

Anaesthesia & *you*



There is no safer place in the world to undergo anaesthesia than in Australia.

We hope this pamphlet will ease your mind. Please read it carefully – we want you to be well informed. Your anaesthetist will be happy to answer any questions you have about anaesthesia before your operation.

You're in good hands

Anaesthetists in Australia are highly trained medical specialists. After graduating from medical school and completing an internship, at least five more years are spent undergoing training in anaesthesia, pain management, resuscitation and the management of medical emergencies.

The role of the anaesthetist

People often think of anaesthesia as being 'put to sleep'. However, that's not strictly true. Usually, the anaesthetist puts you into a state of carefully controlled unconsciousness. This is done so that you will be unaware and not feel pain. 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 may also be used. These are described later in this pamphlet.

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

Your role

There are some things you can do which will make your anaesthesia safer.

1. Get a little fitter – regular walks will work wonders.
2. Don't smoke – ideally, you need to stop six weeks before surgery. However, stopping for even 24 hours can help. Your GP may be able to assist.
3. If you are overweight, make a serious attempt to reduce your weight before your procedure.
4. Minimise alcohol consumption.
5. Continue to take any medications which have been prescribed but remember to let your anaesthetist and surgeon know what they are.
6. 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 prior to surgery.
7. If you have any kind of health problem or have had problems with previous anaesthesia, tell your anaesthetist and surgeon so that they are fully informed.
8. If you are concerned about your anaesthesia, make an appointment to see or talk with your anaesthetist before admission to hospital and get the answers you need.
9. For children, many hospitals can arrange a preoperative visit.
10. Discuss any herbal products you might be taking with your anaesthetist. It may be necessary to cease taking them two to three weeks prior to surgery.
11. Inform your anaesthetist if you use 'so-called' recreational drugs as these may interact with the anaesthesia.
12. Inform your surgeon/anaesthetist if you have any issues with blood transfusions.

What should I tell the anaesthetist?

Your anaesthetist will meet with you before your operation to discuss your health, general medical condition, any previous anaesthesia and will perform a relevant examination.

Depending on the type of operation, hospital or facility, this may not occur until immediately before your procedure. The anaesthetist will want to know:

1. How healthy you are and whether you have had any recent illnesses, with a particular focus on heart or respiratory problems.
2. What previous operations you have had and whether there were any problems with anaesthesia.
3. If you have had any abnormal reactions to any medications and whether you have any allergies.
4. Whether you have a history of reflux or heartburn, asthma, bronchitis, heart problems or any other medical conditions.
5. Whether you are currently taking any drugs, prescribed or otherwise – including cigarettes and alcohol – and if you are taking blood thinners, otherwise known as ‘antiplatelet drugs’ or ‘anticoagulants’ (these include aspirin, clopidogrel [Plavix], warfarin, Pradaxa and Xarelto). Please bring all your current medications in their original packaging.
6. If you have any loose, capped or crowned teeth or implants, have ‘veneers’ or ‘bonding’, or wear dentures or plates.

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

Your anaesthetist needs to have the best possible picture of you and your present condition so that the most suitable anaesthesia can be planned. Answer all questions honestly – it is really all about minimising risk to you.

Is fasting really necessary?

You will usually be advised to avoid food and fluids (including water) for several hours before your operation. If you don't follow this rule of fasting, the operation may be postponed in the interests of your safety as food or fluid in your stomach could enter your lungs while you are unconscious. Your surgeon, anaesthetist or the hospital will advise you how long to fast.

General, regional, local or sedation?

This question relates to the type of anaesthesia you will receive. This will depend on the nature and duration of the surgery. Regional or local anaesthesia may often be used with or without general anaesthesia.

General anaesthesia

You are put into a state of unconsciousness for the duration of the operation. This is usually achieved by injecting drugs through a cannula placed in a vein and maintained with intravenous drugs or 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. You will often be asked to breathe oxygen through a mask just before your anaesthesia starts.

Regional anaesthesia

A nerve block numbs the part of the body where the surgeon operates and this avoids the need for general anaesthesia. You may be awake or sedated (see below). Examples of regional anaesthesia include epidurals for labour, spinal anaesthesia for caesarean section and 'eye blocks' for cataracts.

Local anaesthesia

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

Sedation

The anaesthetist administers drugs to make you relaxed and drowsy. This is sometimes called 'twilight sleep' or 'intravenous sedation' and may be used for some eye surgery, some plastic surgery and for some gastroenterological procedures. Recall of events is possible with 'sedation'. Most patients prefer to have little or no recall of events. Please discuss your preference with your anaesthetist.

After the operation

Your anaesthetist, with recovery room staff, will continue to monitor your condition well after surgery is finished to ensure your recovery is as smooth and trouble-free as possible.

You will feel drowsy for a little while after you wake up. 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, usually by a clear plastic facemask, 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 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.

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 therefore not possible.

Blood transfusion

With modern surgery the requirements for blood transfusion are less common. All blood collected

today from donors is carefully screened and tested but a very small risk of cross infection still remains. Your anaesthetist is aware of these risks and only uses blood transfusions when absolutely necessary. For major surgery, your anaesthetist may supervise a system of collecting your blood during or after your operation, processing it and returning it to you.

This is called blood salvage and sometimes this can avoid the need for a transfusion.

'Day of surgery admission' and 'day surgery'

Almost all patients are now admitted to hospital on the same day as their operation. Depending on the hospital's requirements, you may be waiting for some hours. There will normally only be limited time available for you to talk to your anaesthetist before your procedure. If you are having a major procedure, or have concerns about your health or anaesthesia, it is beneficial to consult with your anaesthetist at a separate visit before the day of your surgery.

Make sure that you leave plenty of time to get to the hospital and the admissions area prior to your designated arrival time. There can often be a considerable waiting period, so bring something to read or listen to and try to remain relaxed – as difficult as this may be! Your anaesthetist and the hospital staff are there to look after you.

Remember, if you have any concerns or questions please contact your anaesthetist prior to coming to hospital.

Going home

The best part is that most people now go home on the day of surgery.

If you are having 'day surgery' make sure there is someone to accompany you home.

For at least 24 hours do not:

- drive a car
- make important decisions

- use any dangerous equipment or tools
- sign any legal documents
- drink alcohol

Anaesthesia – the risks and complications

There is no safer place in the world to be anaesthetised than in Australia.

Nevertheless, some patients are at an increased risk of complications because of health problems e.g. heart or respiratory disease, diabetes or obesity, age and/or because of the type of surgery which they are undergoing.

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

Nausea and vomiting are quite common after certain types of surgery, and rare after other types. The type of anaesthesia used may also be a factor. Even with the use of modern medications, a small percentage of patients may experience nausea and vomiting that is difficult to control. If you have had difficulties in the past, please let your anaesthetist know.

There are also some very rare, but serious complications including: heart attack, stroke, seizure, 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 that these more serious complications, including death, are quite remote but do 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.

Further information

If you require further information please contact your anaesthetist. If you don't know your anaesthetist's name, contact your surgeon or procedural specialist.

More information about anaesthesia and anaesthetists can be found in the patients' section on the ASA website: www.asa.org.au

I have read and understood this pamphlet and have had the opportunity to ask questions about the anaesthesia proposed. I am satisfied with the information I have received and request that I receive anaesthesia for the operation or procedure, as discussed.

Name of patient or responsible person:

Signature of patient or responsible person:

Date:

What does it cost?

Your safety and satisfaction are our prime concerns.

However, the ASA strongly supports the concept of informed financial consent (IFC). It is important that you are aware of the potential costs associated with your anaesthetist's services.

There will be a separate account from your anaesthetist for these services. You should be aware that Medicare and health insurance rebates may not cover the entire cost of your anaesthesia. This difference between these rebates and the actual fee for the anaesthesia services, is known as the 'gap'. Whether there will be a gap, and the actual amount of the gap, vary greatly depending on your health fund, and the exact nature of your surgery. It is also usual for the gap to be larger when the surgery is longer in duration.

The ASA strongly encourages anaesthetists to provide an estimate of their fee, and the applicable rebates, wherever practical. It is important to realise that your anaesthetist will probably not know the details of your insurance policy,

so you should also check with your insurer regarding the rebate you will receive.

If you have not received an estimate of your fee or have any enquiries relating to anaesthesia fees, you should contact your anaesthetist before your procedure.

Some anaesthetists may use the following section to provide you with this information. Others may provide this information separately. Keep in mind that the fee could vary, depending on factors such as the actual duration of the procedure, or whether or not extra anaesthesia or surgical procedures are required. The exact rebates are determined by Medicare and your insurer, and the exact gap payable will depend upon these rebates.

If the section on the following page is blank, and you have not received any other information, you should contact your anaesthetist prior to your admission to hospital.

Estimated fee:

Estimated rebate:

Estimated gap (payable by patient):

Name of patient or responsible person:

Signature of patient or responsible person:

Date:

Name of Anaesthetist:

Signature of Anaesthetist:

Date:

Do you have any questions or concerns?

(Write them here for discussion with your anaesthetist)

SAMPLE

We wish you a speedy recovery and assure you of our commitment to your early return to good health. Anaesthetists: "Caring for your life while you can't"



For further information please contact your anaesthetist for the procedure:

SAMPLE

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