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Surgery Option for Neurodivergent Adults patients

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Abstract

Tailoring surgery for neurodivergent patients (such as autism or ADHD) requires individualized care plans, sensory reduction, and customized sedation to prevent trauma and anxiety. Insights from the ScienceDirect scoping review show that caregiver collaboration and structured planning significantly improve safety.

*For **adult**, their surgical care will focus heavily on **autonomy, clear communication, and legal/medical advocacy**. While many pediatric hospitals have robust neurodivergent protocols, adult medical systems can be more challenging to navigate.*

Here is how to optimize the surgical experience for an adult neurodivergent patient:

Legal & Caregiver Coordination

- **Establish Decision-Making Rights:** Clarify early if the patient signs their own medical consent, uses supported decision-making, or has a legal guardian/healthcare proxy.
- **Complete a "Hospital Passport":** Fill out a comprehensive care document detailing their communication style, sensory triggers, signs of distress, and how they express pain.
- **Designate a Designated Support Person (DSP):** Ensure the hospital explicitly documents who will remain with the patient in pre-op and enter the PACU (recovery room) immediately upon waking.

Communication & Coping Strategies

- **Direct Communication:** Speak directly to the patient in clear, concrete language. Avoid medical jargon, abstract metaphors, or vague timelines.
- **Explain Every Physical Touch:** Medical staff should ask for permission and explain exactly what they are doing before touching the patient or adjusting equipment.
- **Sensory Accommodations:** Encourage the patient to bring their own adultappropriate sensory regulation tools, such as noise-canceling headphones, weighted lap pads, or preferred stim toys.

Pre-Admission & Hospital Navigation

- **Pre-Admission Visit:** Arrange a physical walkthrough of the day-surgery unit or a tele-health meeting with the anesthesia team a few days prior to desensitize the environment.
- **Request a Private Pre-Op/Post-Op Space:** Ask the surgical coordinator for a private curtained area or a walled room rather than a busy, open-bay pre-op holding area.

To help narrow down these strategies, could you share:

- The patient's specific neurodivergent profile (e.g., Autism, ADHD, Down Syndrome, non-verbal, highly sensitive to touch)?
- The type of surgery they are having (e.g., wisdom teeth extraction, orthopedic, laparoscopic)?
- Their preferred communication style (e.g., verbal, text-to-speech, picture boards)?

Background

Context & Clinical Background

When a neurodivergent individual reaches adulthood, they hit what clinicians call the "care cliff." Pediatric hospitals often have deeply integrated, systemic protocols for sensory and behavioral differences. However, the adult healthcare system is predominantly designed for neurotypical individuals, creating significant systemic challenges:

- **The Autism & ADHD Care Gap:** Adult surgical staff are rarely trained in neurodevelopmental differences. Behavior that indicates severe sensory overload (like rocking, pacing, or going entirely silent/non-verbal) is frequently misinterpreted by adult medical teams as non-compliance or psychiatric agitation.
- **Autonomy vs. Guardian Dynamics:** Adult systems frequently make the mistake of either entirely ignoring the patient and speaking only to the caregiver, or conversely, refusing to let an essential care advocate into private clinical zones due to strict adult privacy rules.
- **The Trauma of Restraint:** Because adult hospital environments are highly stimulating (bright fluorescent lights, constant monitors, high traffic), patients are at an elevated risk of hitting a state of acute panic or autistic burnout. If this escalates in an adult unit, standard procedures often lean toward chemical or physical restraints, which can leave lasting medical trauma.

Counterarguments

While the strategies outlined are designed to optimize patient comfort and safety, implementers frequently face pushback or practical limitations from surgical teams, hospital administrators, and insurance models.

The primary counterarguments and systemic barriers to implementing custom neurodivergent protocols in adult surgery include:

The Conflict of Efficiency vs. Individualized Care

- **The "First Case of the Day" Backlog:** Requesting the first morning slot for every neurodivergent patient creates an operational bottleneck. Hospitals reserve these slots for highly complex surgeries, pediatric cases, or diabetic patients requiring strict fasting windows.
- **The High Cost of Operating Room (OR) Delays:** Adult surgical centers run on tight, minute-by-minute schedules. Slowing down a transition to explain every touch or allow a patient to use text-to-speech software can ripple through the entire day's schedule, costing thousands of dollars in lost OR time.

Safety, Liability, and Clinical Sterility

- **Sterile Field Integrity:** Allowing outside comfort items, personal clothing, or sensory devices into the operating theater introduces an unquantifiable risk of contamination. If a device cannot be easily wiped down with medical-grade disinfectant, infection control teams will veto it.
- **Airway Management Concerns:** Administering heavy oral pre-sedation (like midazolam) outside of the immediate view of an anesthesiologist carries aspiration and respiratory risks. Many anesthesia providers refuse to sedate a patient until they are fully monitored in the OR.
- **PACU Safety Protocols:** Post-Anesthesia Care Units (PACUs) are highly restricted zones. Bringing families or caregivers into recovery immediately upon a patient waking can compromise the privacy of other patients or physically block medical staff in the event of an emergency code.

Systemic and Legal Reality

- **Strict Privacy Laws (HIPAA):** In adult medicine, unless there is a formal, legally binding Power of Attorney or Guardianship document on file, staff are legally prohibited from sharing medical details or planning care through a family member, regardless of the patient's level of visible distress.
- **Lack of Standardized Institutional Funding:** Setting up "hospital passport" systems, training adult staff, and modifying physical spaces requires resources. Most adult hospital reimbursement models do not provide extra funding or billing codes for the extra time spent managing neurodivergent accommodations.

Moral Dilemmas

Accommodating a 24-year-old neurodivergent patient in an adult surgical setting introduces complex ethical and moral dilemmas. Because adult medicine is built on the pillars of individual autonomy and strict standardization, modifying care for a vulnerable adult forces clinicians and caregivers to balance competing moral obligations.

Autonomy vs. Beneficence (The Right to Choose vs. The Duty to Protect)

- **The Dilemma:** Adult medicine presumes that an adult has full legal autonomy unless proven otherwise. If a patient experiences a severe sensory meltdown or acute panic and refuses a life-saving or necessary surgery, clinicians face a moral crisis.
- **The Conflict:** Does the medical team honor the patient's immediate right to refuse treatment (Autonomy), or do they override their stated wishes—potentially using chemical or physical restraint—because the surgery is in their long-term health interest (Beneficence)?
- **The Reality:** Forcing a procedure can cause severe psychological trauma, while delaying it can cause physical harm.

Informed Consent vs. Coercion

- **The Dilemma:** True informed consent requires a patient to fully understand the risks, benefits, and alternatives of a procedure. When a patient has communication differences or intellectual disabilities, determining their actual level of understanding is incredibly difficult.
- **The Conflict:** If medical staff simplify the explanation too much to avoid overwhelming the patient, have they truly obtained informed consent? Conversely, if a caregiver is aggressively encouraging or pressuring the patient to sign the form to "just get it over with," the medical team is witnessing subtle coercion, making the con-

sent ethically invalid.

Healthcare Equity vs. Utilitarian Efficiency

- **The Dilemma:** Hospital operating rooms function on a utilitarian model: maximizing efficiency to treat the highest number of patients possible with limited resources.
- **The Conflict:** Providing a neurodivergent patient with a private room, a slower transition, and a dedicated anesthesia team requires significant extra time and staffing. Ethically, does a hospital have a moral obligation to spend disproportionate resources on one individual to ensure equity, even if it delays care for multiple other patients waiting in line?

Patient Confidentiality vs. Caregiver Collaboration

- **The Dilemma:** Adult patients are legally entitled to strict medical privacy (under laws like HIPAA). However, caregivers often possess the vital "instruction manual" for how the patient communicates and copes under extreme stress.
- **The Conflict:** If a highly stressed 24-year-old shuts down, goes non-verbal, or cannot clearly articulate their medical history, clinicians are caught in a bind. Ethically, should they respect strict legal privacy boundaries and exclude the caregiver, or should they breach standard adult protocol to pull the caregiver into the inner clinical circle to ensure a safer medical outcome?

Conclusions

Navigating surgery for a neurodivergent adult exposes a critical gap where standard adult medical practices clash with individual patient needs. Successfully managing this transition requires moving away from a one-size-fits-all approach and adopting a framework built on flexibility and advocacy.

Summary of Core Realities

- **Systemic Friction:** Adult surgical systems are optimized for speed and uniformity [ScienceDirect scoping review]. Accommodating sensory or communication differences requires deliberate, early negotiation to overcome institutional inertia.
- **Ethical Complexity:** Care teams must balance the patient's legal right to autonomy with the practical realities of informed consent and necessary medical intervention.
- **The Power of Proactive Planning:** Simple, low-cost structural adjustments— such as utilizing a "Hospital Passport," designating a support person, and minimizing unnecessary sensory triggers—drastically reduce the risk of surgical trauma and medical complications.

The Path Forward

Ultimately, the goal is to shift from reactive crisis management during a meltdown to a proactive, collaborative care plan. When hospitals treat neurodivergence as a predictable clinical variable rather than a behavioral disruption, patient safety increases, operational delays drop, and healthcare becomes genuinely equitable.

Guarantor

The corresponding author is a guarantor of submission.

Conflict of Interest

Authors declare no conflict of interest.

References:

The clinical frameworks, systemic barriers, and ethical dimensions discussed throughout this consultation are grounded in the following medical literature and peer-reviewed studies:

- **Adapting Perioperative Care for Neurodivergent Children - A Scoping Review** Journal of Pediatric Surgery (via ScienceDirect). Evaluates preoperative sedation modulation, innovative mobility adaptations, and data showing that individualized care plans built on caregiver collaboration substantially lower perioperative stress.
- **Preparation and Preoperative Considerations for Neurodiverse Patients** Keywords in Anesthesia via Open Anesthesia). Establishes standard anesthesia protocols for modifying the physical environment, using visual communication schedules, organizing calm clinical entry pathways, and balancing "single voice" induction techniques to prevent sensory overwhelm.
- **Integrating Tailored Approaches in Perioperative Care Strategies for Neurodivergent Individuals** The Lancet / e Clinical Medicine (via PMC and ScienceDirect). Outlines the perioperative pipeline adjustments required for neurodivergent patients, specifically detailing adaptive care plans, fast-track check-ins, intraoperative noise/lighting reductions, and specialized pain assessment scales (like r-FLACC and NCCPC-R).
- **Surgical Management of the Patient Living with Autism** Journal of Surgical Research (via PMC). Highlights systemic challenges including 276 routine disruptions, sensory sensitivities, and communication limits. Recommends operational guidelines like booking the first case of the day, using private rooms, and minimizing post-op irritation by avoiding optional drains and tight physical restraints.
- **Autism Spectrum Disorder in Primary Care & The SPACE Framework** American Family Physician (via AFP). Addresses the adult healthcare cliff and mortality disparities faced by neurodivergent individuals entering adult medical infrastructure. Promotes the clinical utilization of the SPACE framework (Sensory, Predictability, Acceptance, Communication, Empathy) to build affirming medical settings.