Defining Surgery: What Is It & When Might You Need It?

Every year, more than 15 million Americans have surgery. Some operations relieve or prevent pain. Others reduce a symptom of a disease, restore function, find a problem or save a life.

Just as there are different reasons to have surgery, there are also different types of surgery.

“The ‘type’ of surgery and its urgency is usually determined by the surgeon, who is experienced in evaluating a patient’s medical history and current situation,” explains Carrie Ford, RN, Surgical Services Nurse Manager. “The surgeon is there to educate and guide the patient.”

Types of Surgeries:

Elective surgery allows the patient to make the decision of whether or not to have surgery. While the surgery may be helpful and may improve the patient’s quality of life, it is not medically necessary. Examples include hip replacements and cataract surgery. Most surgical procedures are elective and are usually planned in advance.

Urgent surgery is a procedure that must to be done to ensure quality of life in the future. An example would be having kidney stones removed if other forms of medication and treatments are not working. Urgent surgery does not necessarily have to be done immediately, but is typically performed in the near future, up to a few days later.

Emergency surgery is done in response to a critical medical need, such as an appendectomy to remove a ruptured appendix. Emergency surgeries are usually performed as soon as possible, and may even be done immediately for serious conditions.

Depending on the seriousness of the illness, the parts of the body affected, the complexity of the operation, and the expected recovery time, surgeries can also be classified as same day or inpatient.

If you are having surgery and will return home within 23 hours or less, you are considered an “outpatient” having same day surgery. If you are having surgery and will then be admitted into the hospital, you are having inpatient surgery.
Welcoming New Healthcare Providers

Jeffrey B. Adler, MD
Emergency Medicine
Samaritan Medical Center

Dr. Adler joins the Samaritan Emergency Department & North Country Emergency Medical Consultants. Medical School: Temple University School of Medicine, Philadelphia, PA. Emergency Medicine Residency: Dell Army Medical Center, Fort Hood, TX. In Board process with American Board of Emergency Medicine.

Rachel Lewis, MD
Dermatology
Samaritan Plastic Surgery and Dermatology
1575 Washington Street • 786-7200

Dr. Lewis joins Dr. Di and Barbara Luzczenki and Adam Luzczenki at Samaritan Plastic Surgery and Dermatology. Medical School: Temple University School of Medicine, Philadelphia, PA. Dermatology Residency: Hospital of the University of Pennsylvania, Philadelphia, PA. Board-certified and a diplomate with American Board of Dermatology.

Mehsin Ali, MD
Neurology
North Country Neurology, PC
D435/Washington Street • 788-0003

Dr. Ali joins the practice of Dr. Delaittre at North Country Neurology. Medical School: St. John's University School of Medicine, Jamaica, NY. Neurology Residency: Upstate Medical University, Syracuse, NY. Fellowship Training: Sleep Medicine at Mayo Clinic, Rochester, MN, followed by Neuromuscular Medicine at Brigham & Women's Hospital, Boston, MA. Board certified and a diplomate with American Board of Psychiatry and Neurology with subspecialty certification in Neuromuscular Medicine and Sleep Medicine.

Eddie Cowen, MD
Hospitalist
Samaritan Medical Center

Dr. Cowen joins the Samaritan Hospitalist Service. Medical School: Universidad Autonoma de Guadalajara, Mexico. Internal Medicine Residency: New York Infirmary – Bronx, NY, followed by Neuromuscular Medicine at Brigham & Women's Hospital, Boston, MA. In Board process with American Board of Internal Medicine.

Chung Peng, MD
Neonatology
Upstate Neonatal Care
830 Washington Street • 786-2001

Dr. Peng joins the practice of Dr. Karl J. Korn at Upstate Neonatal Care. Medical School: China Medical College, Taichung, Taiwan. Pediatric Residency: Neviah Beth Israel Medical Center, New York, NY. Fellowship Training: Neonatology at Neviah Beth Israel Medical Center, New York, NY. Board-certified and a diplomat with American Board of Pediatrics with subspecialty certification in Neonatal-Perinatal Medicine.

Jamilia Sleekova, MD
Anesthesiology
Jefferson Anesthesiologist Services
134 West Paddock Street, Suite 202 • 785-0002

Dr. Sleekova joins the practitioners at Jefferson Anesthesiologist Services. Medical School: Charles University Prague, Czech Republic. Anesthesiology Residency: Upstate Medical University, Syracuse, NY. In Board process with American Board of Anesthesiology.

Pierre B. Eugene, MD
Obstetrics & Gynecology, Comprehensive Womans’ Health Services
820 Washington Street • 786-2003

Dr. Eugene joins Dr. Walter Soled at Comprehensive Womans’ Health Services. Medical School: Universite d’Etat d’Haiti, Port-au-Prince, Haiti. OB/GYN Residency: Brooklyn University Hospital, Brooklyn, NY. Board-certified and a diplomate with American Board of Obstetrics & Gynecology as well as the American Board of Internal Medicine.

Simona Van-Home, MD
Hospitalist
Samaritan Medical Center

Dr. Van-Home joins the Samaritan Hospitalist Service. Medical School: University of the West Indies, St. Augustine, Trinidad. Internal Medicine Residency: Pennsylvania Hospital, Philadelphia, PA. Board-certified and a diplomate with American Board of Internal Medicine.

Edwin Cowen, MD
Hospitalist
Samaritan Medical Center

Dr. Cowen joins the Samaritan Hospitalist Service. Medical School: University of the West Indies, St. Augustine, Trinidad. Internal Medicine Residency: Pennsylvania Hospital, Philadelphia, PA. Board-certified and a diplomate with American Board of Internal Medicine.

Rachel Lewis, MD
Dermatology
Samaritan Plastic Surgery and Dermatology
1575 Washington Street • 786-7200

Dr. Lewis joins Dr. Di and Barbara Luzczenki and Adam Luzczenki at Samaritan Plastic Surgery and Dermatology. Medical School: Temple University School of Medicine, Philadelphia, PA. Dermatology Residency: Hospital of the University of Pennsylvania, Philadelphia, PA. Board-certified and a diplomate with American Board of Dermatology.

Same Day Surgery – 20 Years & Counting of Care... continued from front cover

Minimally invasive surgery — also called laparoscopic surgery — is now the preferred surgical approach for many illnesses. Removing a gall bladder, for example, used to be major surgery, with a large incision, days of hospitalization and weeks off from work. Now gall bladders are removed laparoscopically through one or more short incisions. Patients have surgery and go home on the same day, and normally take only a few days away from work.

“The trend toward same day surgeries has led to a lot of positive changes for our patients,” explains Kellie Bush, RN, Ambulatory Surgery Unit Nurse Manager. “For most, a minimally invasive same day surgery means less postoperative pain, faster recovery and a better outcome. But it also means that the patient becomes our partner in the healthcare process.”

This partnership means taking a more educated and active role in preparing for and recovering from surgery. Patient education starts in the physician’s office and continues throughout the surgical process.

According to Ms. Bush, education usually means a better overall experience. “Everything is patient focused and the patient knows what to expect — there aren’t as many unknowns, so patients are more calm and comfortable.”

When asked what sets Samaritan’s same day surgeries apart, Ms. Bush responds immediately. “The staff,” she says simply. “From the receptionists to the nurses and techs, our entire staff treats our patients like family, like they would want to be treated.”

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Children’s Miracle Network of Northern New York at Samaritan Medical Center, in partnership with News, Community Broadcasters, KeyBank and Comtech Premier Homes, is fulfilling dreams with the Miracle Home Makeover in support of children’s healthcare in Jefferson, Lewis and St. Lawrence Counties.

Drawing: Wednesday, November 17, 2010 at 6 p.m. at the new Samaritan Medical Center Pavilion Atrium.

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Managing Pain During & After Surgery: Getting You Back on Your Feet

We’ve all heard the phrase, “no pain, no gain.” But if you’re having surgery at Samaritan Medical Center, it doesn’t apply. Samaritan’s doctors and nurses consider managing your pain a key part of the surgical process and your recovery, because well-controlled pain can speed healing and lead to fewer complications and better overall results.

“It’s important for the patient to participate in the pain management process before the day of surgery,” says Jennifer Gould, RN, PACU. “The patient should ask his or her doctor what to expect – how much pain is typical for the procedure and how long does it last? The patient also needs to share his or her expectations and feelings – how well do you handle pain and how much pain are you willing to tolerate?”

This type of honest communication with your healthcare providers is just as important after surgery, since every person experiences pain differently. “When your pain is under control, your body can focus on healing,” adds Ms. Gould.

Many of the surgical and post-surgical pain control options available at Samaritan are provided by or under the direction of our skilled anesthesiologists. An anesthesiologist meets with each patient prior to surgery to assess the patient’s overall health and medical history and to discuss any concerns about the upcoming procedure. This interaction helps the anesthesiologist to determine the best care plan for each individual patient.

While IV medications (narcotics) are the traditional method of post-surgical pain control, newer options offer advantages for the patient. “Most narcotics can leave you feeling sedated and not completely ‘with it,’” explains Edwin Urf, DO, an anesthesiologist with Jefferson Anesthesiology Services. “They also affect your body as a whole and can cause unwanted side effects such as nausea, vomiting, itching and constipation. Newer methods, such as nerve blocks, target the specific area where the pain is. The patient still gets relief, and is also better prepared to start the recovery process - walking, eating, sleeping and regaining strength more quickly.”

Narcotics: includes drugs such as morphine, demerol and codeine. Narcotics may be taken in pill form, as an injection or through an IV. They effect the entire body.

Epidural analgesia: gives pain medicine through a thin tube (catheter) inserted directly into a space in your spine. An epidural controls pain through the abdomen and legs, and is therefore typically used for procedures that involve the lower part of the body. It can be left in place for several days if needed to control postoperative pain.

Nerve block: provides targeted pain relief to an area of your body such as an arm or leg. A nerve block uses a single injection of local anesthetic around the appropriate nerves related to your surgery, which provides several hours of pain relief. Nerve blocks are often used for orthopaedic procedures, such as knee and shoulder surgery.

Continuous nerve block: uses a catheter to deliver a continuous infusion of non-narcotic pain medication and provide longer relief. Continuous femoral nerve blocks for total knee replacements for example, are a fairly new pain relief option that have been available at Samaritan for about a year.

On-Q or “pain relief ball”: is a portable pump that continuously and automatically delivers non-narcotic pain medication to the surgical site through a small catheter. The pump numbs the incision site by flooding it with anesthetic.

Pain can also be relieved by other methods either used alone or in addition to medication. “Sometimes all a patient needs to feel better is some basic nursing and care … a change of position, a warm blanket, a cool drink or dimming the lights and lowering voices to create a more relaxing environment,” says Ms. Gould. “Little things can do a lot. Sometimes the patient just needs to know that we understand it hurts.”

“We do realize that post-surgical pain is a very real concern for our patients,” adds Dr. Urf. “And we have a variety of ways to treat this pain so we spend a lot of time on education … trying to make sure that each patient understands the options for pain relief, including benefits, risks and any possible side effects. Our goal is to work with the patient to make their surgery as pain-free as possible.”

Managing Your Pain After Surgery

Post-surgical pain can be managed in numerous ways. These are some of the methods used most frequently at Samaritan:

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Endoscopies: Providing an Inside Look for Diagnosis & Treatment

One type of same day procedure that is performed frequently at Samaritan Medical Center is endoscopy. Endoscopy uses a flexible piece of equipment called an endoscope to transmit images from the inside of a patient’s body to a video screen. 

There are many different types of endoscopy. A few of the most familiar are: colonoscopy (large intestine), upper gastrointestinal (GI) endoscopy (esophagus and stomach), and bronchoscopy (airways and lungs). These procedures help physicians detect and screen for certain cancers, diagnose other diseases, and perform treatments, such as removing polyps or taking biopsies.

In 2009, an average of 80 endoscopy procedures were performed each week at Samaritan Medical Center. They are done with moderate sedation.

“Moderate sedation uses IV medications to alleviate the patient’s anxiety and decrease discomfort during the endoscopy procedure,” explains Jane Phelps, RN. “Patients, even though often drowsy during the procedure, maintain the ability to respond to verbal stimuli.”

Once the procedure is over, patients are continuously monitored in the recovery area until discharge criteria are met. The nursing staff also provides each patient with specific discharge instructions, including activity, diet and follow-up care.

“We spend time providing patient education throughout the endoscopy procedure,” Ms. Phelps adds. “This helps to allay patient fears and provides patients with a realistic understanding of the procedure. This helps patients feel relaxed and comfortable during their experience.”

Gettings You Back on Your Feet

“Managing Your Pain After Surgery” is designed by preview. The facility can be used as a tool to assess pain and overall recovery, as well as a resource to help patients and their families understand the process of post-surgical pain management.

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Gastroenterology
Gastroenterology is the specialty of medicine concerned with disorders of the digestive system. This includes the esophagus (swallowing tube), stomach, liver, pancreas, gallbladder and intestines.

The following is a list of some of the most common Gastroenterology procedures performed at SMC:

• Esophagogastroduodenoscopy (EGD)
• Colonoscopy
• Rehydration and resuscitation

Gynecologic Surgery
Gynecologic Surgery focuses on the health of the female reproductive system, including the uterus, vagina and ovaries.

The following is a list of some of the most common Gynecologic Surgery procedures performed at SMC:

• Dilation and Curettage (D&C)
• Laparoscopic Assisted Vaginal Hysterectomy (LAVH)
• Tension-free Vaginal Tape (TVT)

General Surgery
General Surgery is a surgical specialty that focuses on the abdomen, chest and pelvis, including the breasts, stomach, esophagus, intestines, liver, gallbladder, pancreas and spleen.

The following is a list of some of the most common General Surgery procedures performed at SMC:

• Gall bladder removal
• Hernia repair
• Appendectomy

Neurosurgery
A neurosurgeon is trained in surgical treatment of the nervous system, including the spinal cord and peripheral nerves.

The following is a list of some of the most common Neurosurgery procedures performed at SMC:

• Cervical or lumbar discectomy (disc removal/decompression)
• Cervical or lumbar laminectomy (decompression)

Ophthalmology
Ophthalmology is a medical specialty focusing on the prevention, diagnosis and medical and surgical treatment of vision problems and eye disease.

The following is a list of some of the most common Ophthalmology procedures performed at SMC:

• Cataract surgery
• Retinal laser surgery for diabetic and glaucoma eye diseases

Oral Surgery
An oral surgeon is a dentist with medical training in surgery of the mouth and jaw. This specialty focuses on the diagnosis and surgical treatment of diseases, injuries and defects of the mouth, teeth, gums, jaw and facial structures.

The following is a list of some of the most common Oral Surgery procedures performed at SMC:

• Dental extractions
• Correction of bite deformities
• Corrective jaw surgery

Thoracic Surgery
Thoracic Surgery focuses on the diagnosis and surgical treatment of diseases of the chest (thorax), including the lungs, thymus, esophagus, lymph nodes, pericardium and pleura.

The following is a list of some of the most common general Thoracic Surgery procedures performed at SMC:

• Mediastinoscopy (diagnostic procedure on lymph nodes in the chest)
• Lung resection - removing a portion of the lung or the whole lung
• Pleurodesis (for recurring fluid collections and air leaks)

Urology
Urology is the specialty of medicine concerned with the diagnosis and treatment of disorders of the male and female urinary tract and male reproductive system.

The following is a list of some of the most common Urology procedures performed at SMC:

• Extracorporeal Shockwave Lithotripsy (ESWL) (for gallstones and kidney stones)
• Bladder control problems (including stress incontinence in women and men)
• Transurethral Resection of Prostate (TURP) (partial prostate removal)
We’ve Got Your Back: Taking the Fear Out of Back Surgery

If you’ve been living with back pain, you don’t need to suffer any longer. Despite what you may have heard, very few patients with a back or neck disorder actually require surgery. And, for those that do, newer, less-invasive spinal surgery procedures are available, right at Samaritan Medical Center.

“For those patients whose fear of major surgery has delayed their decision to address back pain or have spinal surgery, we now offer minimally invasive techniques,” explains Bruce Baird, MD, an orthopaedic surgeon with the North Country Orthopedic Group.

The benefits of minimally invasive surgeries are many: smaller incisions, less pain, shorter hospital stays, earlier mobility and shorter recovery times. “There has been a tremendous change in spinal surgeries over the past decade,” says Dr. Baird. “New imaging technology helps us pinpoint the area of the back that’s affected. In fact, about 50% of my spinal surgeries are done with the help of a microscope.”

“Thanks to minimally invasive procedures, patients are often able to walk around the same day as surgery,” Dr. Baird adds. Some patients can even go home the same day.

Dr. Baird and neurosurgeons John Krawchenko, MD and Michael Owen, MD are the spine surgeons affiliated with Samaritan Medical Center. Together they perform about 300 spinal surgeries each year. “Our community is lucky to have this choice of practitioners,” says Dr. Baird. “We provide a full range of spinal surgeries, which aren’t always found in a community medical center.”

According to Dr. Owen, there are two primary types of spinal surgery. “procedures that relieve pressure or crowding of the nerves in the spinal cord and procedures which stabilize the spine.”

Many common spinal problems, such as herniated or degenerated discs, increase pressure on the nerves. This can cause pain, numbness, or muscle weakness. Surgical treatments include laminectomy, in which a portion of the vertebra is removed to create more room in the area surrounding the spine, and microdiscectomy, a procedure that removes herniated disc fragments.

If you are experiencing back pain, a good place to start is your family physician. If symptoms persist, you will usually be referred to a spine surgeon for further evaluation.

The Spine

The spine is made up of 33 bones that protect the spinal cord, support the entire body, and provide flexibility. Each of the bones, called vertebra, is separated by thin, round layers of cartilage called disks. These disks provide cushioning and prevent the vertebrae from rubbing together. The spinal cord runs through the hollow center of the spine.

Alicia Gingerich knows first-hand the benefits that spinal surgery can bring. In August 2007, she underwent a double spinal fusion on her L4-L5 vertebrae at Samaritan Medical Center.

Before her surgery, Ms. Gingerich couldn’t sit longer than ten minutes at a time without experiencing first numbness in her legs and then shooting, searing pain. Now, post-surgery, she can sit for as long as she wants, but actually prefers to enjoy one of her favorite pastimes — hiking in the Adirondacks.

“One of our strengths is that, in most cases, we try more conservative treatments before recommending surgery,” explains Dr. Owen. “We also take the time to learn about our patients and their lifestyles so that we can recommend the most appropriate treatments.” Depending on the problem, initial treatments may include anti-inflammatory medication, physical therapy, steroid injections and massage or chiropractic care.

SMC offers some state-of-the-art surgeries that are not offered widely in other organizations. These surgeries include unilateral laminectomy and the “K-Stop” procedure using intraspinal spacer devices to treat/ correct spinal stenosis and laser discectomy to treat/ correct disc abnormalities. These surgeries afford the patient a shorter length of stay, a shorter recovery period, minimal blood loss and reduced post operative pain.

“We are proud to offer these surgeries locally,” states Dr. Baird. “With the help of a microscope, we’re able to take up downhill skiing again.

“A teacher in Saranac Lake and resident of Star Lake, Alicia Gingerich knows first-hand the benefits that spinal surgery can bring. In August 2007, she underwent a double spinal fusion on her L4-L5 vertebrae at Samaritan Medical Center.

Before her surgery, Ms. Gingerich couldn’t sit longer than ten minutes at a time without experiencing first numbness in her legs and then shooting, searing pain. Now, post-surgery, she can sit for as long as she wants, but actually prefers to enjoy one of her favorite pastimes — hiking in the Adirondacks.

“Prior to my surgery, I couldn’t hike because I would get too tired from the pain. I wasn’t really able to lead a normal life. Instead I had to be careful with every movement. Even the smallest twist in the wrong direction would cause me considerable pain,” she explains. “Now, as long as I follow my doctor’s guidelines, I can do all the things that I couldn’t do before.”

Ms. Gingerich’s physician was Dr. Bruce Baird. “I’m so glad that I chose to go to Samaritan Medical Center,” she says. “Dr. Baird was extremely supportive without him and the surgery he performed, I would not be doing what I can do today. For that I will be forever grateful to him and all of the surgery and recovery staff!”

“One of our strengths is that, in most cases, we try more conservative treatments before recommending surgery,” explains Dr. Owen. “We also take the time to learn about our patients and their lifestyles so that we can recommend the most appropriate treatments.” Depending on the problem, initial treatments may include anti-inflammatory medication, physical therapy, steroid injections and massage or chiropractic care.

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“We are proud to offer these surgeries locally,” states Dr. Baird. While there’s no guarantee your back always will be pain-free, maintaining good health, muscle strength, and body posture can help prevent unnecessary strain on the spine. If you do start to feel back pain or discomfort, Dr. Owen recommends seeking medical attention as soon as possible. “It’s always best if a problem can be diagnosed and treated at its earliest stage,” he concludes.

Dr. Michael Owen

Dr. Bruce Baird

Alicia Gingerich poses at the summit after climbing Little Whiteface. After having spinal surgery in 2007, she was also able to take up downhill skiing again.
The Patient Experience: A Typical Surgery from Start to Finish

You and your surgeon have decided that surgery is the appropriate treatment for your condition and you have scheduled your surgical procedure at Samaritan Medical Center.

"At Samaritan, we strive to create a warm and friendly environment where our staff and surgeons work with our patients and their loved ones to bring about the best possible outcomes from their surgeries." says Lorraine Leroux, Surgical Services Clinical Leader. "If at any time you have questions or concerns, we want you to share them with us."

"We understand that, from a patient’s perspective, no surgery is ever ‘routine,’" adds Tanya Cullen, RN. "We do our best to educate the patients about what to expect and to answer all questions honestly. We strive to be informative, supportive and reassuring."

All surgeries have three phases. The first phase, preoperative, lasts from the decision to have surgery until the beginning of surgery. The second phase is the surgery itself (intraoperative). The final phase is the time after surgery until recovery is complete.

Below is a brief description of what the average patient can expect from each step of the surgical process.

What is Pre-Admission Testing (PAT)?
The PAT process includes a patient interview to gather medical history and to identify any issues that might require further evaluation or consideration. In some cases, you will also be directed to have lab work or other testing done before your surgery.

What happens on the day of my surgery?
When you arrive at Samaritan Medical Center for your surgery, you will start by registering. Your name and date of birth will be verified, and we will confirm the procedure you are scheduled for. After registration, you will be taken to the pre-op area.

What’s the pre-op area and what happens there?
In the pre-op area you will be asked for any updates to your medical history, when you last took your regular medications, and when you last ate or drank. This is also when a pre-op nurse will start your IV. Your surgical and post-operative health will be optimized, when indicated, by the use of antibiotics to prevent infection, warming gowns to keep your temperature stable, and stockings for your legs that help to prevent blood clots. Before you go into the operating room, you will also meet your anesthesiologist and have the opportunity to talk to your surgeon. Just prior to surgery, you will be interviewed by the circulating nurse who will review and verify again the information in your chart.

What happens in the operating room?
The circulating nurse and your anesthesiology provider will bring you from the pre-op area to the operating room. Once there you will be introduced to the rest of the surgical team, and you will be asked again to confirm your name and date of birth. In most cases, you will be given medicine through your IV that will make you sleepy. After what will seem like just a few minutes to you, the surgery will be over and you will find yourself feeling more alert again.

What happens after surgery?
After your surgery you will be taken to the Post-Anesthesia Care Unit (PACU), where your nurse will take your blood pressure, temperature, and pulse and, eventually, remove your IV.

The main focus in the PACU is recovery from the surgical process, which includes controlling your pain and any nausea or other side effects. Length of stay in the PACU is based on your individual needs. This time can range from 30 minutes to several hours. The doctors and nurses will discharge you from the PACU only when you are stable, your pain is well managed and you have been given instructions for follow-up care.

From the PACU, you will either be driven home by a family member or friend or transported to a patient room in the hospital for follow-up care.

A Specific Look at General Surgery... continued from front cover

“Advances in technology now allow us to do the same operation that we used to do with our hands … but now we make a smaller incision in the body and use cameras, probes and other instruments to perform that same procedure,” Dr. Gosselin explains. Laparoscopic surgery allows patients to have major operations through incisions that are typically less than one inch. Patients usually experience less pain, shorter hospital stays, fewer complications, quicker recoveries and better outcomes.

“Many of our patients are still surprised by the surgical techniques that are available to them today,” Dr. Gosselin continues. “Removing an appendix is a good example – when you compare the scar of someone who had their appendix taken out 20 years ago to the size of the incision we make today… there’s a big difference. And the same is true with operations for colons and gall bladders.”

In addition to surgery for hernias, gall bladders, appendixes, and colons, Dr. Gosselin also points to breast surgery as a particular strength of the Samaritan general surgeons. “We’re all trained in breast surgery,” he says. “And our community is lucky to have Dr. Jan Turcotte, who’s a great asset and an excellent breast surgeon. Breast disease is definitely something that can be diagnosed and treated right here in Watertown.”

“Overall, we have skilled surgeons and a strong surgical support team that work well together,” adds Dr. Gosselin. “We’ve been making changes to improve how our operating rooms work. We’ve expanded the surgical services that are available at Samaritan. And now we have a team of administrators, staff and physicians who are all striving to be the best we can be and to provide the best possible care for our patients.”

Lorraine Leroux, Surgical Services Clinical Leader