
15 Questions to Ask Before Any Surgery

THE QUESTIONS MOST PATIENTS NEVER ASK (BUT SHOULD)

A surgeon-approved checklist to help you make informed decisions,
understand the real risks, and ensure you are in the right hands.

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Before You Sign the Consent Form

Consent is not just a signature on a form. It is a process. Informed consent means you understand the procedure, the alternatives, the risks, the likely outcomes, and the recovery. Most patients sign without asking the questions that matter most. This guide changes that.

1. What is the success rate for this specific procedure?

Not the general success rate. The success rate for this procedure, for your specific condition, at this hospital. Success rates vary enormously between conditions and institutions.

Ask for the number needed to treat (NNT). If 100 people have this surgery, how many will meaningfully benefit? If the answer is 10 out of 100, that changes the decision calculus.

2. What are YOUR personal complication rates?

Surgeons are individuals with different volumes and outcomes. High-volume surgeons in specific procedures consistently outperform low-volume ones. You are entitled to ask about their personal audit data.

Surgeons who refuse to share their outcomes data are a red flag. Many excellent surgeons are proud to share their numbers.

3. What happens if I do nothing?

This is the most important question in medicine and the one least often asked. Many conditions managed surgically also have non-surgical pathways. Understanding the natural history of your condition gives you a real comparison point.

For many orthopaedic conditions, the difference between surgery and conservative management narrows significantly over 2-5 years. Ask for the long-term data.

4. Are there less invasive alternatives?

Surgical techniques evolve rapidly. What was open surgery five years ago may now be arthroscopic or robotic. What required general anaesthesia may now be done under local. Always ask what the full range of options looks like.

Ask specifically about newer techniques, even if the surgeon does not offer them personally. A good surgeon will tell you about options even if it means referring you elsewhere.

5. How many of these procedures do you perform per year?

Volume matters in surgery. Surgeons who perform a procedure frequently have better outcomes, fewer complications, and shorter operating times. There is no magic number, but for most procedures, doing at least 50 per year is a reasonable benchmark.

For complex cancer surgery, surgical volume is one of the strongest predictors of survival. Do not be shy about asking.

6. What is the realistic recovery timeline?

Not the best-case scenario. The realistic, average timeline for someone your age, with your fitness level, and your other health conditions. Ask about return to driving, return to work, and return to full activity separately.

Recovery timelines often focus on hospital discharge, not functional recovery. You want to know when you will feel normal, not just when you will be sent home.

7. What are the specific risks and how common are they?

Every surgery carries risks: infection, bleeding, nerve damage, blood clots, anaesthesia reactions. But the frequency matters. A 0.1% risk is very different from a 15% risk. Ask for the numbers, not vague reassurances.

Ask about the risks specific to YOUR health profile. Diabetes, obesity, smoking, and certain medications all change the risk calculation.

8. What anaesthesia will be used and who is the anaesthetist?

General, regional, or local anaesthesia each carry different risk profiles. The anaesthetist is as important as the surgeon. Ask about their experience and whether they will be present throughout the procedure.

If you have allergies, previous anaesthesia reactions, or a difficult airway, make sure this is discussed with the anaesthetist in advance, not on the day.

9. What happens if something goes wrong during the procedure?

What is the contingency plan? What if they find something unexpected? What if there is unexpected bleeding? What facilities are available on-site for emergencies? This is particularly important for day-case surgery.

Ask whether the facility has an intensive care unit on site. For complex procedures, this can be the difference between a managed complication and a catastrophe.

10. What is the post-operative pain management plan?

Pain management after surgery is often an afterthought. Ask what medications will be prescribed, for how long, and what the plan is if standard pain relief is not sufficient. Ask about non-pharmacological options too.

If opioids are part of the plan, ask for a clear tapering schedule and understand the risks of dependence. Ask about nerve blocks, anti-inflammatories, and physiotherapy as alternatives.

11. What physiotherapy or rehabilitation will I need?

Surgery is only half the treatment. Rehabilitation determines the outcome. Ask what physiotherapy protocol they recommend, how soon it should start, and how long it typically lasts.

Ask for a specific rehabilitation protocol, not just "do some physio." The quality and timing of rehabilitation can make or break a surgical outcome.

12. What should I do before surgery to improve my outcome?

Prehabilitation is increasingly recognised as a predictor of surgical outcomes. Improving fitness, nutrition, and mental readiness before surgery leads to faster recovery and fewer complications.

Ask about stopping blood-thinning supplements (fish oil, vitamin E, turmeric), optimising vitamin D levels, and pre-operative exercise programmes.

13. What are the signs of complications I should watch for after surgery?

You need to know what is normal and what is not. Fever, increasing pain, swelling, redness, discharge, numbness, or difficulty breathing may all signal complications that need urgent attention.

Ask for a written list of red-flag symptoms and the direct number to call if they occur. Do not rely on 111 or A&E; for post-surgical complications if a direct line exists.

14. Can I speak to a patient who has had this procedure?

Some surgeons and hospitals can connect you with previous patients who have consented to share their experience. This gives you a real-world perspective that no consent form can provide.

Patient forums and condition-specific support groups can also provide honest accounts of the surgical experience and recovery.

15. If this were your family member, would you recommend this surgery?

This is the question that cuts through professional detachment. It invites the surgeon to give you their honest opinion, not just their clinical recommendation. Most good surgeons will answer this frankly.

Pay attention to hesitation. If a surgeon pauses or qualifies their answer heavily, that tells you something.

How to Use This Checklist

Print this guide or save it to your phone. Bring it to your next consultation. You do not need to ask every question in one appointment. Prioritise the ones most relevant to your situation. Take notes or ask if you can record the conversation.

Remember: a good surgeon welcomes informed patients. If asking these questions makes your surgeon uncomfortable, that itself is valuable information.

Need personalised guidance? Book a confidential consultation.

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