

What is Anaesthesia?

Anaesthesia means simply “no feeling” in a part or all of your body.

Your Anaesthetic

Your anaesthetist will select a combination of drugs for your anaesthetic. The selection will depend on a number of factors such as your operation, your state of health, your concerns, age, allergies and so on.

Some drugs may be injected into the vein, others may be inhaled as gases along with oxygen, usually through a tube, while others may be injected to block nerves.

These drugs have a variety of complex effects which include, loss of feeling in part or all of the body, a range of unconsciousness from light to deep, relief of pain and paralysis of muscles. All of these effects are reversible.

The most appropriate combination for you will be selected after you are carefully assessed by your anaesthetist. Your condition will be monitored closely throughout the procedure by your anaesthetist who will adjust your anaesthetic according to your needs.

What is an Anaesthetist?

The anaesthetist is the specialist doctor who will give you the anaesthetic. All doctors must complete a medical course at university and gain general hospital experience. Anaesthetists have spent an additional five years undergoing specialised training. Anaesthetists and surgeons work together in a medical team to provide the best possible care for you.

Are there any Risks?

The questions going through your mind now probably include things like: *How safe is the anaesthesia? Will I wake up?* The truth is there is a risk, but it is quite small. In fact, statistically Australia is the safest place in the world to have an anaesthetic. Training of specialist anaesthetists here is second to none. People respond to the anaesthetic in different ways. Reactions, if they occur, vary from mild and inconvenient to major reactions and serious complications.

Minor Reactions

About 1/3 of patients complain of sore throats caused by the breathing tube placed by the anaesthetist. This may also cause a hoarse voice. At least 1/4 of patients suffer from nausea and vomiting, which can be helped by medication. You may feel “hung over” or sluggish for a day or two afterwards. There may be bruising, pain at the injection site, temporary breathing difficulties, temporary nerve damage, muscle pains, asthmatic reactions, headaches, lip and tongue injury, temporary difficulty speaking or epileptic seizures.

Major Reactions

Major and serious complications are rare, but sometimes, like all things in life unexpected things happen. These include heart attack, stroke, severe allergic reaction, brain damage, kidney or liver failure, lung damage, paraplegia, quadriplegia, permanent nerve or blood vessel damage, eye injury, damage to vocal cords, pneumonia or blood transfusion reactions. About 1 in 100,000 previously fit and healthy people die because of an anaesthetic and about 1 in 80,000 have some degree of brain damage. These risks are higher for people with serious illness. One in 5,000 people have damage to teeth. One in 500 who are supposed to be unconscious remember some of the operation.

To help you put these risks in perspective:

In any one year, the average Australian has a 1 in 7,000 chance of dying in a car accident.

What about regional anaesthesia and nerve blocks?

Regional anaesthetics i.e. nerve blocks, like spinal and epidural anaesthetics, in many cases may be safer than general anaesthesia. However, they carry their own risks, heart and blood pressure problems can still occur. There is a 1% risk of headache. Risk of nerve damage is rare, and risk of paralysis is 1 in 10,000.

The risk of the anaesthetic must be balanced against the risk of not having the operation. Your anaesthetist can help you decide if the risk of having the procedure is acceptable to you.

You Can Make it Safer

There are some things you can do to make your anaesthetic safer.

- Get a little fitter - even a regular walk will work wonders. Consult your General Practitioner first.
- Don't smoke - ideally give up six weeks before surgery.
- Drink less alcohol.
- Continue to take any drugs you have been prescribed, but remember to let your anaesthetist and surgeon know what they are.
- You may need to stop taking blood thinners and herbal medicines 10 days before your operation. Paracetamol is OK. Check with your anaesthetist.
- If you have any health problems tell your anaesthetist and surgeon so they are fully informed.
- If you are anxious or have questions, your anaesthetist can ease your worries and provide more information.
- For children, perhaps a visit to the hospital before the operation will help.

Before Your Operation

What you should tell your anaesthetist: You should tell the anaesthetist as much as possible. Your anaesthetist will see you before your operation and they will want to know:

- How healthy you are, if you've had any recent illness and also about any previous operations.
- If you've had any abnormal reactions to any medications or previous anaesthesia and whether you have any allergies.
- If you have any issues with blood transfusions.
- If you have a history of reflux, heartburn, asthma, bronchitis, heart problems or any other medical conditions.
- Whether you are taking any medicines at present - this includes herbal medicines and, for women, if you are on the pill.
- If you are taking prescribed tablets, bring them along.
- If you have any loose teeth, caps or plates etc.

None of this is out of the ordinary. The anaesthetist just needs the best possible picture of you and your present condition so that the most appropriate anaesthetic can be prepared. This information helps reduce the risk.

Should I stop eating or drinking?

You will be told when to stop eating and drinking. We know the pangs of hunger can be severe, but no food or drink is a must. Not even water. If you don't follow this rule, the operation may have to be postponed, in your own best interest.

During the Operation?

When you are taken to the operating theatre the anaesthetist will meet you dressed in theatre clothes. He or she will insert a tube into one of your veins (most commonly in the back of your hand) to give you the anaesthetic.

During the surgery we don't want you to feel anything, and we want you to feel as little pain as possible, before and after the surgery.

While you're asleep, your anaesthetist will stay with you during and immediately after your operation. No chance will be taken and your condition will be monitored continuously.

What Happens After the Operation?

Where will I wake up? After the operation you will be taken to the recovery area, near the operating theatre. Your anaesthetist will continue to monitor your condition carefully well after surgery to ensure recovery is as it should be, smooth and without complication. Once you wake up, you will feel drowsy. You may have a sore throat. Some people may feel sick, or have a headache. This will soon pass. To help you recover you will be given oxygen to breathe, and encouraged to take deep breaths and to cough. If you have any pain or nausea after you wake up you can be reassured that your anaesthetist will arrange for medication to make you more comfortable. Only when you're fully awake and comfortable will you be transferred either back to your room or to a waiting area before returning home. Don't worry if you suffer some dizziness, blurred vision or short term memory loss. It usually passes quickly. If you experience worrying after effects, you should contact your anaesthetist.

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. In the first 24 hours after surgery, don't drive a car, make any important decisions, use any dangerous equipment or tools, sign any legal documents or drink alcohol.

Specific Issues

Blood Transfusions

Blood transfusions are not given unless absolutely necessary. Please ask the anaesthetist if you are concerned about blood transfusions.

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 after. Disposable filters are used on the anaesthetic gas tubing. A new filter is used for each patient.

COST: Medicare and Medical Fund rebates may not cover the entire cost of your anaesthesia. In other words there may be a gap for which you will be responsible. If you have any questions regarding costs please talk to your anaesthetist.

Do You Have Any Questions?

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. We wish you a speedy recovery and assure you of our dedication to ensure your return to good health.