**Day of Surgery Schedule**

**Kevin P. Bethke, MD**

This is what your day will look like whether your surgery is outpatient or you will be admitted afterwards.

The Operating Room staff will call you the day before surgery and let you know what you need to do the evening before surgery and when to arrive at the hospital.

1. You will either check-in at the 6th floor Prentice preoperative area or the 4th floor Prentice Breast Imaging Department (if you are having preoperative wire localization).
2. In the pre-op area:
   1. The **nursing staff** will check you in and pack your clothes and valuables for safe storage.
   2. An **IV** will be started.
   3. The **surgery team** (myself, medical student, resident breast surgery fellow, Physician’s Assistant) will see you and your family and have you sign the surgical consent form. I will initial the side that we’re operating on (Joint Commission rules to prevent wrong-sided surgery) and answer any questions.
   4. The **anesthesia team** (anesthesiologist, nurse anesthetist, anesthesia resident) will see you, explain the anesthesia and have you sign their consent form.
   5. If you’re having a sentinel node biopsy the **nuclear medicine team** will inject the radioactive dye.
   6. If you’re having immediate reconstruction the **plastic surgery team** will see you and they may draw their planned incisions on your breast.
3. The **time of surgery is an estimate** and there may be delays for many reasons (the prior surgery in your OR was more difficult and took longer than expected, guide wire placement took longer than expected, difficult IV placement, etc.).
4. While you are in surgery your family and friends may wait in the **family waiting area (6th floor**). The nursing staff will show them where to go. We will also have their phone number in the event they are not present for me to meet with them at the completion of your surgery. If they wish to get something to eat or have some coffee there is a wide variety of options at Northwestern.
5. I will speak with your family and friends once I have completed your surgery, **however, I may not be able to speak to you after your surgery** because I generally have 4-6 operations/day and go right back to the operating room with another case once I finish your surgery. If I do speak to you in the recovery area you may not remember because you were still sleepy from the anesthesia.
6. The **plastic surgeon** will speak to your family when they finish their reconstruction procedure.
7. On long operations the OR nursing team will try their best to call your family **every 2 hours** with an update.
8. If you had a **general anesthetic** for an outpatient procedure you will be in recovery for about 2 hours and your family may join you after about 1 ½ hours. You will be given written discharge instructions. If you are admitted to the hospital after surgery you will be moved to an upper level floor in Prentice.
9. If your **outpatient surgery** was performed with monitored anesthesia care (twilight sedation) your family may join you 10-15 minutes after surgery (the nursing staff will bring them to your recovery room) and you will be discharged home with written instructions after about 1 hour
10. If you are **admitted** overnight the breast surgery team (breast surgery fellow, surgical resident, Physician’s Assistant) will see you the following morning, assess your recovery and complete the discharge orders and instructions. If you had reconstruction the plastic surgery team will also see you in the morning. If you had a drain placed the nursing staff will teach you and your family how to care for it.
11. I will call you once the **pathology results** become available (about 6-7 days)

***If you have problems don’t hesitate to call the Lynn Sage Breast Center staff at (312) 695-0990***

5/2020