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Getting ready for surgery

Before surgery is called the *pre-operative phase*. There are many kinds of surgical procedures. But almost all types of operations have certain steps in common during the pre-operative phase.

Informed consent

Your health care team will give you details of the surgery before you give permission for them to do it. This is called [informed consent](#)². Sometimes details about informed consent vary from state to state, but your health care team will most likely do the following:

- Talk to you about your options, including how long it will be before surgery is scheduled
- Teach you about the operation, including the benefits, risks, and side effects
- Teach you what to expect before, during, and after surgery
- Have you sign consent forms
- Order some testing that will help them know you're healthy enough for surgery
- Give you hints, tips, and pointers to get you organized and ready for surgery and the recovery period

Questions to ask before cancer surgery

You might want to ask your health care team, doctor, or surgeon some of the questions listed here, if you don't hear the information first, or if you need to understand it better. The answers might help you feel better about your decision and know what to expect.

- Exactly what will you do in this operation?

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- How long will I need to be in the hospital?
- How will my body be affected by the surgery? Will any of the changes be permanent?
- How long will it take for me to get back to my usual activities?
- What are the [possible risks](#)³ and side effects of this operation?
- What will happen if I don't have the operation?
- If this surgery doesn't work, are there other cancer treatments I can get afterwards?
- Will my [insurance](#)⁴ pay for this surgery? How much will I have to pay?
- Are you certified by the American Board of Surgery and/or a Specialty Surgery Board?
- Are you experienced in operating on my kind of cancer? How many operations like this have you done?
- Do I have time to get a [second opinion](#)⁵?

You'll probably need some tests so your health care team can understand your overall health and to find out if you can tolerate surgery. The tests you might need will depend on your situation, but here are some of the common tests that might be done:

- Blood tests to check your blood count, blood sugar, kidney and liver function, and your risk for bleeding
- Urine test to make sure your kidneys are working and to check for infection
- Chest x-ray to check your lungs
- Electrocardiogram (ECG or EKG) to check your heart
- Other x-rays, tests, or scans

Prep for surgery

Usually a "prep" is needed before surgery that involves getting anesthesia. You will most likely be told to stop eating food and drinking liquids at a certain time before surgery. Sometimes you will be told to stop eating solid foods at a certain time, and then liquids will be stopped later. Some surgeries require you to take a laxative or enema beforehand to be sure your bowels are empty. You may need to have an area of your body shaved before surgery to keep hair away from the surgical site and your skin will be cleaned well before the operation to reduce the risk of infection.

Getting Anesthesia

Anesthesia makes you unable to feel pain for a period of time. Depending on the type and extent of the operation, you may get drugs to make you sleep, too. In some cases, you may have a choice as to which type of anesthesia you prefer.

- *Local anesthesia* is often used for minor surgeries, such as biopsies near the body surface. A needle is used to put a drug into the area. This numbs the nerves that cause pain. You stay awake and usually feel only pressure during the procedure. You can usually go home shortly afterwards.
- *Topical anesthesia* is rubbed or sprayed onto a body surface instead of being put in with a needle. For example, a spray is sometimes used to numb the throat before a scope is passed down to the stomach or lungs. Like local anesthesia, you can usually go home shortly afterwards.
- *Regional anesthesia* (such as a nerve block or spinal anesthesia) numbs a larger part of the body, but you stay awake. For example, a needle can be used to put medicine into an area around the spinal cord, which affects certain nerves coming

out of it. But a nerve block may also mean injecting medicine around nerves in the arms or legs. The location the injection is given depends on what part of the body needs to be numb. Medicine may be given as a single injection or as an ongoing IV infusion. You stay awake, but you may be given something to help you relax. You will go to the recovery room until some of the anesthesia wears off.

- *Twilight anesthesia* is a mild dose of a drug through an IV that sedates you. It does not make you become unconscious, but you are sedated and asleep. You won't remember the surgery and the time right after. You will go to the recovery room until some of the anesthesia wears off.

General anesthesia puts you into a deep sleep so you are unconscious for the surgery. It's often started by having you breathe in a drug through a face mask or by putting a drug into a vein in your arm. Once you are asleep, an endotracheal or ET tube is put in your throat to make it easy for you to breathe. Your heart rate, breathing rate, and blood pressure will be closely watched during the surgery. A doctor or nurse who specializes in giving anesthesia (either an anesthesiologist or

Eating and drinking

You may not feel like eating or drinking after surgery, but this is an important part of the recovery process. Your health care team may start you out with ice chips or clear liquids. If you have a catheter collecting your urine, they will check that you are passing urine normally after they take it out. They may want to measure the amount of urine you make by having you go in a special container.

The stomach and intestines (digestive tract) is one of the last parts of the body to recover from the drugs used during surgery. You'll need to have signs of stomach and bowel activity before you'll be allowed to eat. Along with checking your surgical wound and other parts of your body, your doctor or nurse will listen for bowel sounds in your belly and will ask if you have passed gas. These are signs that your digestive tract is starting to work normally again. You will probably be on a clear liquid diet until this happens. Once it does, you may get to try solid foods.

Activity

Your health care team will probably try to have you move around as soon as possible after surgery. Sometimes they will even have you walk or go to physical therapy the same day or next day. While moving around or getting used to the devices may be hard at first, these things help speed your recovery by getting your digestive tract moving, helps your circulation, and helps prevent blood clots. Again, be sure to let your team know if you're having pain that is affecting your activity, so they can give you medicine to control it.

Some patients will have devices wrapped around their legs that squeeze gently and release every so often to also help your circulation and prevent blood clots.

Your team may also encourage you to do deep breathing exercises. You might have a device called a spirometer that you will need to use. This helps fully inflate your lungs and reduces the risk of lung infection (pneumonia).

Going home after surgery

Discharge planning to go home or to another setting will start very soon after surgery. The plans get more final once you're eating, drinking, and walking. Of course, this will depend on other factors too, such as the results of the surgery and tests done afterward.

[Pain control](#)⁶ is important, both while you are in the hospital, and at home if you need it.

A fever (instructions for this can vary so check to be sure what fever is high enough to call about)

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Our team is made up of doctors and oncology certified nurses with deep knowledge of cancer care as well as editors and translators with extensive experience in medical writing.

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