



AUSTRALIAN SOCIETY OF ANAESTHETISTS LTD



This information sheet has been prepared by [the Australian Society of Anaesthetists](#) 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. Your anaesthetist is a highly trained medical practitioner who will discuss the management of your case with you prior to the operation.

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 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 have preoperative tours to familiarise them with the hospital routine.
9. Maternity hospitals have videos which include 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, 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. 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.

Do you have loose teeth, caps, plates or dentures?

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.

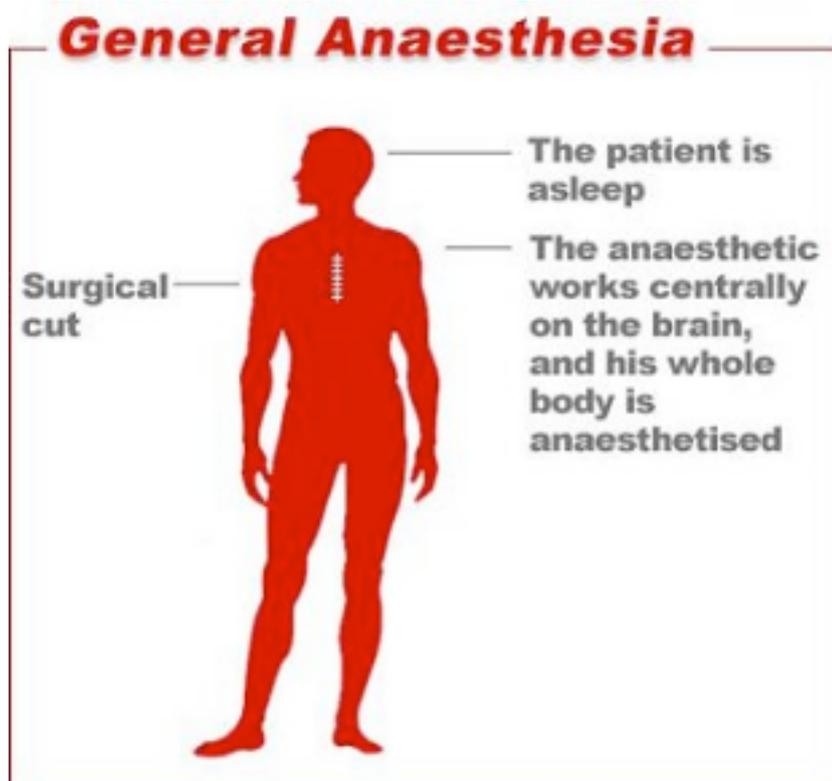
However, when you are unconscious, this protection is lost, so it is important to have an empty stomach to reduce the risk of this happening. Some patients require medication pre-operatively and this can be taken with a sip of water. Your anaesthetist will give instructions when this is necessary. If you do not fast, your operation may 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?

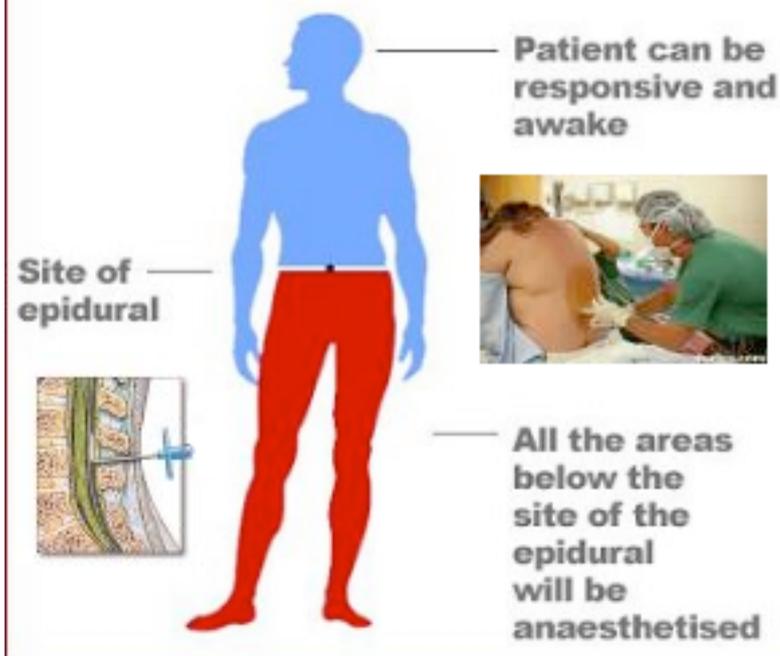
After taking a medical history and performing a physical examination, the anaesthetist will select the type of anaesthetic which is considered best for you. If you are nervous, tablets or an injection may be prescribed for you and these will make you drowsy and relaxed beforehand. This is called 'premedication'. 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

Spinal | Epidural Anaesthetic



labour and for caesarean Section, spinals which are used for prostate surgery 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.

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

functions 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 the patient's safety. Your anaesthetist will be happy to discuss any risks with you and answer any questions about your anaesthetic.

Who pays for the anaesthesia service?

If you are a private patient in a private hospital, the anaesthetist will send you a separate account for his/her services. The Australian Society of Anaesthetists recommends that anaesthetists base their fees on its Relative Value Guide which takes into account the degree of difficulty of the procedure, the general condition and age of the patient and the time taken. The Medicare Benefits Schedule, upon which Medicare and private health fund



rebates are based, rarely takes these factors into account, so that at times there may be a significant difference between the anaesthetist's fee and the Medicare rebate. Insurance for the full amount of this gap is prohibited by Federal Government legislation.

The Society encourages its members to consider their patients' ability to pay their accounts. You should discuss with your anaesthetist, preferably before your operation, the fees that will be charged for anaesthesia services.

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