SURGERY CHECKLIST

Please check what would improve your surgical experience:

COMMUNICATION PREFERENCES

Preferred method(s) of communication:

- ☐ Verbal
- ☐ Written (i.e. checklists, schedules, instructions)
- ☐ Pictures (i.e. symbol icons, photos, diagrams)

- ☐ Tell me what you are going to do (or what is going to happen) before you do it
- ☐ Demonstrate exams/equipment before you use it
- ☐ Avoid open-ended questions
- ☐ Use simple language / avoid extra words
- ☐ Allow extra time for processing

BEFORE SURGERY (OUTPATIENT)

- ☐ Schedule additional appointment with surgeon
- ☐ Schedule appointment with anesthesiology (e.g. to discuss anti-anxiety medications)
- ☐ Provide photos or a video tour of the OR area
- ☐ Share a detailed schedule of the day
- ☐ Schedule surgery early in the morning
- ☐ Schedule surgery at _____ (preferred time)

PRE- OP (DAY OF SURGERY)

- ☐ Allow my family/support to go with me into the pre op area immediately upon arrival
- ☐ Limit staff entering my room and only have essential personnel introduce themselves.
- ☐ Administer anti-anxiety medications early
- ☐ Allow me to urinate into the toilet (hat) instead of a cup (for urine pregnancy test)
- ☐ Keep me updated on delays
- ☐ Let me meet the post-op nurse before surgery
- ☐ Instead of marking my belly with a marker, use a sticker to indicate the surgical site

IN THE OPERATING ROOM

- ☐ Allow me to wear sunglasses
- ☐ Dim the OR lights
- ☐ Allow me to wear headphones or earplugs
- ☐ Limit noise in the OR
- ☐ Cover up medical equipment to minimize visual exposure
- ☐ Limit people in the OR until I am asleep

POST- OPERATIVE / RECOVERY AREA

- ☐ Have my family/support waiting for me
- ☐ Use a picture scale to assess my pain level
- ☐ Minimize need for procedures (e.g. voiding trial) post-operatively, when medically appropriate
- ☐ Provide checklist of milestones required before discharge
- ☐ Send medications to the pharmacy before day of surgery to minimize delays