About Anaesthesia

You're in good hands
Most Anaesthetists in Australia are highly trained medical specialists, having spent at least five years undergoing training in anaesthesia, pain control, resuscitation and the management of medical emergencies after graduation and internship.

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 anaesthetic safer.

1. Get a little fitter – regular walks will work wonders.
2. Don’t smoke – ideally, stop six weeks before surgery.
3. Minimise alcohol consumption.
4. Continue to take any drugs which have been prescribed but remember to let your Anaesthetist and surgeon know what they are.
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 prior to surgery.
6. If you have any kind of health problem tell your Anaesthetist and surgeon so they are fully informed.
7. For children, many hospitals can arrange a pre-operative visit.
8. Stop taking herbal products at least two to three weeks prior to surgery.
9. Inform your Anaesthetist if you use recreational drugs as these may interact with the anaesthetic.
10. Inform your surgeon/Anaesthetist if you object to blood transfusions.

What should I tell the Anaesthetist?
Your Anaesthetist will meet you before your operation to discuss your anaesthetic 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:

1. How healthy you are and whether you have had any recent illnesses. They will be particularly interested in whether you have 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 drugs or whether you have any allergies.
4. If 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 with you all your current medications in their original packaging.
6. If you have any loose or capped 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. The Anaesthetist wants to have the best possible picture of you and your present condition so that the most suitable anaesthetic can be planned. Answer questions honestly – it is really all about minimising risk to you.
Is fasting really necessary?
We know being hungry can be uncomfortable but no food or drink for a period before the operation is a must. You will need to fast (no food or drinks) for 6 hours prior to your operation. You may have small sips of water and your regular medication up to 2 hours before your operation. 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 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 a general anaesthetic. You may be awake or sedated (see below). Examples of regional anaesthetics include epidurals for labour, spinal anaesthesia for caesarean section and ‘eye blocks’ for cataracts.

**Local anaesthesia**
A local anaesthetic is injected at the site of the surgery to cause numbness. You will be awake but feel no pain. An obvious example of a ‘local anaesthetic’ 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’ and is often used for endoscopy, colonoscopy, some eye surgery and some plastic surgery.

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 carefully 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 from the anaesthetic. 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.
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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 therefore minimised.

Blood transfusion
With modern surgery the requirements for blood transfusion are now uncommon. 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 this sometimes avoids the need for transfusion with cross matched blood.

‘Day of surgery admission’ and ‘day surgery’
It is likely that you will be asked to come into hospital only a few hours before your operation. Hospitals are very busy places and you may only see your Anaesthetist just before your anaesthetic. 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
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 complications because of their own health problems e.g. heart disease or obesity, and/or because of the type of surgery they are undergoing.

Some infrequent complications include: bruising, pain or injury at the site of injections, temporary breathing difficulties, temporary nerve damage, muscle pains, 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.

There can also be some very rare, 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, the possibility of these 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 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 anaesthetic fees, where practical.

There will be a separate fee from your Anaesthetist for the anaesthesia services provided to you. These fees are based on the operation/procedure, degree of difficulty, your age, the duration (time) and any need for special monitoring or interventions. 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. For more information regarding your health fund and/or to compare health funds, you can refer to the Federal Government Website: www.privatehealth.gov.au

Wherever possible your Anaesthetist will provide you with an estimate of your anaesthesia fees prior to 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.

All accounts for Anaesthesia may include the following:

1. An Item number which relates to a Pre-anaesthesia review involving consultation with the patient and review of a patient’s medical record in order to plan and administer the most appropriate anaesthesia. The Medicare Schedule specifies 2 ‘units’ apply to this item number.

2. An Item number which relates to a Basic Unit Value which relates to the type of procedure being performed. The Medicare Schedule specifies how many ‘units’ apply to this item number.

3. An Item number which relates to a Time Unit Value which begins when the Anaesthetist starts preparing a patient for anaesthetic care in the operating room or equivalent area and ends when the anesthetist is no longer in personal attendance. The Medicare Schedule specifies how many ‘units’ apply to this item number.

4. An Item number which relates to a modifying unit that applies when significant factors such as the medical condition or age of a patient which can significantly influence the provision of anaesthesia.

Further information

More information about anaesthesia and Anaesthetists can be found in the patients’ section on the ASA website: www.asa.org.au Parts of the information provided in this leaflet is courtesy of the Australian Society of Anaesthetists (ASA).