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For families: what the waiting room is like, and what to bring

What the waiting room is really like on surgery day, what to bring, and how to carry the hours — for the people in the chairs.

In hospital

> Educational content.

The waiting room is not a place for silent suffering — it is where the family does its most important work on surgery day. This page is written for you, the people in the chairs.

You will be there for hours, and news arrives in drips. Waiting without a plan is longer and heavier than it needs to be. Knowing the shape of the day turns scattered worry into organised work.

What the waiting room is actually like

- Seats, a cafeteria or a coffee machine, and other families living the same day. Everyone notices each other without speaking.
- News is scarce and spaced out. The first real update usually comes when surgery is over — and that can take hours.
- Silence does not mean something is wrong. The team comes out when there is something to say, and surgery takes its time.
- Some hospitals let one family member wait closer to the operating suite. Ask how your hospital works.

The honest part: updates saying “all is well” will not arrive hourly. They arrive when there is something to say. That is normal, not neglect.

What to bring

- A phone charger and a long cable — the phone will be your main tool.
- Water and snacks. The air conditioning is cold, and coffee is not enough.

- Something for your hands: a book, prayer beads, work papers. The hours are long.
- A prayer mat for those who pray, and prayer times on your phone.
- The patient's papers: ID, insurance, phone numbers, and a list of their medications — you will want them at every question.
- A small notebook and pen: write questions down the moment they appear, or they drown in the day.
- Tissues. For feelings too. That is allowed.

How to manage the wait

- Take turns: one person talks to the team, and everyone else gets the message. One call every couple of hours is enough for the whole family.
- Do not all crowd the intensive care door. The space is for patients, and crowds press on everyone.
- Decide who updates the wider family — a family group chat is the best tool.
- Rotate for prayer and meals, and never leave the spot empty.

About the patient: at the first intensive care visit, they may not recognise you well, may mix up words, and may not remember your visit an hour later. That is not rejection and not weakness — it is the anaesthetic and the medications, and it fades over days. Hold their hand, say a few quiet words, and do not take the forgetfulness personally.

> “My mother sent the family group one word every two hours: fine. That one word was enough for everyone — until the message that said: surgery is over.”

What to ask the team

- When do we expect the first update, and who calls us?
- When can we visit, how many visitors, and are children allowed?
- Who is the right person to call, and what is the number?

> **Take it to your team**
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> Ask how news works in this specific hospital: who calls, when, and on which number. At the first visit, ask the nurse what the patient can hear and do, so you walk in knowing.

> **Call for help if**
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> During a visit, you notice something that worries you: severe pain, difficulty breathing, bleeding, or sudden confusion. Tell a nurse immediately — do not wait. And if one of you feels unwell — chest pain, dizziness, fainting — get help for yourself: your health is part of their recovery.

You are not spectators on this day. You are the presence they come back to. The medical decisions stay with the patient's team — but your being there is what makes coming home possible.

Questions to take to my team

- [ ] When do we expect the first update, and who calls us?
- [ ] When can we visit, how many visitors, and are children allowed?
- [ ] Who is the right person to call, and what is the number?

For discussion and personal reference. Your care team’s individual instructions take priority. For an emergency, contact your local emergency service; do not wait for a community reply.