

SCARSTORIES · A LITTLE COMPANY ON THE WAY

The day of surgery, hour by hour

A calm, honest map of surgery day — fasting, the operating room, waking up — so nothing that happens to you comes as a surprise.

In hospital

Educational draft. Clinical review pending. Quotations retained from the original text are not verified member testimonials.

The day of surgery is a sequence of small, carefully choreographed steps, and almost none of them are in your hands — which is exactly why knowing the shape of the day helps. This page is a map of the territory, so nothing that happens comes as a surprise. Your team's instructions always win over it.

Every hospital runs its own rhythm, and your exact times will be confirmed the evening before or the morning itself. What follows is the usual shape of the day for open-heart surgery: fasting, preparation, the operating room, waking up. The word “usually” is doing a lot of work here.

The night before and early morning

- When to stop eating and drinking — usually from midnight or earlier. Follow that time exactly, and tell the team about anything after it.
- Wash and shower as instructed, often with a special antiseptic soap; it is one of the best-known ways to reduce infection.
- Take only the medications your team told you to take, and be honest about everything — including herbal remedies and painkillers bought without a prescription.
- Leave jewellery, watches, glasses, dentures and hearing aids with your family.

The fasting is usually the hardest part of the morning — most people find the thirst harder than the hunger. If it becomes genuinely hard, say so: there are ways to make it easier, and hiding it helps no one.

In the pre-operative room

You will get an identity band checked and re-checked, an IV line, and the same questions asked by different people. That repetition is not forgetfulness — it is a safety ritual. You will meet the anaesthetist, who explains how you will be put to sleep and how pain will be controlled afterwards.

Into the operating room

You are wheeled in or walk in. The room is bright and full of people in green, and the last thing most people remember is the ceiling or the mask — then waking up somewhere else. If you get a relaxing medication beforehand, the trip may already be a blur.

During the surgery

The surgery itself usually takes several hours. While it happens, your family sits in the waiting room and the team gives updates. Settle this now: ask who will update them, and when the first update typically comes.

Waking up

You will wake in the recovery area or intensive care, with a nurse close by. You may feel confused, cold, thirsty and sore, with tubes around you — that is expected, not a complication. The confusion fades over hours.

“I remember being wheeled into a bright room, and the next thing I knew a nurse was telling me my name and that my family was waiting. The hours in between belong to the team — and that was exactly where I wanted them to be.”

What to ask your team

- When exactly should I stop eating and drinking, and which medications do I take that morning?
- Who will update my family, and how — a phone call, or in the waiting room?
- What should I expect to feel when I wake up, and how will pain be managed?

Take it to your team

The team controls the order of your day, and they want you to ask. Before surgery day, confirm the fasting time, the morning medications, and the plan for your family's updates. Writing the answers down — or asking a family member to write them — means you are not trying to remember them on an empty stomach.

Call for help if

Before surgery: you develop a fever, chest pain, or any change since yesterday — tell the team before the day begins. On the morning itself: if you have eaten or drunk after your cut-off time, or taken a medication you were not supposed to, say so immediately. It will not cancel your surgery — hiding it might.

The shape of the day will differ, and your team's instructions always win over this page. The plan for food, medications and updates comes from them — and the decisions about your care belong to you and your team alone.

Questions to take to my team

☐ When exactly should I stop eating and drinking, and which medications do I take that morning?

☐ Who will update my family, and how — a phone call, or in the waiting room?

☐ What should I expect to feel when I wake up, and how will pain be managed?

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.