

EDITORIAL

When a Surgeon Undergoes Surgery

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It has been over 30 years since I started my career in orthopedic surgery. During this time, I have operated on numerous patients and listened to countless stories they shared after their procedures. Yet, six months ago, while still actively practicing, I unexpectedly found myself on the other side of the operating table, undergoing emergency coronary artery bypass surgery.

For the first time, I experienced a major surgical procedure from the perspective of a patient. This period was filled with lessons and insights that I hope will continue to shape my professional life. I feel compelled to share some of these reflections with my colleagues, in the hope that they may provide a window into the patient's experience.

Of course, my experience relates to one specific type of surgery, and every procedure carries its own unique expectations and challenges. Nevertheless, I believe there are universal human aspects across many surgical experiences that deserve our attention.

Lesson One

Before the surgery, I had the advantage of personally knowing both my surgeon and anesthesiologist. When they visited me beforehand—speaking kindly and briefly explaining the procedure—I experienced a profound sense of reassurance.

This reminded me that, in my own practice, I often meet emergency patients for the first time inside the operating room. A simple preoperative visit to the patient's room, however, can be immensely comforting. Such a small act builds trust and eases anxiety.

Even a brief bedside visit, or preferably a private one-to-one discussion when possible, can markedly reduce psychological distress. By alleviating anxiety, enhancing satisfaction and emotional preparedness, and fostering a stronger sense of trust, these encounters may ultimately contribute to improved treatment outcomes.^{1,2}

Lesson Two

After surgery, I spent five days in the hospital under intensive care. Although I was discharged in good spirits, I remained physically very weak—and that was when the real

struggle began.

Because of surgical restrictions, I could not sleep on my side, nor could I lie flat on my back. What may appear trivial was, in reality, one of the most challenging experiences of my life. During that first week at home, sleepless nights became almost unbearable. Only after consulting a psychiatrist friend and beginning an appropriate sleep aid did my nights gradually become manageable.

This experience made it clear to me that addressing sleep disturbances after surgery is not merely a matter of symptom control; it can significantly influence the patient's capacity for recovery. Regular assessment and targeted management of postoperative sleep have the potential to accelerate functional recovery and positively impact the overall prognosis.³

This experience reminded me of how I used to respond when patients requested medication for postoperative pain or sleep problems. I would often advise them simply to use over-the-counter pain relievers as needed. But had I ever truly considered what a patient recovering from shoulder surgery—or one with a conservatively treated humeral fracture—might actually endure at night?

I came to realize that a successful operation does not mark the end of treatment. A patient must be regarded as a whole person. This insight led me to recognize the need to broaden my knowledge beyond pharmacology, extending into rehabilitation and non-orthopedic postoperative care. It is my responsibility to acknowledge these dimensions of recovery and to ensure that my patients receive comprehensive care—whether through my own guidance or by referring them to appropriate colleagues.

Lesson Three

During the first month of recovery, I remained considerably debilitated, and the prolonged convalescence raised serious concerns: Would I ever be able to return to work?

I sought advice from a former classmate who is now a cardiologist. Not wanting to burden my surgeon with my anxieties, I turned instead to my friend for guidance on prognosis and likely outcomes.

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This made me reflect on how often I had reassured patients that my role was to make the best treatment decisions and, if necessary, to perform the best surgery possible. Yet I frequently added that the outcome could not be fully predicted and was not our primary concern.

Experiencing this uncertainty firsthand reminded me that clear, realistic communication about expected outcomes is strongly associated with improved patient-reported results and greater postoperative satisfaction. Clinicians should therefore provide honest explanations of likely outcomes and actively elicit patients' expectations, since many may hesitate to voice their concerns unless specifically encouraged.^{4,5}

I now recognize that, for patients, understanding the likely outcome of their treatment is just as important as receiving high-quality medical care. From this experience, I drew two essential lessons. First, I must make every effort to clearly explain expected outcomes to patients under typical circumstances. Second, I must acknowledge that patients may hesitate to raise such questions out of respect or fear, which places the responsibility on me to take the initiative in offering this information.

Lesson Four

Over the years, many patients have expressed gratitude for my care. I often assumed their words were merely customary, habitual, or motivated by a desire for dependency. Yet when I myself expressed deep thanks to my own surgeon, I came to appreciate how genuine and profound such gratitude can be. From now on, I will place

far greater value on the appreciation shown by my patients.

Conclusion

Finally, I reflect on the privileges I had: more than three decades of experience in medicine, strong professional connections, no difficulty in selecting a skilled surgeon, no financial constraints, and no major fears about my future.

For those unfamiliar with the medical field, however, choosing the right doctor can be uncertain, financial concerns can be overwhelming, and anxieties about the future may be ever-present.

This experience has taught me that whenever I interact with a patient, I must pause—even briefly—and put myself in their place. By striving to see the world through their eyes, I may become not only a better and more professional surgeon but also one who provides truly comprehensive care.

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