

blood transfusion. Techniques are now available so that your own blood can be taken some time before the operation and stored for your use at a later time.

### *After surgery*

When the operation has been completed, your anaesthetist will wake you up (reverse the anaesthetic effects) and transfer you to the recovery room. Trained and experienced nursing staff, under the supervision of the anaesthetist, will continue to monitor your vital signs until you are fully awake.

To assist this process you will be given oxygen to breathe and you will be encouraged to take deep breaths and to cough to clear your lungs. If you have any pain from your operation or nausea you will receive medication to control it. When you are fully awake and comfortable you will be transferred to your room or to a waiting area if you are returning home. You may experience some temporary effects such as nausea, sore throat, dizziness, blurred vision or short-term memory loss.

### *How do I go home?*

Because of the introduction of short-acting anaesthetic drugs, many more procedures are being performed on a day-surgery basis. Since you have received these potent drugs, you must be accompanied home and must not drive a car, make important decisions, use dangerous equipment or sign any legal documents for 24 hours.

### *What is being done to ensure safety in anaesthesia*

Members of the Australian Society of Anaesthetists are fully trained medical specialists who are encouraged to attend continuing education seminars to constantly upgrade their skills and knowledge of new drugs and techniques. The Society also publishes its own Journal and stimulates research in all aspects of anaesthesia. The primary goal is always patient safety. It is essential that you have a good understanding of the nature of the anaesthesia to be used and the risks involved so that you and your anaesthetist can make a joint decision on the way your case should be managed.

### *How much will I have to pay?*

If you have chosen to be a private patient, your anaesthetist will send you a separate account for his/her services.

The Australian Society of Anaesthetists' Relative Value Guide is a fee schedule which considers:

- the degree of difficulty of the anaesthetic
- the general health and age of the patient
- the time taken for the anaesthetic

Medicare rebates have not kept up with the cost of living, and so the Medicare rebates which you receive, as well as those from your health insurance fund, may not cover your anaesthetist's account. This simply means that there may be a "gap" payment which you will be required to pay.

Your anaesthetist will be pleased to discuss any aspect of fees and costs before your operation. If you have any difficulties you should contact him/her before you are admitted to hospital for your operation.

### *In conclusion*

Your anaesthetist is concerned with your welfare and for your speedy return to good health. Do not hesitate to discuss any queries you may have that have not been listed in this brochure.

Your anaesthetist is:

DR. MARK W.M. SANDFORD

Telephone number:

9509 2131



*A hand symbolising caring is holding a bowl from which anaesthetic vapours are rising—this is the symbol of the Australian Society of Anaesthetists.*



## **ANAESTHESIA AND YOU**

### *Information for Patients*

This brochure has been prepared to assist those people who are about to have an anaesthetic. It is an introduction to the basis of anaesthesia and the role the anaesthetist will play in your care.

Provided by the  
Australian Society of Anaesthetists

## *An anaesthetist is a highly trained doctor*

After completing the medical course and basic hospital training, an anaesthetist spends a minimum of five years undergoing special training and must pass higher level examinations before being registered to practise as a specialist in anaesthesia. As well as anaesthesia, this includes such things as the control of pain, resuscitation of sick and injured patients and the management of medical emergencies. Scientific meetings and medical journals continually update the anaesthetist with the latest developments in technique, drug therapy and electronic monitoring equipment.

## *What does the anaesthetist do?*

The anaesthetist's function is to make you insensitive to pain during surgery, to supervise your recovery from anaesthesia, and to ensure you are comfortable afterwards. This can be achieved in several ways. Your anaesthetist will stay with you at all times during and immediately after your operation and will carefully monitor the way your body responds to the stress it will encounter.

## *How can I prepare for my operation?*

There are several simple things that can be done to improve your general condition prior to your operation:

1. Moderate exercise such as walking will improve your general physical fitness.
2. Cease smoking as soon as possible, ideally six weeks prior to surgery.
3. Reduce alcohol consumption.
4. Continue regular medication such as drugs used to control high blood pressure which have been prescribed for you.
5. Do not take unprescribed aspirin for 14 days prior to your operation. Paracetamol may be used.
6. Notify your surgeon or anaesthetist of any serious medical problems, such as heart disease or asthma, well in advance, as your anaesthetist may wish to consult with you before your admission to hospital.
7. If you are anxious about your anaesthesia, make an appointment to consult your anaesthetist as this will provide you with the information necessary to 'reduce your anxiety'.
8. For children, many hospitals run preoperative tours to familiarise them with the hospital routine.
9. Maternity hospitals have videos including relief of pain in labour and caesarean section.

## *What will the anaesthetist want to know about me?*

You will be visited before your operation and asked important questions about your health and medical history. These will include:

- your overall health, recent illness and previous operations.
  - abnormal reactions to foods or drugs or allergy to any substance.
  - history of asthma, bronchitis, heart problems or any other medical conditions.
  - the current drugs you are taking including cigarettes, alcohol and birth control tablets.
  - do you have loose teeth, caps, plates or dentures?
- If you are unsure of the tablets you are taking, ask your general practitioner to write a note to your anaesthetist. Bring your tablets with you. Remember, all this information will enhance your safety and wellbeing.

## *Why am I unable to eat before surgery and when can I eat afterwards?*

Under normal circumstances, your body prevents the acidic stomach contents from entering and damaging the lungs. However, when you are unconscious, this protection is lost, so it is important to have an empty stomach to reduce the risk of this happening. Some patients require medication preoperatively and this can be taken with a sip of water. Your anaesthetist will give instructions when this is necessary. If you do not fast, your operation may have to be postponed for your own safety.

To reduce the likelihood of postoperative vomiting, you will not be given fluids for about two hours after your operation. In many cases intravenous fluids will be given and these will prevent your body becoming short of fluid.

## *What anaesthetic will I have?*

After taking a medical history and performing a physical examination, the anaesthetist will select the type of anaesthetic which is considered best for you.

If you are nervous, tablets or an injection may be prescribed for you and these will make you drowsy and relaxed beforehand. This is called 'premedication'.

On arrival in the operating suite various monitoring devices such as a cardiograph, blood pressure cuff and

oximeter will be attached to you in order to monitor the way your body will react to the anaesthetic and surgery. The oximeter is a sensitive device which measures the amount of oxygen in the blood.

There are three main types of anaesthesia:

1. **General anaesthesia:** Usually the anaesthetist will inject a drug through a needle placed in a vein and you will go to sleep very quickly. In some cases a facemask may be used to allow the breathing of oxygen and a sweet vapour. When you are asleep other drugs are administered to keep you asleep and to prevent pain. A tube may be inserted through your mouth into your lungs, and although this is removed before you wake up, it may leave you with a sore throat for a short time. Your anaesthetist remains with you during the entire procedure and escorts you to the recovery room afterwards.

2. **Regional anaesthesia:** This form of anaesthesia involves introducing local anaesthetic near a group of nerves to make an area of your body numb. You may remain awake or receive sedatives to make you drowsy. Some sensations such as pressure may be felt, but there will be no painful sensation and the area will be covered so you will not see what is happening. This form of anaesthesia includes epidurals which are used for relief of pain in labour and for caesarean section, spinal which are used for prostate surgery and some lower body operations and injections to numb the eye during cataract surgery.

3. **Local anaesthesia:** A local anaesthetic is injected at the site of the surgery to cause numbness.

## *Can I Acquire an Infection*

Needles, syringes and intravenous lines are purchased in individual sterile packages and are used only for you. Intravenous drugs are prepared from single ampoules immediately before each case. This eliminates the chance of transferring infection from one patient to another.

## *Blood Transfusion*

Although blood collected from donors is carefully screened and tested, there is still a very slight chance that it may contain one of the viruses which cause AIDS or Hepatitis. As a result, the use of blood transfusion has reduced considerably. If you are to have a major operation, you should ask your surgeon or anaesthetist if there is a chance of you requiring a