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Your Stay in the ICU:
What patients and families should know about intensive care after surgery

As if the idea of having major surgery isn't frightening enough, the thought that you may need to be in the Intensive Care Unit (ICU) afterward can make matters worse. But it doesn't have to. Preparing yourself and your family ahead of time with accurate and timely information can do a lot to make the experience less scary.

Unless you're going in to have a baby or get "a little work done", no one usually is happy to be going to the hospital. Of the fears patients have surrounding the experience they tend to be the most afraid of being in pain. This can be especially true for older patients, many of whom have vivid memories of childhood surgical and hospital experiences in a time when care wasn't as focused on the emotional needs of the patients. As a physician who specializes in anesthesiology and intensive care for heart surgery patients, I can tell you the good news that we've come a long way since then.

Pain relief

You should expect to experience some discomfort after any surgical procedure, but there are many options for relief. The focus of modern acute pain management is summed up in one word: multimodal. This means we use different techniques to attack different aspects of pain. Often small doses of several different medications do the job better and with fewer side effects than a large dose of one drug. The days of a "shot" every 4 or 6 hours and "toughing it out" in between are over. Depending on the type of surgery, the techniques used for pain relief afterward may include: Regional nerve blocks (using local anesthetics like lidocaine to block large nerve bundles). This is similar to what your dentist does – only on a larger scale.

Medications to block inflammation (non-steroidal anti-inflammatory medications, or NSAIDs such as aspirin or ibuprofen).

Spinal or epidural administration of pain medications.
Intravenous acetaminophen (Tylenol) which can add to the effectiveness of other pain medications.

Injecting local anesthetics around the surgical site.

And if you do need more pain relief, you will likely get a button to push that will cause a pump to inject a small amount of a narcotic (a pain medication like morphine) directly into your IV whenever you're having pain. This is called patient-controlled analgesia, or "PCA".

Sedatives can also help break the cycle of: pain-fear-more pain-more fear and so on. New anti-nausea drugs and modern anesthetics lead to less nausea and vomiting after surgery.

The attitude of physicians and nurses has changed as well. We refer to pain as "the 5th vital sign" and are committed to making the surgical experience as non-stressful as possible. We can't make it fun – but we can make it tolerable.

Help with breathing "That tube in my throat" – Depending on the type of surgery you're having, you may need help breathing during the operation. Your physician anesthesiologist may need to insert a breathing tube in your windpipe (trachea) to connect you to the anesthesia machine's ventilator during the surgery. Most of the time the tube goes in after you're asleep and comes out before you wake up. But after a major operation such as heart surgery, a patient may need to go to the ICU with the breathing tube still in place.

This may also be necessary if a patient isn't able to breathe well enough without help at the end of surgery, and needs the ventilator for a longer period of time. This sounds a lot worse than it is, and is something that almost every patient asks about. Until you are ready to breathe easily without the ventilator, the ICU staff will keep you drowsy and comfortable with a combination of pain medications and sedatives. Although patients can't speak with a breathing tube in place, the ICU nurses are very good at helping them communicate their needs until they're ready to have the tube removed.

"I thought I was losing my mind"

The ICU can be a confusing place. It runs 24 hours a day. Even if the lights are off in your room, the lights in the hall, the noise, the drugs, and just being sick can confuse even a previously healthy person, resulting in "delirium". The older we become, the sicker we get, the more drugs we need, the easier it is to become disoriented. In extreme cases, patients may see or hear things that aren't there.

The good news is that all of this is much less common than in previous years. The multimodal approach to pain management ensures that patients receive fewer mind-altering pain medications and sedatives without sacrificing their comfort. Gentle reassurance and repeated reorientation – "Mr. Smith, you're in the hospital. It's June 1st and it's 10 o'clock at night. You just had surgery but you're doing well..." help to keep disoriented patients safe until the fog clears.

As I said at the start – we can't make it fun, but we will make it tolerable. Many physician anesthesiologists today specialize in ICU care or pain management, and we have more tools available than ever before. With modern techniques for pain management and strong belief in shared decision-making with patients and families, your physician anesthesiologist is there to see you safely and comfortably through your entire surgical experience and ICU stay. **That's what we do.**

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