

## ***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**

Most 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 control, 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 48 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 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 whether you are taking an oral contraceptive pill. Please bring all your current medications in their original packaging.
6. If you have any loose, capped or crowned teeth, 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 for six hours and fluids (including water) for three hours before your operation. Food or fluid in the stomach may be vomited and could 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. 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 unlikely.

### 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’**

You will usually be asked to come into hospital a few hours before your operation. This may mean that there is limited time to see your anaesthetist before your procedure. However, your anaesthetist will have reviewed your medical records. If you are having a major procedure, or other concerns about your health have been identified, you may be asked 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 at hospitals, so bring something to read 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.

More information about anaesthesia and anaesthetists can be found in the patients' section on the ASA website: [www.asa.org.au](http://www.asa.org.au)

Consent of:.....  
(name of patient)

*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.*

## What does it cost?

Your safety and satisfaction are our prime concerns. However, the Government and other parties require that financial issues be addressed and that patients receive an estimate of their anaesthesia fees, where practical.

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 to pay. Whether there will be a gap and the size of the gap varies greatly depending on your health fund. It is also usual for the gap to be larger when the surgery is of long duration.

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 haven't been given an estimate of your costs or have any enquiries relating to anaesthesia fees you should contact your anaesthetist before your procedure.

*I have received information regarding the fee for my anaesthesia and I understand that the figures listed below are only estimates. 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 rebate is determined by the insurer and the exact gap payable will depend upon this rebate.*

Estimated fee:.....

Estimated rebate:.....

Estimated gap:.....

(payable by patient)

Signature of patient or responsible person:

Date:.....

Name of Anaesthetist:.....

Signature of Anaesthetist:.....



**ASA**

Australian Society of Anaesthetists

**Do you have any questions or concerns?**

(Write them here for discussion with your anaesthetist)

*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."*