

Out to Dinner and 24 Hour Recovery: How to Determine if It Is Real

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24 Hr. Recovery Is Likely Predictable	“Rapid Recovery” Is More Likely Buzzword than Real and Optimal
Surgeon can provide you copies of scientific studies that support the relationship between 24 Hour recovery and the lowest reoperation rates in the future.	Surgeon does not even mention, much less provide you scientific evidence, of the relationship of rapid recovery to lower reoperation rates in the future.
Surgeon and personnel emphasize the importance of 24 hour recovery to your long term outcome and risks of reoperations.	Surgeon or personnel try to minimize or reduce the importance of rapid recovery, or advise you there’s no difference in a day or a few days recovery to your long-term outcome and risk of reoperations.
Surgeon and personnel emphasize that they fully expect that you WILL be out to dinner or shopping the evening of surgery with a 95% predictability.	Surgeon and personel hedge discussions of out to dinner or recovery with “we’ll provide you an opportunity” or other hedging statements about being out to dinner or 24 hour recovery.
At least an hour of guided patient education before you see the surgeon (not random Internet information)	Less than comprehensive, guided patient education before seeing the surgeon.
Surgeon and personnel use the term “24 hour recovery”, not “rapid recovery.”	Surgeon and personnel use the term “rapid recovery” and avoid directly answering questions about how long your recovery will be.
Surgeon and personnel give you actual percentages of patients that achieve 24 hour recovery and independent confirmation.	Surgeon and personnel waffle or avoid directly answering questions about percentages of patients that achieve 24 hour recovery; provide little or no independent verification of recovery
Surgeon provides independent verification (published scientific studies or confirmation of recovery by an independent body such as a Clinical Review Organization or CRO)	Surgeon provides patient testimonials (written or video), but does not provide any independent verification that the surgeon really produces 24 hour or how predictably.
You know before surgery that you will not need and will not receive narcotic medications	Surgeon or personnel offer narcotic medication, advise you that you will need narcotic medications, or provide prescriptions for narcotic medications if you request, often making excuses that they are to “make you more comfortable” without emphasizing

	the downsides to your recovery and reoperation risks.
Surgeon or personnel provide information and postoperative recovery instructions <i>before</i> surgery that <i>specifically tell you all the things you won't have during recovery, including narcotics.</i>	Surgeon rarely provides detailed information about recovery, and often mentions many other items you'll experience during recovery with excuses or reasons for each (see below).
Surgeon never uses drains for first time augmentations	Surgeon either uses drains or makes arguments for the possible necessity of drains in a first time augmentation. Drains are necessary only if more bleeding or tissue trauma than optimal occurred during surgery.
Surgeon specifically and clearly (no waffling or excuses) advises you prior to surgery that you WILL NOT HAVE ANY OF THE FOLLOWING <ul style="list-style-type: none"> • Drains • Pain pumps • Bandages • Binders • Special bras • Narcotic strength pain medications • Oral muscle relaxant medications • Anti-anxiety or sedative medications • Limitation of normal activities from the evening of surgery (aerobic activities excluded) • Limitation of normal sexual activity from the evening of surgery • Intercostal blocks (injections between ribs to reduce pain) 	If surgeon or personnel advise that you will have ANY of the items listed at left, you are not likely to experience optimal out to dinner and 24 hour recovery.