

An anaesthetist is a highly trained doctor

After completing the medical course and basic hospital training, an anaesthetist undergoes special training before being appointed to practise in anaesthesia. Scientific meetings and medical journals update the anaesthetist with the latest development 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 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.

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 including:

- Your overall health, recent fitness and previous operations,
- Abnormal reactions to foods or drugs or allergies.
- 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 any loose teeth, caps, plates or dentures?

Remember - all this information will enhance your safety and wellbeing.

Why can't I eat before surgery? 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 pre-operatively and this can be taken with a sip of water. If you do not fast, your operation may have to be postponed for your own safety. To reduce the likelihood of post-operative 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.

Can I acquire an infection?

Needles, spines and intravenous lines are purchased in individual sterile packages and are used only for you. Intravenous drugs are prepared from single ampoules

before each case. This minimizes the chance of transferring infection from one patient to another.

What anaesthetic will I have?

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 theatre various monitoring devices such as a cardiograph, blood pressure cuff and oximeter will be attached to you to monitor the way your body will react to the anaesthetic and the 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 quickly to sleep. In some cases a face mask will be used to allow the breathing of oxygen. 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 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 should 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 pain relief in labour and for Caesarian Section, **Spinals** which are used for prostrate surgery and some lower body operations, **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.

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. 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 pain or nausea you will receive medication to control it. When you are fully awake and comfortable you will be transferred to your room or back to same day surgery prior to discharge. You may experience some temporary effects such as nausea, sore throat, dizziness, blurred vision or short-term memory loss.

How do I go home?

The introduction of short acting anaesthetic drugs has enabled many more procedures to be performed on a same 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.**

How much do I have to pay?

If you have chosen to be a private patient, your anaesthetist will send you a separate account for his services. The fee will be based on the Medicare Schedule.

The Medicare rebate you receive, as well as those from your health insurance fund will cover your anaesthetist's account. This means that there will be no gap that you will be required to pay.

In conclusion

Your anaesthetist is concerned for your welfare and for your speedy recovery to good health – please do not hesitate to discuss any queries you may have.



ANAESTHESIA & YOU

Information for Patients

This pamphlet 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