



Delivering a Healthy WA



Anaesthesia Department

Fremantle Hospital and Health Service

Anaesthesia and you

There is no safer place in the world to have anaesthetic than in Australia.

You're in good hands

In the first place, we want to reassure you about the ability and qualifications of the anaesthetist who will manage you during surgery. Anaesthetists in Australia are a specialist, that is they are among the world's most highly trained doctors, having spent years undergoing specialised training in anaesthesia, pain control, and resuscitation and managing medical emergencies.

The role of the anaesthetist

People often think of anaesthesia as being put to sleep. However, that's not strictly true. Rather, the anaesthetist puts you into a state of carefully controlled unconsciousness. This is done so that surgery will be painless.


No chance is taken during this period. All your bodily functions are carefully and constantly monitored by your anaesthetist.

Afterwards, 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 make your anaesthetic safer.

- Get a little fitter - even a regular walk will work wonders.
- Don't smoke - ideally, give it away six weeks before surgery.
- Drink less alcohol.
- Continue to take any drugs which have been prescribed but remember to let your anaesthetist and surgeon know.
- If you are taking aspirin, consult your surgeon or anaesthetist about whether you should stop taking it two weeks prior to surgery.
- If you have any kind of health problem tell your anaesthetist and surgeon so they are fully informed.
- If you are anxious and have questions make an appointment to see your anaesthetist before admission to hospital and get the answers you need.
- For children, many hospitals can arrange a pre-operative visit.

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What should I tell the anaesthetist?

Your anaesthetist will visit you before your operation to talk with you and to examine you.

The anaesthetist will want to know:

- How healthy you are, if you have had any recent illnesses and also about any previous operations.
- Abnormal reactions to any drugs, or whether you have any allergies.
- Any history of asthma, bronchitis, heart problems or any other medical conditions.
- Whether you are taking any drugs at present including cigarettes and alcohol and, for women, whether they are on the pill. If you are taking prescribed tablets, bring them along.
- If you have any loose teeth, wear dentures, caps or plates.

The anaesthetist wants to have the best possible picture of you and your present conditions so that the most suitable anaesthetic can be planned. It is really all about minimising risk.

Is fasting really necessary?

We know the pangs of hunger can be severe but no food or drink before the operation is a must. Not even water. If you don't follow this rule, the operation may be postponed in the interests of your safety.

General, regional or local?


No, it's not a geography quiz. The question relates to the type of anaesthetic you will receive. This will depend on the nature and duration of the surgery, but there are three options:

General anaesthesia.

You are put into a state of unconsciousness for the duration of the operation. This is achieved and maintained by injecting a drug, or drugs, through a needle placed in a vein, combined with 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.

Regional anaesthesia.

A nerve block numbs the part of the body where the surgeon operates and this avoids a general anaesthetic. You will be awake but free of pain. To make things more pleasant, the anaesthetist might administer a drug to make you relaxed and drowsy. Examples of regional anaesthetics include epidurals for labour and eye blocks for cataracts.

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Local anaesthesia

A local anaesthetic is injected at the site of the surgery to cause numbness. You will be awake, but comfortable and feel no pain. An obvious example of a local anaesthetic is numbing an area of skin before having a cut stitched.

After the operation

Your anaesthetist will continue to monitor your condition carefully well after surgery is finished to ensure your recovery is as smooth and trouble-free as possible.

Once awake, you will feel drowsy. You may have a sore throat, feel sick or have a headache. These will soon pass. To help the recovery process, you will be given oxygen to breathe, 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 or to 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.

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 thus eliminated.

Blood transfusion

This is kept to a minimum but if you are likely to need blood, you may be able to donate your own blood well in advance of surgery. This can be stored and used when, and if, needed.

All blood collected today from donors is carefully screened and tested but a very small risk of cross infection still remains. Hence, unless absolutely necessary, blood transfusions are not given.


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 and, for at least 24 hours, don't drive a car, make important decisions, use any dangerous equipment or tools, sign any legal documents or drink alcohol.

Anaesthesia - the risks & complications

Firstly, let's get this into perspective.

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Nevertheless, aside from some unpleasant, temporary, side effects described above, there are risks of complications - some minor, some serious.

Some infrequent complications include:

- bruising,
- pain or some injury at the site of injections,
- temporary breathing difficulties,
- temporary nerve damage,
- muscle pains,
- asthmatic reaction,
- headaches,
- the possibility of sensation (especially with Caesarean section and some emergency procedures),
- damage to teeth and dental prostheses,
- lip and tongue injury,
- temporary difficulty speaking and
- epileptic seizure.

There can also be some very rare, serious complications including

- heart attack,
- stroke,
- 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.
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Remember, the possibility of the more serious complications 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.

What does it cost?

You should be aware that Medicare and Medical Fund rebates generally do not cover the entire cost of your anaesthesia. In other words, there will usually be a gap which you will be expected to pay. If you have any questions about costs, please talk with your anaesthetist.

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Finally, we wish you a speedy recovery and assure you of our dedication to assist your return to good health.

Anaesthetists.

Taking care of your life while you can't.




Courtesy of Datex-Ohmeda



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