

## **Surgery Coping Tips**

### **For Rape and Sexual Abuse Survivors**

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Most of us will face surgery in our life. It can be very triggering for rape and sexual abuse survivors as there is the element of loss of control, not knowing what we face and "waking up" disoriented, surrounded by unfamiliar people in a bright area. Unlike what occurred to us during our abuse, we do have the chance to prepare for most surgeries ahead of time including speaking with the surgeon and if we have one, our therapists about ways to cope with the event!

#### **Beforehand for "elective" procedures:**

- 1) If possible, communicate to your doctor you are a rape or child sexual abuse (csa) survivor. It is hard and having done it, it is very intimidating. I've never had a surgeon respond negatively. Most surgeons are glad to have the information because it helps them understand why we might be upset or panicked over a "minor" procedure. Most will verify that you are safe and ask what they can do the day of surgery to help you feel more comfortable – including a higher dose of pre-op medications, earlier time on the schedule or advocating with you for other needs including body positioning on the operating room (OR) table. It is hard but if your surgeon doesn't know, he or she can't help you.
  
- 2) Ask your surgeon beforehand if you will wake up positioned in a certain way or with a piece of equipment. Ask if you can "try" it out to develop a body memory.
  
- 3) Talk to your therapist about your fears. If you haven't been in therapy for a bit, most therapists will let you come back for a few "check in" appointments before something like this knowing it can be upsetting. It is normal to be afraid before surgery – for anybody. As survivors, we face the double challenge of normal fears plus the additional trigger of loss of control in a situation.

4) Talk to your GP or your psychiatrist about your upcoming procedure. Ask her/him to be in contact with your surgeon to make sure there are not any possible medicine complications for pain medications and ask (if you need it!) for an anti-anxiety med for the day before surgery.

5) Find a trusted family member, friend, or a spouse to act as your advocate the day of surgery. See if they can spend the night with you in the hospital if you are staying overnight. The first night can be a bit bewildering because of medications, etc and having a "grounding person" present is very helpful! In the US, it is allowed so be FIRM!

### **The day of surgery:**

1) Take a deep breath. Everything will be ok. It is intimidating but you are in control.

2) In the US, you will meet the day of surgery: any residents, the anesthesiologist and a nurse from the OR who will be the one to help you through the surgery. Plus, you will see your surgeon (or a resident under his direction) to sign the final consent forms. The part of your body being operated on is often signed and dated.

3) At any point, if you are overwhelmed, tell the doctors, nurses, residents to stop. Yes, they have a schedule but your mental health, your body and your comfort are more important. Surgery isn't about winning the "nicest patient" award. Going into surgery in the right frame of mind aids in healing. At times, it can be frantic in the holding area around a patient with consent forms, people starting an IV and questions all at the same time. It is OK to say, "I can only handle this one at a time." It is OK in the US to have your support person stay. (Note, this is for elective, non-emergency cases only. In the case of an emergency, it may not be possible for the medical teams to stop!)

4) You may or may not be given sedation medication. It is often beneficial to ask your surgeon to order some for you if you feel it will help you relax. It is a matter of choice and you can also refuse it.

5) Ask for a 5 minute warning (if possible). It helps so you can review any grounding techniques, hug your loved ones and not be startled when they come to take you into the OR.

### **In the OR itself:**

1) The OR is cold. Ask for blankets! They have warm blankets for you. The reason (one of them) is the lights the surgeons use are very bright so they keep the temperature down.

2) Everybody will be masked and it can be intimidating. Deep breaths and one or two good grounding techniques will make it much easier. For grounding tips and techniques, see this article: [Grounding by Dr. Patti Levin](#).

3) OR tables are narrow. They will put a belt around you. Think of it as a seat belt. Any other positioning will be done after sedation. Previous communication here is vital: if your surgeon knows how to avoid and can avoid positioning you in a way that triggers you, during a conscious sedation procedure they will work with you. If not, find a different surgeon. Keep in mind, there are some surgeries for which positions are triggering and there isn't a repositioning option.

4) Depending on the type of anesthetic (general or conscious sedation), you may or may not have an oxygen mask given to you before sedation. This can be triggering. Just try to breathe normally.

5) Being given sedation can be triggering. Try to stay as relaxed as possible and remind yourself that you are in a safe place. Try not to worry about anything you may say! OR staffs have heard EVERYTHING before.

### **Waking up in the PACU/Recovery Room:**

1) You will probably have some sort of oxygen mask on your face, a blood pressure cuff and an oxygen sensor. There will be a nurse or resident (depending!) nearby to check on you. They will start to ask you questions about pain, your name, where you are. **DON'T BE AFRAID TO ASK FOR PAIN MEDICATION!**

2) It can be very disorienting to wake up! You will probably drift in and out of sleep for a bit. That is ok. It isn't unusual to be emotional. The nursing teams do speak louder but that is because we are drifting in and out of sleep! They are not "yelling" but trying to hold our attention for a bit.

3) As soon as you are stable you will be moved to either your room or a step down unit where your family can see you.

Having surgery is very intimidating! The best tip is that the more information you can provide your health care team, the better care they can provide you. Even just saying "I have a trauma history" to a surgeon is something. For most surgeons, that is enough! Sexual assault is common and fortunately, more and more US medical schools are addressing the issue of survivors as patients. Helping your surgeon meet your needs will go a long way in both your healing from your sexual assault as well as recovery from your surgery.

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