



Seeing your surgeon at the outpatient appointment



If you've been diagnosed with a heart condition and have been advised to have surgery, you'll meet with a consultant surgeon to discuss your options. Heart surgeon Simon Kendall explains what happens at this appointment.

You'll receive a letter in the post asking you to come for an appointment with your consultant surgeon to talk about your treatment. Your appointment will happen at the outpatient department at hospital. Outpatient means that you won't be staying overnight. You and your consultant surgeon will talk about the risks and benefits of your proposed operation. The appointment will usually last for about 30 minutes.

There's a lot of information to take in so you may want to have a friend or relative with you. This can be really helpful, not only to give you some moral support but so they can ask questions and take notes too.

What happens during your appointment

In outpatients, you may have some routine tests done before your consultation. These may include the following.

- **Chest X-ray:** this is way of taking a picture of the inside of your body.
- **Blood pressure:** you may have had this before - your doctor places a cuff around your upper arm to take a reading.
- **Height and weight:** you'll be asked to stand on some scales and your height will be measured by standing on a special machine.
- **Electrocardiogram (ECG):** this is a test that records the rhythm and electrical activity of your heart. It's likely that you've already had an ECG.
- **Echocardiogram:** this test uses ultrasound to produce moving, real-time images of your heart. Your surgeon will run a scanner over your chest wall to look at your heart.

Your appointment with the consultant surgeon is to talk about about your health and about your planned treatment. It's normal to feel anxious about the consultation - lots of people, both those having surgery and their relatives, feel this way. Many feel as if they are going to have the operation there and then. It can be helpful to remember that this is a conversation where the surgical team can learn about you and you can learn about your proposed options.

You may see a variety of people - a specialist nurse, a surgeon in training, a hospital doctor and the consultant surgeon. They will ask you about your symptoms and how

your condition is affecting your quality of life. They will ask you about your past medical history and also some questions about your lifestyle such as smoking, mobility and diet.

Discussing your treatment options

Once the surgical team have checked these details with you, and have the results of your tests, you will have a discussion about the treatment options available to you. In general, these can be divided into the following three groups.

- 1 Continue treatment with medicines and avoid more invasive procedures and surgery.
- 2 Discuss the options available from cardiology such as stents (for coronary arteries) or TAVI (a way of replacing your aortic valve). These are less invasive than surgery.
- 3 Discuss the surgical options, including open surgery such as coronary artery bypass graft and valve replacement surgery.

Your consultant surgeon will explain the risks and benefits of these options to you - this is an important part of the consent process. If there's a strong agreement between the medical and surgical teams about which option appears to be best for you, this will be indicated to you. Your opinion and your family's opinions will be respected, and you can take your time to make your decision. The time you need might be minutes, hours, days or even weeks.

This is a really important decision for you to make. Your consultant and medical staff will always encourage you to ask for second opinions or a different point of view, if you want.

If you decide to have surgery, you will sign a consent form. You might do this at the outpatient department or, more commonly, the night before your surgery.

If you decide to have surgery, this consultation will be an opportunity to discuss the procedure that you will have. This includes talking about:

- when and where you will be admitted
- preparation for theatre
- the surgical cuts (incisions) that will be made
- where you will go after surgery

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- your progress in the days after surgery
 - the expected day of discharge from hospital

This is also an opportunity to discuss what support you will need at home afterwards. How you will gradually get back to doing your usual activities and hobbies is another topic to discuss.

At the end of your consultation

If you decide surgical treatment is your preferred option, your name will be put on the waiting list. The surgical team may even be able to arrange a date for your surgery straightaway.

During the consultation, you will also clarify the arrangements for your surgery. This includes discussing what pre-admission clinics there are, where the surgery will be carried out and what preparation will be necessary. You will either get a letter through the post about preparing for your surgery, or you might talk to a nurse after your appointment with the consultant surgeon. The preparations you need to make include stopping specific medication before you're admitted to hospital, and using antibacterial washes and showers.

If you are going to have surgery, most hospitals will give you a bag to take away after your outpatient appointment. The bag contains an antibacterial body scrub and maybe some nose ointment. You use the body scrub like a shower gel for two days before you come into hospital. The nose ointment is to help prevent infection with MRSA (meticillin-resistant *Staphylococcus aureus*), a type of superbug.

After the consultation, you will still be able to contact the surgical team through the consultant secretary (or other means) if you have any more questions. The pre-admission clinic is another opportunity to ask questions and discuss any concerns or anxiety you may be feeling. You will go to a pre-admission clinic a few days before surgery. At this appointment, you're likely to have an examination and a nurse may take down your medical history details again. You'll also have screening for MRSA and some blood will be taken.

It may also be possible for you to meet members of the team who will be caring for you. Some hospitals offer a tour of the unit to see where you'll be for the operation.