

**Preparing for Surgery for Post-Polio
or Other Chronic Respiratory Disorder Patients
By Norma M. Braun, MD**

CAREFUL PLANNING RESULTS IN NO PREVENTABLE COMPLICATIONS

1. **PCP – Pulmonologist directly communicate with SURGEON(S) & ANESTHESIOLOGIST BEFORE ANY SURGERY & REVIEW IN DETAIL WHAT IS PLANNED & WHAT THE PATIENT NEEDS & WHY.**
2. **ALL co-morbidities (other disorders such as Diabetes, kidney or other organ disorders) are attended to.**
3. **Make sure TEAM has list of ALL meds, including supplements as some may need to be stopped before surgery (Example: Fish-oil increases bleeding; Biotin interferes with accurate blood tests for heart damage)**
GIVE TEAM CELL PHONE FOR PCP/PULMONOLOGIST
4. **PRE-PROCEDURE REGIMEN FOR PATIENTS IN WRITING:**
 - a. **Eat lightly soft foods-soups 2 days before surgery (less residue => less to poop)**
 - b. **Take laxatives the day before surgery with Dulcolax &/or Miralax as post op anesthesia effects, bed rest & pain meds => CONSTIPATION & attempts to move bowels is painful with intrinsic inhibition = MORE STOPPAGE. Some may need enema(s) to clear.**
 - c. **BRING ALL medications AND supplements on day of surgery so medication choices will be compatible, more effective with fewer potential adverse effects.**
 - d. **Good oral hygiene (brush, floss, rinse. For some patients an oral antiseptic mouth wash, such as Chlorhexadine) Use as rinse, swirl, spit twice a day before & day of surgery) EVEN IF NOT EATING BEFORE SURGERY - AS ORAL BACTERIA MULTIPLY OVERNIGHT ("morning mouth"). Reduces risk of post-op pneumonia.**
 - e. **Counsel on risks of STANDARD doses of pain meds (opiates, sedatives); use lower doses. or alternatives. (Can always give more but cannot remove once in). Make sure TEAM aware of YOUR past adverse experiences or allergies to meds., tape, any adhesive dressings.**

NO NEUROMUSCULAR BLOCKING DRUGS EVER USED.

5. **If possible, have PCP or Pulmonologist PRESENT DAY OF SURGERY OR IN RECOVERY ROOM SO SHE/HE CAN CHECK PATIENT & WITH TEAM CARING FOR PATIENT. NURSES ARE USUALLY HAPPY TO HAVE THIS INPUT**
6. **If needed, ALLOW PCP/PULMONOLOGIST to take CHARGE over all non-surgical aspects of patient's postoperative care (takes the load off the surgical team). They may be relieved to add this MD to post-op team.**
7. **If deemed appropriate, ICU bed post-op for closer monitoring.**
8. **For patients who already use non-invasive ventilators, extubate & restart HOME UNIT (patient familiar, acclimated & trusts system which allows sooner discharge). Hospital Biomed Dept. have to clear Home units before use.**

Can arrange to have unit in hospital & checked on day of surgery so by the time it is needed it is ready.

9. **If using Cough assist systems before surgery, restart as soon as possible per allowance by surgical site as to what unit will be preferred.**

10. **Respiratory Therapists are contacted prior to surgery to be on hand to facilitate any use of ventilation devices, oversee clearance, use of cough assists & nebulizer therapies.**
11. **Chest Physical therapy may be needed. Use of Ambu bag with breath stacking & bigger air volumes can help to reduce atelectasis (lung units collapsed) which reduces Oxygen levels & immobilizes mucous. The larger air volumes increases stretch of chest & the recoil from decompressions mobilizes secretions better so suctioning is less needed & endotracheal tubes can be removed sooner. Less risk for pneumonia too.**

This all takes time & it is not well compensated by insurances. This regimen allows reduction of patient anxiety which improve the outcomes.

***Less anxiety => less stress => less stress hormone release => better outcomes.
Having a trusted MD in proximity & taking over facilitates healing.***

Many doctors fear to operate on patients who use ventilators. Pulmonologist can advocate strongly as these patients can be approached the same as other patients with only a little more attention to individual's specific condition(s).

[Norma MT Braun, MD, FACP, FCCP](#)

Clinical Professor of Medicine

Icahn School of Medicine, Mount Sinai Health Systems

Mount Sinai Morningside

Department of Medicine

Pulmonary/ Critical Care/ Sleep Division

New York, NY 10025