

Original Link: <http://www.gynsecondopinion.com/surgery.htm>

If You Are Facing Surgery

**Edited excerpts from our book
A Gynecologist's Second Opinion
by William H. Parker, M.D.**

In some situations surgery may be recommended by your physician. Although many people around the world walk into hospitals each day to face an operation, very few of us can do it without at least some fear. It is always a step that requires a great deal of thought and consideration since it involves some discomfort, some risk, and some disruption of one's life. I strongly feel that the decision to have surgery is always up to the patient. It is your body and your life, not that of your doctor. Do everything you can to understand your condition and the surgical and medical options available to treat that condition. Take charge of your medical care by educating yourself. Knowledge is often a good antidote to anxiety. Any medical problem, particularly one that seems to be pointing towards surgery, is anxiety producing. You will begin your own healing and recovery by taking charge of the decisions that need to be made.

WHAT SHOULD HAPPEN DURING THE DOCTOR'S CONSULTATION?

When a person in my practice needs surgery, I like to set up a consultation visit to discuss all the available options, even the ones I may not feel are entirely appropriate for that particular woman. The role of a physician at this point is to provide information so that you can make the decisions you need in order to get well. Diagrams or photographs of anatomy and surgical procedures are always a part of my consultation visit. Understandably, most of us are not familiar enough with anatomy or medical terminology to get a genuine understanding of a problem or the surgical options from just a verbal explanation. Being able to visualize the problem through diagrams or photos helps to make all the options and procedures clear. During this long talk together, we discuss the risks and benefits of each possible solution to the problem.

We also talk about the recovery period after surgery and predict, as best we can, how long it will take to get back to work and normal activities. People seem most comfortable with decisions made when all information available is understood and carefully considered. If you know and

understand the whole story, your head and your heart will lead you to the best decision. The notion of physician as educator and the patient as an active participant in the decision process is one that is very important to me. When this relationship works well, I feel comfortable that the patient will make a decision that is right for her. I have been told by my patients that these appointments are worth their weight in gold when choices need to be made.

SHOULD YOU GET A SECOND OPINION?

If surgery has been recommended to you, I think a second opinion is an excellent idea. Very few things in medicine are black or white, and there is a lot of room for differences of opinion. A number of possibilities exist after a second opinion. First, the physician you see for the second opinion may give you the exact same options as your original gynecologist. This may put your mind at ease in that you will feel sure that nothing has been overlooked. Second, the new physician may bring up other options that are available to you or give you more information to think about. Or, the physician giving the second opinion may disagree with what you have been told or even disagree with the diagnosis. For my patients who seek a second opinion, I always ask them to call and talk to me about the results of that consultation. This allows me to answer any new questions and respond to any suggestions the other physician has offered. I never feel offended if a patient wants a second opinion.

When a new patient comes to see me for a second opinion, our office asks them to bring all the doctor's notes from previous medical appointments and any test results that are relevant to the problem. If an ultrasound or MRI has already been performed, I like to look at the films myself so that I can come to my own conclusions about the diagnosis. While we both sit comfortably in my office, I ask the patient to tell me what her concerns are. Whether the concerns are medical or emotional or of some other nature, they should be an important part of the discussion. I ask questions to clarify my impression of the problem. Then the woman proceeds to an exam room, and I perform a complete examination. If a family member or friend is present, they are welcome into the exam room if the patient wishes.

Once the exam is completed, the patient gets dressed, and we meet back in my office. I will show her what I have seen on the ultrasound or MRI and review the findings of the examination. I often use illustrations to demonstrate what those findings are. At this point I make a list of one or more possible diagnoses and outline the treatments available for each problem. To be complete with this list, I usually include even those treatments I would advise against or those the patient has eliminated. Together we then go through the list and come up with a short number of options that are both medically sound and personally acceptable to the patient. I encourage her not to decide on any specific course at this time. I think these decisions are usually best made in the comfort of home, when there is time to think. I tell them to call me with questions in the next few days.

One of the issues that sometimes comes up during a second (or third) opinion visit is the question of which doctor will care for the patient. This is a difficult issue for both patient and doctor because patients sometimes worry about hurting a doctor's feelings. I think it is best to deal with this dilemma in a straightforward manner. At the beginning of the consultation I ask the patient in what capacity she would like me to serve. Is she seeking only a second opinion, or is she

looking to change doctors? Some women are clear that they are happy with their own doctor and want to see if I agree with what has been recommended. Some women are clear that they are unhappy with their doctor and are definitely seeking a new doctor. Most women are happy enough with their doctor but feel they have not been given all the options available. They are seeking more information first and may wish to switch doctors if they find a more reasonable option or are more comfortable with the new doctor. If a clear explanation of the goals of this consultation is clear at the beginning of the appointment, the course of the discussion is easier, and each woman will get what she is seeking.

Many of my colleagues and I encourage seeking second opinions, particularly when the patient is unsure of what is best for her. This is your body and your health. Do not be afraid to get another opinion.

WHAT IF YOU DECIDE SURGERY IS RIGHT FOR YOU?

If you decide that surgery is right for your situation, you will need to choose the doctor to perform your surgery. There are a number of factors that should influence your decision. The first is to choose a doctor who will perform a procedure that fits your particular situation and problem. In most cases, you should have more than one option from which to choose.

The next concern is the skill of the surgeon. How many procedures does the doctor perform a month? How many procedures like the one you are requesting? How many of these procedures have they performed in women with problems like your? How many complications has the doctor had and what kind of complications were they? Studies show that experience makes a surgeon better. Surgeons who perform procedures frequently have lower rates of complications. But surveys show that many gynecologists perform less than one major operation a month. Choose your surgeon carefully.

It is also important to feel comfortable with your doctor. Do you get an opportunity to ask questions and are they answered? Is the doctor available?

If you decide to have surgery, another visit should be set up with the doctor you have chosen to go over the specific details of the procedure you are to have performed. Again, it is nice to have someone accompany you. Once a decision has been made, we go over a paper called the "Informed Consent". Filling out this form, if properly done, encourages a frank discussion of what you should expect from surgery. It allows the doctor and patient to go over the details of the operation to be performed, the specific risks of the procedure, the alternatives to the surgery, and the possible consequences if the surgery is not performed. Basically, this is the time when you will hear all the risks and possible complications during and after your surgery. This is difficult and may feel as if it's the last thing you want to hear, but ultimately it is quite helpful to you. I see this form as part of my job as an educator. I choose to fill out the form by hand in the patient's presence and make it specific for each woman's situation. And, I am available to answer any questions related to the risks of the procedure. Doctors are certainly not trying to erode your confidence at this point, but we are legally and morally bound to tell you about all the things that

could happen. Most people's emotional reaction to this form is fear, which is understandable. Just remember to be sure and hear the optimism in your doctor's message. This is another opportunity for you to inform and educate yourself. Learning as much as you can will help, not hurt, you.

WILL YOU FEEL FATIGUED AFTER SURGERY?

Fatigue is a very common consequence of surgery. In general, the amount and duration of fatigue will be related to the extent of surgery, the length of time you spend under anesthesia, the amount of pain you experience during recovery and your general health and well-being. The amount of blood you lost during surgery and your blood count at the time of discharge from the hospital will also influence the way you feel. Oral iron tablets can help raise your blood count more quickly and help alleviate fatigue. A recent study found that 75% of women who had either a myomectomy or a hysterectomy (with an abdominal incision) had significant fatigue lasting up to a few months after surgery. Sixty percent of women noted fatigue for 6 months. Based on studies that show a faster return to normal activity after laparoscopic surgery, it appears that fatigue may be less persistent after laparoscopic surgery. However, a study comparing abdominal surgery to laparoscopic surgery has not been done.

In general, doctors do not ask patients about the amount of fatigue they experience after surgery. If you are bothered by significant or prolonged fatigue, let your doctor know.

The following questions and answers can be found in our book

- DECISIONS BEFORE SURGERY
 - WHAT SHOULD HAPPEN DURING THE DOCTOR'S CONSULTATION?
 - SHOULD YOU BRING SOMEONE TO THE DOCTOR'S OFFICE?
 - WHEN SHOULD YOU MAKE A DECISION ABOUT SURGERY?
 - SHOULD YOU GET A SECOND OPINION?
 - WHO SHOULD YOU GO TO FOR A SECOND OPINION?
 - WHAT IF YOU DECIDE SURGERY IS RIGHT FOR YOU?
 - HOW DO YOU SCHEDULE SURGERY?
 - SHOULD YOU DONATE YOUR OWN BLOOD BEFORE SURGERY?
 - WHAT OTHER TESTS MAY BE NEEDED BEFORE SURGERY?
 - WHAT SHOULD YOU DO TO PREPARE FOR SURGERY?
- AT THE HOSPITAL
 - WHAT HAPPENS WHEN YOU GET TO THE HOSPITAL?
 - DO YOU NEED AN I.V.?
 - WILL YOU NEED AN ENEMA?
 - ABOUT ANESTHESIA
 - WHEN DO YOU SEE THE ANESTHESIOLOGIST?
 - IS IT NORMAL TO BE NERVOUS ABOUT ANESTHESIA?
 - WHAT IS GENERAL ANESTHESIA?
 - WHAT IS EPIDURAL ANESTHESIA?
 - ARE THERE ADVANTAGES TO EPIDURAL ANESTHESIA?

- WHY MUST GENERAL ANESTHESIA BE USED FOR LAPAROSCOPIC SURGERY?
- WHAT TYPE OF ANESTHESIA CAN BE USED FOR ABDOMINAL SURGERY?
- IN THE OPERATING ROOM
 - WHEN DO YOU GO TO THE OPERATING ROOM?
 - WHAT HAPPENS IN THE OPERATING ROOM?
 - ARE THERE BETTER WAYS OF STARTING ANESTHESIA?
 - WHAT IS A BLADDER CATHETER FOR?
 - WHAT OTHER PREPARATIONS ARE MADE IN THE OPERATING ROOM?
 - WHAT IS EVERYONE DOING DURING SURGERY?
- AFTER SURGERY
 - WHAT HAPPENS IMMEDIATELY AFTER SURGERY?
 - HOW WILL YOU FEEL IMMEDIATELY AFTER SURGERY?
 - HOW SOON CAN YOU SEE YOUR FAMILY AND FRIENDS?
 - IS THERE ANYTHING NEW FOR POSTOPERATIVE PAIN RELIEF?
 - WHAT IS EPIDURAL MORPHINE?
 - WHEN WILL YOU USE ORAL PAIN MEDICATION?
 - HOW SOON CAN YOU EAT AFTER SURGERY?
 - WHAT ACTIVITIES WILL YOU BE ABLE TO DO IN THE HOSPITAL?
- RECOVERY AT HOME
 - HOW IS RECOVERY DIFFERENT IF YOU HAVE LAPAROSCOPIC OR OTHER OUTPATIENT SURGERY?
 - WHAT ACTIVITIES WILL YOU BE ABLE TO DO AT HOME?
 - WHEN CAN YOU RETURN TO NORMAL ACTIVITY AFTER LAPAROSCOPIC SURGERY?
 - WHAT SHOULD YOU WATCH OUT FOR AT HOME?
 - WHEN WILL YOU SEE YOUR DOCTOR AFTER YOU GO HOME?
- GETTING GOOD CARE
 - HOW CAN YOU BE SURE TO GET GOOD CARE