





BEFORE YOU SAY YES TO SURGERY,

READ THIS

Agreeing to a procedure
to fix a non-emergent
but disruptive problem can be
a tough call. Here's how to
make a good choice for you.

BY MERYL DAVIDS LANDAU

Five years ago, Molly Grimm felt a sharp, stabbing pain in the bottom of her right foot, the first sign of what would ultimately be diagnosed as plantar fasciitis. The 39-year-old marketing manager in Abington, PA, began wearing custom orthotics and getting cortisone shots from her podiatrist to ease the pain (caused by inflammation of the tissue under the foot). Sometimes it was so bad when she awoke or stood up that she had to walk on her toes.

Eventually things got to the point where Molly couldn't take her 1-year-old son for walks. Her podiatrist recommended surgery, which would have her off her feet for up to 10 weeks. It wasn't a choice she was ready to make.

If you have been in a major accident or are diagnosed with a serious disease, you're probably not going to question being told that you need an operation. But what about when you're dealing with things like chronic knee pain, longstanding gynecological problems, or foot issues? Elective surgeries include not just cosmetic procedures, but all nonemergency operations, and millions are done in the U.S. every year.

The correct surgery can improve your life, but it's important to view every operation as a potentially life-changing and risk-carrying event, says Philip Stahel, M.D., chief medical officer of Mission Health in Asheville, NC.

Becoming reasonably sure that the likely benefits outweigh the risks involves asking lots of questions, says Marty Makary, M.D., a professor at Johns Hopkins School of Medicine in Baltimore and author of *The Price We Pay: What Broke American Health Care and How to Fix It*. Unless it's very clear that you need an operation ASAP, there

are numerous factors to consider, Dr. Makary says.

What you're going for is something that Dr. Stahel calls shared decision-making. "I don't tell a patient yes or no when both surgical and nonoperative options are feasible," he says. "I can only explain the benefits, risks, and possible outcomes for the surgery and alternative treatment options, then give the person time to consider it all."

START WITH YOUR DOCTOR

You can get a sense of what you're in for if you opt for surgery. These are a few questions to start with:

? **What exactly will the operation entail? What kind of anesthesia will be used? Will I need an overnight stay in the hospital?**

Details help: One woman felt comfort-



able going forward with surgery for her arthritic big toe after her surgeon drew his plan on the paper on the exam table.

? How much better can I expect to feel?

If you're in agony and an operation will ease 70% of the pain, it could vastly improve your life. But if only 100% relief would make surgery worth the risk to you, knowing the likelihood of that is critical.

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? What treatments has my doctor directed others to before recommending an operation?

Dr. Stahel suggests asking because some surgeons reflexively think of surgery before they've exhausted less invasive options.

? Is it truly necessary?

Occasionally factors other than your best interests are at play, Dr. Makary says. In a study he coauthored, doctors of all specialties answering an anonymous questionnaire said that on average, 11% of procedures that are done are not needed.

? How long do I have to decide without my condition getting significantly worse?

Be especially wary of a surgeon who urges you to get on their schedule quickly for a problem you've had for a while—you shouldn't feel pushed, Dr. Makary says. Delaying also allows you to try other treatment options. When 66-year-old surfer Kathy Murphy of Ventura, CA, injured her shoulder,

her orthopedic surgeon said her rotator cuff was damaged and that surgery was her only option. While awaiting test results, she turned to ice and heat, transcutaneous electrical nerve stimulation (TENS), acupuncture, and other treatments, which helped enough that her doctor agreed that she could skip surgery. Still, neither has ruled it out permanently, because she still has some pain. “If I’m ever not able to do what I love or use my arm, I’ll know it is time,” Kathy says.

WEIGH ALTERNATIVES

Elective surgery should be seen as something to consider when other plans have been explored and either rejected by the patient or tried without success, Dr. Stahel says. For example, nagging back pain may be helped with physical therapy; fibroids might be reduced with uterine fibroid embolization (UFE), a minimally invasive procedure; and vaginal pessaries may effectively treat pelvic organ prolapse and lessen the need for surgery, according to a study in the journal *Menopause*. “I probably spend nearly half my time treating people conservatively with therapy, rest, or bracing,” says Lisa Lattanza, M.D., chair of orthopedics and rehabilitation at Yale School of Medicine in New Haven, CT. A key benefit of pursuing nonsurgical approaches first: If they don’t work, you’ll feel more comfortable heading to the OR, she says.

DO OUTSIDE RESEARCH

Unlike drugs, which are approved by the FDA, surgery is not regulated by the government, which means doctors can perform procedures that have not been clinically proven to work. For example, years after a major trial showed that a knee operation called arthroscopic partial meniscectomy was no better than nonoperative treatment for meniscal tears, Dr. Stahel and his fellow researchers discovered that it was still common.

To learn about a proposed procedure, search reputable websites, including those of specialty medical societies like the American Academy of Orthopaedic Surgeons and the American College of Obstetricians and Gynecologists and large research hospitals such as Mayo Clinic. Don’t rely on sites of companies or surgical centers with a stake in having doctors perform many surgeries.

SEEK PERSONAL FEEDBACK

In addition to getting a second opinion (don’t worry about offending your doctor), talk to anyone you know (or whom your friends know) who has undergone a similar procedure to find out whether they’re happy with the results. Do not skip this valuable step: Researchers in Spain found that patients could have a very different perspective from their doctors, with the shoulder surgeons in the study claiming their operations delivered more pain relief than patients said they experienced. Online support

groups are another great place to get information, but remember that people tend to post about their experiences mostly when they're either elated or furious. Be sure to independently check info you glean from these groups, as anyone can post in them.

The bottom line is that choosing an elective surgery involves many factors, some personal, and being comfortable with your decision will save you stress and second-guessing. For Robyn Dochterman, the 59-year-old founder of a chocolate company in Marine on St. Croix, MN, surgery was the right call for her carpal tunnel syndrome. Robyn tried resting, splinting, and OTC pain meds, but she couldn't always control her whisk. An experienced surgeon explained his procedure and laid out the risks, but "he was confident, and that put me at ease," Robyn says. "Having this procedure saved my work life."

Molly, by contrast, opted not to have plantar fasciitis surgery. Her

HOW TO PICK A SURGEON YOU CAN TRUST

If you do decide on elective surgery...

■ FAVOR TRAINING AND EXPERIENCE

Ask how many procedures of this exact type the surgeon does in a month. "If you Google a restaurant and end up with a bad meal, it's not a big deal. But if you Google a doctor and have the wrong surgery, it can be catastrophic," Dr. Lattanza says.

■ CONSIDER A SPECIALIST OR A SUBSPECIALIST

Dr. Lattanza works specifically on elbows and says she's often had to repair or revise a surgery done by someone without subspecialty training

or experience with the diagnosis. Similarly, a gynecologist who mainly delivers babies is probably not the best choice for a hysterectomy, says Christopher Destephano, M.D., M.P.H., a gynecologic surgeon at Mayo Clinic in Jacksonville, FL.

■ ASK IF THERE ARE SURGERIES THEY DON'T DO THEMSELVES

"There may be a bias among some physicians to present only options they offer," Dr. Makary says.

■ DO A GUT CHECK

Being comfortable with how they communicate will help put you at ease.

surgeon told her about an alternative procedure called extracorporeal shock wave therapy; she had to pay out of pocket for it, but within days of the noninvasive treatment, her foot started improving. She never missed work, and she was soon pushing her toddler in his stroller and running, pain-free.