

Australian Society of Anaesthetists



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Anaesthesia & you

Patient Information

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There is no safer place in the world to have an anaesthetic than in Australia.

We believe this pamphlet will ease your mind. Please read it carefully—we want you to be well informed and will be happy to answer any questions you have about the anaesthetic before your operation.

You're in good hands

In the first place, we want to reassure you about the ability and qualifications of the anaesthetist who will manage you during surgery. Anaesthetists in Australia are among the world's most highly trained doctors, having spent several years undergoing specialised training in anaesthesia, pain control, resuscitation and managing medical emergencies.

The role of the anaesthetist

People often think of anaesthesia as being put to sleep. However, that's not strictly true. Rather, the anaesthetist puts you into a state of carefully controlled unconsciousness. This is done so that surgery will be painless. No chance is taken during this period. Your major bodily functions are carefully and constantly monitored by your anaesthetist. This is "general anaesthesia".

Other types of anaesthesia are also frequently used. They are described later in this pamphlet.

Afterwards, we want you to experience as little pain and discomfort as possible and here again, the anaesthetist will help.

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Your role There are some things you can do which will make your anaesthetic safer.

1. Get a little fitter—even a regular walk will work wonders.
2. Don't smoke—ideally, stop six weeks before surgery.
3. Drink less alcohol.
4. Continue to take any drugs which have been prescribed but remember to let your anaesthetist and surgeon know.
5. If you are taking aspirin, non-steroidal anti-inflammatory agents or other blood thinning drugs, consult your surgeon or anaesthetist about whether you should stop taking them, a week or two weeks prior to surgery.
6. If you have any kind of health problem tell your anaesthetist and surgeon so they are fully informed.
7. If you are concerned about your anaesthesia, make an appointment to see your anaesthetist before admission to hospital and get the answers you need.
8. For children, many hospitals can arrange a pre-operative visit.
9. Stop taking herbal products at least two to three weeks prior to surgery.
10. Inform your anaesthetist if you use recreational drugs as these may interact with the anaesthetic.
11. Inform your surgeon/anaesthetist if you object to blood transfusions.

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What should I tell the anaesthetist? Your anaesthetist will meet with you before your operation, to discuss your anaesthesia and to perform a relevant examination. Depending on the type of operation, hospital or facility, this may not occur until immediately beforehand. The anaesthetist will want to know:

- How healthy you are, if you have had any recent illnesses and also about any previous operations.
- Abnormal reactions to any drugs, or whether you have any allergies.
- Any history of asthma, bronchitis, heart problems or any other medical conditions.
- Whether you are taking any drugs, prescribed or otherwise—including cigarettes and alcohol—and, for women, whether you are taking an oral contraceptive pill. If you are taking prescribed tablets, bring them along.
- If you have any loose or capped teeth, or wear dentures or plates.

You may be given questionnaires, or be asked questions by nurses, before seeing your anaesthetist.

The anaesthetist wants to have the best possible picture of you and your present conditions so that the most suitable anaesthetic can be planned. Answer all questions honestly—it is really all about minimising risk to you.

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Is fasting really necessary? We know the pangs of hunger can be severe but no food or drink for a period before the operation is a must. Not even water. Food or fluid in the stomach may be vomited and enter your lungs while you are unconscious. If you don't follow this rule of fasting, the operation may be postponed in the interests of your safety.

General, regional, local or sedation? This question relates to the type of anaesthetic you will receive. This will depend on the nature and duration of the surgery. Regional or local anaesthesia may often be used in association with general anaesthesia.

General anaesthesia. You are put into a state of unconsciousness for the duration of the operation. This is achieved and maintained by injecting drugs through a needle placed in a vein, combined with a mixture of gases which you will breathe. While you remain unaware of what is happening around you, the anaesthetist monitors your condition closely and constantly adjusts the level of anaesthesia.

Regional anaesthesia. A nerve block numbs the part of the body where the surgeon operates. You may be awake and free of pain, or sedated (see below). Examples of regional anaesthetics include epidurals for labour and eye blocks for cataracts.

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Local anaesthesia. A local anaesthetic is injected at the site of the surgery to cause numbness. You will be awake, but comfortable and feel no pain. An obvious example of a local anaesthetic is numbing an area of skin before having a cut stitched.

Sedation. To make things more pleasant, the anaesthetist might administer drugs to make you relaxed and drowsy. This is sometimes called twilight sleep and often used for endoscopy, colonoscopy, some eye surgery and some plastic surgery.

After the operation Your anaesthetist, with Recovery Room staff, will continue to monitor your condition carefully, well after surgery is finished, to ensure your recovery is as smooth and trouble-free as possible.

Once awake, you will feel drowsy. You may have a sore or dry throat, feel sick or have a headache. These are temporary and usually soon pass.

To help the recovery process, you will be given oxygen to breathe, and encouraged to take deep breaths and to cough. Only when you're fully awake and comfortable will you be transferred either back to your room, ward or to a waiting area before returning home.

Don't worry if there is some dizziness, blurred vision or short-term memory loss. It usually passes quite quickly.

If you experience any worrying after-effects, you should contact your anaesthetist.

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Infections Needles, syringes and intravenous lines are all used only once. They are new in the packet before your surgery commences and they are disposed of immediately afterwards. Cross infection from one patient to another is minimised.

Blood transfusion This is kept to a minimum but if you are likely to need blood, you may be able to donate your own blood well in advance of surgery. This can be stored and used when, and if, needed.

All blood collected today from donors is carefully screened and tested but a very small risk of cross infection still remains. Hence, unless absolutely necessary, blood transfusions are not given.

Going home The best part is that most people now go home much sooner after surgery.

If you are having day surgery, make sure there is someone to accompany you home and, for at least 24 hours, don't drive a car, make important decisions, use any dangerous equipment or tools, sign any legal documents or drink alcohol.

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**Anaesthesia—
the risks &
complications** Firstly, let's get this into perspective. There is no safer place in the world to have an anaesthetic than in Australia.

Nevertheless, some patients are at an increased risk of complication because of their own health status and/or the type of surgery they are undergoing.

Some infrequent complications include: bruising, pain or some injury at the site of injections, temporary breathing difficulties, temporary nerve damage, muscle pains, asthmatic reactions, headaches, the possibility of sensation during the operation (especially with Caesarean section and some emergency procedures), damage to teeth and dental prostheses, lip and tongue injury, temporary difficulty speaking and epileptic seizure.

There can also be some very rare, serious complications including: heart attack, stroke, severe allergic or sensitivity reactions, brain damage, kidney or liver failure, lung damage, paraplegia or quadriplegia, permanent nerve or blood vessel damage, eye injury, damage to the larynx (voice box) and vocal cords, pneumonia and infection from blood transfusion. Remember, the possibility of more serious complications including death is quite remote, but it does exist.

We urge you to ask questions. Your anaesthetist will be happy to answer them and to discuss the best way to work with you for the best possible outcome.

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What is the cost? Your safety and satisfaction are our prime concerns. However, Governmental and other parties require that financial issues be addressed and that patients receive an estimate of anaesthetic fees, where practicable.

There will be a separate fee from your anaesthetist for the anaesthesia services provided to you. You should be aware that Medicare and health fund rebates may not cover the entire cost of your anaesthesia. This difference between what is covered and the actual fee for the anaesthesia services is known as the 'gap' and will be your personal responsibility. Whether there will be a 'gap' and the size of the 'gap' varies greatly depending on your health fund.

Wherever possible your anaesthetist will provide you with an estimate of your anaesthesia fees prior to your procedure, as well as providing you with other useful information such as Medicare item numbers. This will allow you to enquire further from your health fund about the level of benefits available for your procedure. However if you don't know about your costs, or have any enquiries relating to anaesthesia fees you should talk with your anaesthetist before your procedure.

Finally, we wish you a speedy recovery and assure you of our dedication to assist your return to good health.

Anaesthetists.
"Taking care of your life while you can't."

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