Perioperative Psychiatry
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A Guide to Behavioral Healthcare for the Surgical Patient
To Silvia, Adrian, and Moni, whose unrelenting encouragements made this project, and so much more, possible. PZ

To papa, for Super Soaker skirmishes, steady wisdom, and gifting me with your love of life and learning. MO

To Christine, my better half, whose love and support allowed me to pursue higher goals in my career. Without her, I would not be who and what I am today. HBL
In this book, *Perioperative Psychiatry*, Drs. Zimbren, Oldham, and Lee have spelled out a compelling argument that team-based care for the surgical patient results in improved quality, enhanced safety, and better outcomes. While traditional models of surgical care have focused on the pathophysiology of surgical disease, the bio-psycho-social model of clinical medicine (developed and pioneered by Drs. George Engel and John Romano at the University of Rochester several decades ago) is embedded in the DNA of the institution where I serve as Chair of the Department of Surgery. The complex interactions of biological, psychological, and social factors all need to be considered and addressed to make the surgical patient well, and a singular focus on biology or pathophysiology is outdated, misguided, and ineffective. *Perioperative Psychiatry* provides a clinical roadmap for the bio-psycho-social model of surgical care.

In surgery, embedded psychiatrists, as part of our teams, have become increasingly common. For example, our live-donor liver transplant program operates as a multidisciplinary unit where a thorough preoperative psychiatric evaluation is required, and perioperative and often long-term psychiatric care are provided to both the donor and recipient to optimize results. Psychiatrists and behavioral health professionals play a critical role, and their input is necessary in any high-performing transplant program. Similarly, in our end-stage heart failure program, decisions about who is eligible for a left ventricular assist device (LVAD) require a thorough psychiatric evaluation and preoperative screening for untreated or undertreated psychiatric or behavioral health illnesses. Rather than view psychiatric disease as a disqualifier for these complex life-saving procedures, we feel that proactive diagnosis and ongoing treatment of these illnesses will make more patients eligible and sustain benefit from LVAD surgery and maintenance.

While in many areas these interprofessional teams are well established, we certainly could do better, and this textbook provides a detailed, comprehensive, and practical blueprint for developing high-performance partnerships between surgeons and behavioral health professionals to enhance patient care and improve outcomes. As Professor Lee correctly points out in the Introduction, surgeons tend to underestimate the prevalence of psychiatric illness in their patients, and even when recognized, access to a consultation-
liaison psychiatrist is often limited or nonexistent. It is my hope that this
textbook stimulates progress in what I consider to be a glaring unmet need
among surgery patients, even decades after Engel and Romano showed us
that a comprehensive, team-based approach to the whole patient is what it
takes for optimal healing.

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## Contents

1 **Introduction** ................................................................. 1  
   Hochang Benjamin Lee

Part I  General Concepts in Perioperative Psychiatry

2 **The Role of the Psychiatrist in the Perioperative Setting** ...... 7  
   Paula C. Zimbrean

3 **Consenting to Surgery: Assessing the Patient’s Capacity to Make Decisions About Own Medical Care** ...... 15  
   Maya Prabhu

4 **Delirium** ................................................................. 27  
   Mark A. Oldham

5 **Management of Psychiatric Medications During Perianesthesia Period** ......................................................... 51  
   Paula Trigo-Blanco and Adriana Dana Oprea

6 **Psychiatric Aspects of Perioperative Pain** ......................... 65  
   Teofilo E. Matos Santana

7 **Perioperative Psychological Interventions** ......................... 87  
   Dwain C. Fehon and Amelia Swanson

Part II  Specialties and Subspecialties

8 **Psychiatric Aspects of Cardiothoracic Surgery** ................. 109  
   Walter Piddoubny and Mario Andres Caro

9 **Psychiatric Aspects of Non-cardiac Thoracic Surgery** ........ 131  
   Elizabeth Prince, Walter Piddoubny, Mario Andres Caro,  
   Ted Avi Gerstenblith, and O. Joseph Bienvenu

10 **Perioperative Psychiatric Aspects in Neurosurgery** ............ 145  
   Sahil Munjal and Paula C. Zimbrean

11 **Perioperative Psychiatric Problems in Organ Transplantation** 173  
   Paula C. Zimbrean and Nora Proops
12 Psychosocial Evaluation and Management of Weight Loss Surgery Patients .......................... 195
   Raymone Shenouda

13 Aesthetic/Cosmetic Surgery and Psychiatry .................. 223
   Ulas M. Camsari and Sheila G. Jowsey-Gregoire

14 Psychiatric Aspects of Obstetrics and Gynecology Patients . 235
   PoChu Ho

15 Perioperative Psychiatric Conditions and Their Treatment in Children and Adolescents ............. 265
   Orna Alpert, Imran Iqbal, Gabriela Andrade,
   Raman Marwaha, Johnathan Ebben, and Katherine Zappia

Index .................................................... 289
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