and other nonsteroidal anti-inflammatory drugs, and anticoagulants have a continuing effect on blood clotting for several days, and are usually discontinued 3 to 7 days before surgery (Complementary and Alternative Therapies 4–1).

Nutritional status and body weight are significant factors in healing and repair of the surgical site. Obesity presents problems related to such routine procedures as venipuncture and intubation for general anesthesia, and causes prolonged uptake of anesthetic drugs.

The operating room personnel are notified if the patient is hard of hearing, is essentially blind when glasses are not in place, or has a prosthesis (artificial body part).

The news that surgery is needed usually comes as an emotional shock to patients and their families. The changes it brings about in the routine of their lives will naturally place some personal and financial burdens on them (Cultural Cues 4–1). For some patients the

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<th>Think Critically About . . .</th>
<th>Why would anemia make a patient a poor surgical risk?</th>
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Surgery puts a strain on the cardiovascular, renal, and respiratory systems. Liver function is important because the liver is involved in synthesizing clotting factors, producing albumin, and metabolizing and