routine surgery," take the Smart Patient tip of finding the best doc for the job. Although gifted surgeons work in every hospital, you want the most specialized expert when you're having a potentially problematic procedure, and this surgeon may not be in your local area. Finding the best is worth the hunt, but it may

take some detective work and research smarts. Right off the bat, recognize that you're going to judge a surgeon by a different measure than you used for your primary physician. For example, you're probably not going to have an ongoing relationship with this doctor, so you don't need to put much emphasis on his or her interpersonal cuddliness or bedside manner. Sure, you want to have some chemistry with the person who's going to be poking around your innards, but finding the charismatic doc with a flower in his lapel isn't your biggest concern. You're looking for sheer skill and experience. Think of the tech guy who fixes the computers in an office; you might not want to be stuck together for two hours in a Bennigan's booth, but he knows his bits and bytes.

So it's not a popularity contest. Then how do you choose the winner?

Hunt for the Specialist's Specialist

You don't just want a doctor who is comfortable with performing a particular surgery as part of a wide repertoire, you want the surgeon who is obsessively focused on the specific technique that is the best choice for your specific surgery. Restated, you don't just want a gifted painter. You want the guy who paints only trees. Sycamore trees. In autumn. Every day, all day long. (See the sidebar "Are You the Guinea Pig?" on page 119.) For one example, cardiothoracic surgeons used to do all chest surgeries, from attaching new vessels to removing cancerous lungs. Today, one surgeon can gain so much experience with one specific heart valve's repair, that his or her patients have reproducibly fewer complications than the national average. For a second example, doctors who perform only nerve-sparing prostate surgeries have patients with lower rates of incontinence and sexual dysfunction. Aside from asking your regular doctor to point you to the maestro of this surgery, your own Internet research (see chapter 7 for info on this) can help you locate such a hyperspecialized surgeon. You just have to hope that one works at your hospital, or you might be in store for a road trip.

Use Your Doctor's Referral as a Starting Point

Your primary physician may recommend a surgeon that he or she has chosen many times for this surgery. There's a good chance your primary physician knows the doctor or that they're buddies. "She's excellent," your doctor might affirm, and in fact, this physician may be an excellent surgeon. But you can't just fly on that alone, especially if the surgery is highly complex. Your Smart Patient detective job is to find out if she's the most excellent surgeon you can choose for this particular operation. Ask your doctor for a few names, and give each of those surgeons a good looking over.

Always Go for the Boards

At a minimum, the surgeon must be board certified in the specialty involving your operation. It's a good sign if the surgeon is a fellow of the American College of Surgeons (ACS), indicated by the letters FACS after her name, which means she's been evaluated for ethical standards and professional competence. You can also visit www.facs.org (and click on "public information") or call 800-621-4111 and request a local list of ACS fellows.

Find the Big Kahuna in Medical Studies

One insider way to find top specialists is to learn who is leading the medical research on the surgical technique for your specific health condition. Medline Plus can be a great Internet source for this. Further, by searching the more technical Medline database at www.pubmed.gov, you'll find studies from hundreds of medical journals. Searching for the specific name of the surgical technique is usually enough to cough up dozens. Be forewarned that these will be jargon-filled study summaries with 68-letter words and a lot of Latin, and, honestly, less interesting to read than car-ad disclaimers. But underneath the title of each study, you'll find the authors. Hopefully there will be one or two names repeated in several studies. Those doctors have a great shot of either being the practicing surgeons or clinical researchers who are more knowledgeable about your surgery than anyone else.

Armed with these names, take the studies to your doctor and ask if you'd be wise to consider having one of these specialists consult on your case. (We'll talk a little more about this in chapter 7, as it's useful for second opinions.) If your surgery is especially tricky or dangerous, and one of these specialists or hospitals has significantly greater experience in performing it than any surgeon you can find locally, you may consider traveling to have this doctor perform the surgery. Although some Smart Patients have enough savings to do this without hesitation, most don't have such deep pockets. Make no mistake, finding the absolute best surgeon (and leaving your insurance network to do so) can rack up bills that look like Bill Gates's bank statement. But whether you're rich or not so rich, always do this research so that you at least know your options. What's worth your money (or future debt), only you can say. In the long run, getting the best care is often less expensive than paying to correct the mistakes of less-than-perfect care. When it comes down to it, you might decide that having the absolute best brain surgeon is worth cashing in some of your retirement savings, since retirement might be a lot less fun after undergoing subpar brain surgery.

Scout for the Cutting-Edge Procedure

Or, even better, the new one that doesn't involve any cutting. Do research and find out if there's a surgical technique for your specific problem that's more advanced, less invasive, or otherwise superior to the tried-and-true conventional procedure that your doctor may have suggested at the outset. If you can find a surgeon who's experienced in the latest technique, you may have safer surgery and heal faster.

For example, many surgeries that once required large incisions are now done laparoscopically, which uses tiny tubes to penetrate the skin. Similarly, there are new types of "keyhole" heart surgeries that require only a small incision, but not all heart surgeons are trained in using the new technique. (Tip: in hunting for the surgeon who's doing the newfangled procedure, well, let's just say that you're probably looking for a younger doc who's really good at video games.) That said, if you find a great surgeon who isn't using the newest technique, don't dismiss him or her. We see many patients who hear the words minimally invasive and then refuse to consider the conventional and proven surgery, even though the newer method may still have bugs. Get a second opinion to confirm whether the new surgery would really be best, and never push a surgeon to perform a minimally invasive technique if he or she doesn't really recommend it.

Surgical teams are well-oiled machines, and you want them performing with the finely tuned clockwork precision that they've perfected in hundreds of procedures. The last thing you want is to force them to practice a new method on you because you think it'll be safer.

Tap Two Inside Informants

If you're lucky enough to have a choice of surgeons at one or two area hospitals, go right to the source and get the scuttlebutt on them. Phone the department that'll handle your surgery, and ask a nurse for his or her opinion. (If you can do this face-to-face, such as when visiting a friend or relative, all the better.) The nurse will know the idiosyncrasies of the different surgeons, and, with some gentle and tactful Smart Patient questioning, she'll hint at which one she'd rather let take a scalpel to her.

Second, ask an anesthesiologist. If you phone the hospital's operating room between 3:00 P.M. and 5:00 P.M. on a weekday, there's a good chance that you'll find an anesthesiologist who's free. As you did with the nurse, say that you're about to undergo the specific surgery, and ask which surgeon he'd opt for if it was his abdomen going on the table. Anesthesiologists see every surgeon in action, and they know who's most careful.