PROCEDURE

Surgery: what to expect

Surgery is an operation used to diagnose, repair, remove, or replace tissue.

PURPOSE
To diagnose or treat an injury, condition, or abnormal tissue

PROCEDURE TYPE
Diagnostic or therapeutic, using open or minimally invasive surgery

WHERE IT IS DONE
Operating theatre or outpatient clinic

ANAESTHESIA
Local, regional, sedation, or general, based on the operation

HOW LONG IT TAKES
Minutes to many hours, based on operation complexity

PREPARATION
Fasting, medication review, skin preparation, and transport planning

RECOVERY
Same day to weeks; no driving after sedation or anaesthesia

MAIN RISKS
Bleeding, infection, blood clots, anaesthesia reactions, organ injury

RESULTS
Immediate findings; laboratory or pathology results often take days

Overview

Surgery is a broad term for procedures that use instruments to examine or treat the body. An operation may remove abnormal tissue, repair an injury, replace a joint, improve how an organ works, or help make a diagnosis.

Some operations use one larger cut, called open surgery. Others use several small cuts and a camera. These are called minimally invasive, laparoscopic, or keyhole procedures. Robotic surgery is a type of minimally invasive surgery in which the surgeon controls robotic instruments.

Your experience will be shaped by the operation, your general health, and the type of anaesthesia. Minor procedures may take place in an outpatient clinic, while major surgery usually takes place in an operating theatre.

Why the procedure is performed

Surgery may be recommended when it offers a useful benefit that cannot be achieved as well with medicines, rehabilitation, monitoring, or a less invasive procedure.

An operation may be performed to:

Ask what the operation is expected to achieve for you. It is also reasonable to ask how likely that benefit is, how long it may last, and what could happen without surgery.

- Confirm a diagnosis by taking a tissue sample, called a biopsy
- Remove diseased, damaged, or abnormal tissue
- Repair an injury, hernia, blood vessel, or organ
- Replace a joint, heart valve, or other body structure
- Drain an infection or collection of fluid
- Relieve pain, pressure, blockage, or other problems
- Prevent a condition from becoming more serious
- Restore movement, function, or appearance

Who should and should not have it

Surgery may be appropriate when its expected benefits outweigh its risks and match your goals. Your surgeon should explain why this operation is being offered and whether it is urgent, time-sensitive, or optional.

An elective operation may be delayed if you have an active infection, a significant new illness, or a medical condition that needs better control first. Examples include serious breathing problems, unstable heart symptoms, or very high blood sugar. Pregnancy may affect the timing of non-urgent surgery.

The operation may also be postponed if fasting instructions were not followed or if medicines affecting bleeding or anaesthesia were taken unexpectedly. Do not stop a blood thinner or any other prescribed medicine unless your surgical team specifically tells you to.

Surgery may not be the right choice if it is unlikely to provide meaningful benefit, its risks are too high, or you prefer another option. You should have time to ask questions before giving consent. For an emergency, there may be less time, but the team should still explain the situation as clearly as possible.

How to prepare

Your treating facility's own instructions take priority because preparation differs between operations and types of anaesthesia.

You may be told not to eat or drink for a set period. Following these instructions lowers the chance of stomach contents entering your lungs during anaesthesia. Ask for clarification if you are unsure whether water or morning medicines are allowed.

Give the team a complete list of prescription medicines, over-the-counter products, supplements, allergies, and previous reactions to anaesthesia. They will tell you which medicines to take, change, or pause.

You may also need to:

Bring identification, your medicine list, and any requested forms. Tell the team if you develop a fever, cough, vomiting, rash, infection, or other new health problem before the operation.

- Have blood tests, imaging, an electrocardiogram, or an anaesthesia assessment
- Stop smoking as early as possible before surgery
- Shower with a particular cleanser, without shaving the surgical area
- Remove jewellery, makeup, contact lenses, and nail products if instructed
- Arrange an adult to take you home and stay with you
- Plan help with meals, children, pets, stairs, or wound care

What happens during the procedure

Before surgery, staff will confirm your identity, operation, allergies, and consent. The surgical site may be marked. You may have an intravenous line placed into a vein for fluids and medicines.

The anaesthesia team will discuss pain control and monitoring. Local anaesthesia numbs a small area. Regional anaesthesia numbs a larger part of the body. Sedation makes you relaxed and sleepy. General anaesthesia makes you unconscious and requires support for breathing.

During the operation, the team monitors functions such as your heart rate, blood pressure, breathing, oxygen level, and temperature. The surgeon reaches the treatment area through an open incision or small keyhole incisions, depending on the procedure.

Tissue may be removed and sent to a laboratory. The surgeon then closes the incision with stitches, staples, adhesive, or surgical strips. Some operations require a temporary drain, tube,

dressing, cast, or catheter.

Afterward, you usually move to a recovery area while the anaesthesia wears off.

Recovery and what to expect afterward

Pain is common after surgery, but its intensity differs. Tell the recovery team how you feel so they can adjust your pain plan. Taking pain medicine as directed may make it easier to breathe deeply, sleep, and move. Support the incision when coughing if instructed.

You may begin with sips of fluid and light food. Nausea can occur after anaesthesia or pain medicine. Follow any special diet instructions related to your operation.

Early, safe movement can reduce stiffness and the risk of blood clots. Staff may help you sit up or walk. At home, increase activity gradually and follow restrictions on lifting, exercise, bathing, and wound care.

Do not drive after general anaesthesia, deep or moderate sedation, or while taking medicines that impair alertness. Your discharge instructions should explain when driving is safe. Arrange transport home if required.

Returning to work may take a day after a minor procedure or several weeks after major surgery. Physical work often requires more time than desk-based work. Ask whether you will need modified duties.

Risks and possible complications

Every operation has risks. Your personal risk is affected by the type of surgery, anaesthesia, age, general health, smoking, and other medical conditions.

Possible complications include:

Some operations have additional risks, such as leakage from a bowel join or failure of an implant. Ask your surgeon which risks matter most for your specific operation and how they are managed.

- Bleeding or a collection of blood under the skin
- Infection of the incision or deeper tissue
- Blood clots in the legs or lungs
- Breathing, heart, or blood pressure problems

- Reactions to medicines or anaesthesia
- Injury to nearby nerves, blood vessels, or organs
- Poor wound healing, scarring, or ongoing pain
- A need for another procedure

Results and follow up

The surgeon may explain the immediate findings after you are awake enough to understand. If tissue or fluid was sent to a laboratory, final results may take several days or longer.

Before leaving, you should receive instructions about pain medicines, eating, activity, wound care, and follow-up. Keep the incision clean and follow directions about dressings, stitches, staples, drains, or surgical strips.

Routine follow-up checks healing and reviews results. It is also a chance to discuss symptoms, activity limits, rehabilitation, and your return to work. Do not wait for a routine appointment if you develop an urgent problem.

Alternatives

Alternatives depend on what surgery is intended to achieve.

Watchful waiting or active monitoring avoids an operation now. It may be reasonable when a problem is stable, but symptoms or the condition may worsen while you wait.

Medicines can control pain, inflammation, infection, or other symptoms. They may not repair a structural problem or remove abnormal tissue.

Physiotherapy, occupational therapy, weight management, or activity changes may improve function without surgical risks. Improvement may be slower or incomplete.

A less invasive procedure, such as an injection, endoscopy, catheter treatment, or image-guided drainage, may offer a shorter recovery. It may be less effective, need repeating, or be unsuitable for the problem.

Choosing no treatment avoids the burdens of intervention but accepts the likely course of the condition. Supportive or palliative care can focus on comfort and quality of life when surgery does not fit your goals.

You may ask for a second opinion, especially before major or irreversible surgery.

When to call your healthcare team

Contact your surgical team promptly for worsening pain, repeated vomiting, trouble eating or drinking, difficulty passing urine, wound opening, new drainage, increasing redness or swelling, or a fever that meets the threshold in your discharge instructions.

Seek urgent medical advice for one-sided calf pain or swelling, new shortness of breath, or symptoms that are worsening quickly.

Call emergency services for severe trouble breathing, chest pain, fainting, stroke-like symptoms, uncontrolled bleeding, or confusion with severe weakness. These symptoms should not wait for a routine follow-up appointment.

Common questions

Will I be asleep?

You may be fully unconscious, lightly sedated, or awake with the area numbed. The anaesthesia plan is based on the operation, your health, and your preferences where options are available.

Can I drive home?

Not after general anaesthesia or moderate or deep sedation. You will usually need a responsible adult to take you home. Follow the restrictions in your discharge instructions.

How painful is surgery?

Pain ranges from mild soreness to more significant discomfort. Your team should explain the expected level and provide a pain-control plan. Pain that suddenly worsens or is not controlled should be reported.

When will I know what the surgeon found?

Basic findings may be available soon after surgery. Biopsy, pathology, culture, or other laboratory results usually take longer and are reviewed at follow-up or through an agreed communication method.

How long will recovery take?

Recovery may take hours after a minor procedure or weeks to months after major surgery. The operation, your health, complications, and the physical demands of daily life all affect the timeline.

Sources

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