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Specialist Anaesthetist &
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Acknowledgement

The following information is designed to help you understand your upcoming anaesthetic, what is involved and, like with all medical procedures, the risk and complications involved.

Please take the time to read the information below before coming into hospital. Whilst many aspects of an anaesthetic are similar procedure to procedure, there may be some specific differences depending on the procedure or your health and fitness. These are detailed below for common procedures.

Please use the last page to make any notes or write down any questions you have so that Dr Keogh can answer those for you.

The following information is taken directly from resources provided by:

- The Australian and New Zealand College of Anaesthetists (<https://www.anzca.edu.au>)
- Royal College of Anaesthetists (<https://www.rcoa.ac.uk>)
- The Australian Society of Anaesthetists (<https://asa.org.au>)

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and New Zealand
College of Anaesthetists



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Independent Anaesthetists

YOUR ANAESTHESIA

Undergoing a procedure in hospital can be a daunting experience. We hope this information will help you.

Independent Anaesthetists

At Independent Anaesthetists we look after the individual practices of Specialist Anaesthetists. We are here to assist you with any queries you may have before and following your procedure, and will put you in touch with your anaesthetist where required.

All our Anaesthetists are medical doctors with specialist training in the area of anaesthesia, they are experienced, well qualified professionals who will ensure you receive the best possible care.

What will your anaesthetist do?

- Assess your health
- Determine the type of anaesthetic that is best and safest for you
- Administer your anaesthesia
- Monitor and care for you constantly throughout your procedure
- Organise and monitor your immediate post operative care, including pain management

Your pre-anaesthetic consultation

Before your procedure, your anaesthetist will discuss with you the options, benefits and risks of anaesthesia, and formulate a plan based upon:

- Your general health
- Your medications
- Any allergies or reactions to medications or foods
- Any previous anaesthesia
- The details of this procedure
- Any specific concerns you may have

Risks and complications

Australia is one of the safest places in the world for anaesthesia care. However, with any medical or surgical procedure, there are risks and potential complications. Generally, the most common side effects include sore throat, drowsiness and nausea or vomiting. Other risks related to your specific procedure and health status will be explained by your anaesthetist.

More information can be obtained in the Patient Information section of the Australian Society of Anaesthetists (ASA) website or from Australia New Zealand College of Anaesthetists (ANZCA) website: <http://www.anzca.edu.au/patients>

Types of anaesthesia

Your anaesthesia will vary depending upon the part of the body involved, the procedure being performed, your health and personal wishes and the assessment by your anaesthetist.

General:

Where you are put into a controlled state of unconsciousness until after your procedure.

Sedation:

Where you will have a decreased awareness of your surroundings. Some patients may have little or no recall of the procedure afterwards.

Regional:

Which includes nerve block, spinal block or epidural(s) techniques. This anaesthetic numbs the surgical region and to ensure your comfort, may be given in conjunction with sedation.

Local:

Where local anaesthetic is injected directly around the surgical site, numbing the local area. This may also be given in conjunction with sedation.

Following your procedure

- You will be moved to a post anaesthetic care unit where you will be closely monitored.
- In the immediate post operative period you will be drowsy and may be administered oxygen, anti-pain and anti-nausea medication.
- You will be taken back to the ward when sufficiently awake, stable and comfortable.

Anaesthesia Fees

Fees are determined by the complexity and duration of your anaesthesia and are generally midway between the Medicare Benefit Schedule and the AMA recommended fee. Medicare and private health fund rebates do not usually cover the full cost of private anaesthetic fees. So, for many procedures there will be an "out of pocket" expense or "gap" for you to pay.

Our Fee Responsibilities

- To inform you of the anticipated anaesthetic fees prior to your procedure, where this is practical.
- To help you to understand the fees.
- To issue your account in a timely manner unless prepayment of the anaesthetic fee is required prior to surgery.
- To comply with the HIC billing requirements

Your Fee Responsibilities

- To ensure that you understand the quoted fee.
- To ensure that your account is paid within the required time.
- To contact us if you have any queries or concerns regarding fees, or if you will have significant difficulty paying the fees. Please do not hesitate to contact us prior to your procedure.

How to Prepare for Safer Anaesthesia and Recovery

- Improve your fitness by stopping smoking and consuming less alcohol.
- Keep as active as you can each day.
- Inform your surgeon and anaesthetist of health issues, and tell them if you are unwell in the week before anaesthesia.
- Inform your surgeon and anaesthetist of what medications you are taking.
- Check which medications should be stopped or continued, such as blood-thinners, and medications for diabetes, blood pressure, heart conditions.
- Check fasting instructions. As a guide you may have limited solid food (this includes chewing gum) up to 6 hours prior to anaesthesia, and clear fluids (e.g. water, pulp free juice, black tea / coffee - no milk) may be taken up to 2 hours prior to anaesthesia (limited to 200 ml per hour).
- Be sure you have a responsible adult to accompany you home on discharge.
- Contact our office with any queries or concerns.

We hope this information has been helpful, and we wish you a speedy recovery.



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Introduction

Australia is one of the safest places in the world to have an anaesthetic. Nevertheless, some patients are at an increased risk of complications because of health problems such as heart or respiratory disease, diabetes or obesity, their age and/or because of the type of surgery which they are undergoing.

Some complications include bruising, pain or injury at the injection site, fatigue, altered mental state, headaches, sore throat or sleep disturbance. Patients may experience other complications such as damage to teeth, the mouth, breathing problems, muscle pains and discomfort, although these occur less frequently.

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: severe allergic or sensitivity reactions, heart attack, stroke, seizure, 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 the risks of these more serious complications, including death, are quite remote but do exist.

What is anaesthesia?

Relieving pain and suffering is central to the practice of anaesthesia, which involves administering medications to eliminate sensations, including pain. This allows doctors to perform medical and surgical procedures without causing undue distress or discomfort to the patient.

Most people undergo anaesthesia at some stage in their lives, such as during the birth of a baby or during surgery. They may be anaesthetised for a short, simple day surgery or for major surgery requiring complex, rapid decisions. Modern anaesthesia is relatively safe due to high standards of training that emphasise quality and safety. There also have been improvements in drugs and equipment. Advances in anaesthesia have also resulted in patients being able to have more complex surgery as a day stay procedure because of more rapid recovery with modern anaesthesia; and they have facilitated many of the advances in surgery.

Australia and New Zealand have one of the best patient safety records in the world, thanks to increased support for research to improve anaesthesia. Specialist anaesthetists become involved in the patient's care prior to surgery with assessment of their medical condition and planning their care as part of the surgical team. They closely monitor the patient's health and wellbeing throughout the procedure and help to ensure a smooth and comfortable recovery.

There are several types of anaesthesia that may be used individually or in combination, depending on the surgery.

For some types of surgery, several options are available. Except in emergency situations, specialist anaesthetists will consult with the patient and the surgeon to decide on the safest and

WHAT IS ANAESTHESIA?

VIDEO - <https://youtu.be/poXEMYiMWnw>

most appropriate type of anaesthesia for each clinical situation. The anaesthetist will consider several factors when planning a patient's anaesthesia including:

- Past experience with surgery.
- Health and physical condition.
- Reactions or allergies to medicines.
- Risks of each type of anaesthesia.
- Preferences of your surgical team.
- Your preferences.

General anaesthesia involves putting a patient into a medication-induced state of carefully controlled unconsciousness. When the anaesthetic is deep enough, the patient will not respond to pain. It also includes changes in breathing and circulation. During a general anaesthetic, the anaesthetist is constantly monitoring the patient to manage the airway, blood circulation and general responses.

Local anaesthesia involves injecting local anaesthetic into the tissues near the surgical site. Local anaesthesia may be used alone or in combination with sedation or general anaesthesia. This depends on the size of the surgery and the time it will take, and the preferences of the patient. Local anaesthesia is usually used for minor surgery, such as toenail repair, skin lesion or a cut to remove something. It may not be used if the patient has an infection.

Regional anaesthesia involves injecting local anaesthetic around major nerve bundles supplying body areas, such as the thigh, ankle, forearm, hand, shoulder or abdomen. It may be used on its own or with general anaesthesia. Regional anaesthesia is sometimes performed using a nerve-locating device such as a nerve stimulator, or using ultrasound, to accurately locate the nerves. Once local anaesthetic is injected, patients may experience numbness and tingling and it may

become difficult or impossible to move that part of the body

The duration of the anaesthesia depends on which local anaesthetic is used, the region into which it is injected and whether it is maintained by continual doses or repeated injections. Numbness can last several hours but may last several days. Generally, the “heaviness” wears off within a few hours but the numbness and tingling persists much longer. As the local anaesthetic effect wears off, numbness will diminish and the surgical pain may return, in which case your doctor will prescribe pain relief.



VIDEO - <https://youtu.be/UhljfnK0D4>

Procedural sedation is used for procedures where general anaesthesia is not required. It allows patients to tolerate procedures that may otherwise be uncomfortable or painful.

Conscious sedation reduces the patient's level of consciousness but allows them to respond to verbal commands or light touch so that a specialist can perform a procedure. A variety of medications and techniques are used for procedural sedation and/or pain relief. Common medications include benzodiazepines, such as midazolam, which act on the brain and the nervous system to cause sedation, and opioids, such as fentanyl, which decrease the patient's perception of pain to provide pain relief. These medications may be administered orally but are usually administered into a vein.

Analgesia is when a patient is given medications that act locally or generally to stop them from experiencing pain.

What does an anaesthetist do?

Anaesthetists are highly qualified specialist doctors with unique clinical knowledge and skills. They have a major role in the perioperative care of surgical patients and are closely involved in other important fields of medicine such as resuscitation, intensive care medicine, pain medicine, retrieval, disaster response and hyperbaric medicine. Core anaesthesia practice involves assessing patients thoroughly and applying both physiological and pharmacological knowledge to best care for them through surgery.

Anaesthetists ensure patients are optimally fit for the surgery and plan their overall care before, during and after the procedure, sometimes known as the perioperative period.



VIDEO - <https://youtu.be/xBPzhqi42Qw>

Relief from pain is at the centre of the practice of anaesthesia. The scope of practice for an anaesthetist includes general anaesthesia, sedation and regional anaesthesia; perioperative assessment and management; airway management; postoperative care; and resuscitation, transport and life support for patients in emergency and trauma situations.

In addition to working in the operating theatre and post-anaesthesia care units, they also work in many practice settings including public and private hospitals in large metropolitan centres and in regional and rural areas. They work in pre-admission clinics, retrieval services, intensive care units and pain services.

Preparing for your operation

Having surgery under anaesthesia can be a bit daunting, especially if it's your first time. But there are a few simple things you can do to get yourself better prepared for your surgery.

Firstly, remember you're in very safe hands. All anaesthetists in Australia and New Zealand are highly trained and accredited specialist doctors. And they'll be by your side throughout your operation, watching you closely and keeping you safe.

Every patient – and every operation – is different, which means your response to anaesthesia will be too. So there are a few things your anaesthetist will need to know about you before your operation:

- Your general health and fitness.
- Any existing health conditions or allergies.
- Any medication you're taking.
- Any issues you or your family members may have had with anaesthesia in the past.
- And anything else you do that might affect your anaesthesia

The consultation with your anaesthetist prior to surgery is a good time for you to ask any questions.



PREPARING FOR YOUR ANAESTHESIA

VIDEO - <https://youtu.be/pCNXCzQLftI>

If you're a smoker, your anaesthetist will probably ask you to give smoking a break - even quitting for a short period is helpful. The better you look after your body before your operation, the quicker it will recover.

If for any reason you need to postpone your operation, please let your surgeon and anaesthetist

know as soon as possible.

Your anaesthetist will give you specific instructions on when to stop eating and drinking before your surgery, because having undigested food in your system can cause serious complications.

Before you go into the operating theatre, your anaesthetist will have another conversation with you to check that you're comfortable, and discuss any last minute questions.

You'll also need to arrange for a family member or friend to pick you up after your surgery, because it won't be safe for you to drive for at least 24 hours, as your reflexes take time to get back to normal.

A little bit of preparation before your anaesthesia can make a huge difference.

Anaesthesia for endoscopy

Endoscopy procedures, which include gastroscopy and colonoscopy, are frequently performed as day-stay cases.

Gastroscopy is a procedure where a flexible tube with a camera at its tip is inserted via the mouth passing through the oesophagus into the stomach and first part of the small bowel. It is used to investigate and treat symptoms such as difficulty swallowing, heartburn (gastroesophageal reflux disease), and oesophageal and stomach tumours.

Colonoscopy is a procedure where a long flexible tube with a camera at its tip is inserted via the rectum to allow a doctor to see the large bowel. It is used to investigate conditions affecting the large intestine.

Many conditions do not have symptoms at the early stages and endoscopic treatment usually involves removing polyps or foreign objects.

In most cases, endoscopy patients are given deep "procedural sedation", which allows the specialist to perform the procedure and aims to ensure patient safety and comfort.

An anaesthetist may use a variety of medications and techniques to achieve procedural sedation and/or pain relief. The most common medications used that are injected into a vein are benzodiazepines (which act on the brain and the nervous system) such as midazolam for sedation, and opioids (which decrease the patient's perception of pain), such as fentanyl, for pain relief.

During deep sedation, where patients lose consciousness and respond only to painful touch, patients may have difficulty with breathing normally and their heart function may be affected. The anaesthetist is trained to avoid these situations

Before the procedure

It is important that you speak to your doctor about when you should stop eating and drinking before your anaesthetic. The anaesthetist will also need information such as:

- Any recent coughs, colds or fevers.
- Any previous anaesthetics or family problems with anaesthesia.
- Abnormal reactions or allergies to drugs

- Any history of asthma, bronchitis, heart problems or other medical problems
- Any medications you may be taking.

Anaesthesia for joint surgery

Joint replacement surgery is a common and effective procedure for relieving disability due to severe joint pain and loss of function.

The surgery involves removing a damaged joint or part of it – such as a knee, hip or shoulder – and putting in a new one. An orthopaedic surgeon is usually the person who does joint replacement surgery, and may either replace the damaged joint with a prosthesis, or replace or fix only the damaged parts.

The anaesthetist will consider several factors when planning your anaesthesia, including:

- Past experience with surgery.
- Health and physical condition.
- Reactions or allergies to medicines.
- Risks of each type of anaesthesia.
- Preferences of your surgical team.
- Your preferences.

Regional anaesthesia is the most common form of anaesthesia used during joint-replacement surgery because it aims to provide optimal pain relief while minimising side effects such as sedation, postoperative nausea and vomiting, and leg weakness. It may be used on its own or combined with sedation or general anaesthesia.

Regional anaesthesia numbs the part of the body where the surgery will happen. It involves the injection of local anaesthetic around major nerve bundles supplying body areas, such as the thigh, ankle, forearm, hand, shoulder or abdomen. This is sometimes done using a nerve-locating device, such as a nerve stimulator, or ultrasound, so that the anaesthetic can be delivered with greater accuracy.

Once local anaesthetic is injected, you may experience numbness and tingling in the area supplied by the nerves and it may become difficult or impossible to move that part of the body.
Before the operation

It is important that you speak to your doctor about when you should stop eating and drinking before your anaesthetic.

The anaesthetist will also need information such as:

- Any recent coughs, colds or fevers.
- Any previous anaesthetics or family problems with anaesthesia.
- Abnormal reactions or allergies to drugs.
- Any history of asthma, bronchitis, heart problems or other medical problems.
- Any medications you may be taking.

What to expect

Each surgery is different. How long an operation takes depends on how badly the joint is damaged and how the surgery is done. The duration of the anaesthesia depends on which anaesthetic is used, the region into which it is injected, and whether it is maintained by continual doses or repeated injections.

After surgery, you will be moved to a recovery room for a period of time until you are ready to be returned to the ward.

Typically, numbness can last several hours but may last several days. Generally, the “heaviness” wears off within a few hours but the numbness and tingling may persist much longer.

As the local anaesthetic effect wears off, numbness will diminish and surgical pain may return, in which case your doctor will prescribe alternative methods of pain relief, including injections or tablets.

Because osteoarthritis is often found in hips and knees, and patients undergoing hip or knee replacements are often elderly, there may be complications. Many joint-replacement patients have other medical conditions – diagnosed and undiagnosed – such as high blood pressure and heart problems, that require assessment and investigation.

Most patients undergoing joint replacement tend to accept the risks involved because of the potential improvement in their quality of life.

Is fasting really necessary?

You will usually be advised to avoid food and fluids before your anaesthesia. 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.

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 may 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 and look after you overnight.

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 and COVID-19

Recent studies tell us that having an anaesthetic whilst having COVID-19 infection or shortly afterwards, increases your risk of complications. The risk will vary person to person and with the type of procedure you are having.

Guidance from the Australian and New Zealand College of Anaesthetists advises that, if your procedure can wait, an anaesthetic should not be administered for at least 7 weeks following diagnosis or after your symptoms have settled.

If you are scheduled to have your procedure within this time frame, please let your surgeon or proceduralists know.

<https://www.anzca.edu.au/news/safety-and-advocacy-news/prof-docs/new-guidelines-on-surgical-patient-safety-and-covi>

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