

*There is no safer place in the world to have an anaesthetic than in Australia. We hope this pamphlet will ease your mind. Please read it carefully - we want you to be well informed. Your anaesthetist will be happy to answer any questions you have about the anaesthetic before your operation.*

Your anaesthetist is a member of the Southport Anaesthetic Group  
Phone (07) 5532 3667

**YOU'RE IN GOOD HANDS**

The anaesthetist that cares for you is a highly trained medical specialist, having spent at least five years undergoing specialist training in anaesthesia, pain control, resuscitation and the management of medical emergencies.

**THE ROLE OF THE ANAESTHETIST**

There are a number of different anaesthetic techniques that can be used - general, regional, local or sedation. This will depend on the nature and duration of the surgery. Regional or local anaesthesia may often be used with or without general anaesthesia.

Your anaesthetist will determine which is most suitable for you, and will discuss this with you.

**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 needle 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 during 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, some eye surgery and some plastic surgery.

Most patients prefer to have little or no recall of events.

After your operation, we want you to experience as little pain and discomfort as possible and here again, the anaesthetist will help.

**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. Sometimes this avoids the need for transfusion with cross matched blood.

**YOUR ROLE**

There are some things you can do which will make your anaesthetic safer.

- Get a little fitter - regular walks will work wonders.
- Don't smoke - ideally, stop six weeks before surgery.
- Minimise alcohol consumption.
- Continue to take any drugs which have been prescribed but remember to let your anaesthetist and surgeon know what they are.
- 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.
- If you have any kind of health problem tell your anaesthetist and surgeon so they are fully informed.
- If you are concerned about your anaesthetic, make an appointment to see your anaesthetist before admission to hospital and get the answers you need.
- Stop taking herbal products at least two to three weeks prior to surgery.
- Inform your anaesthetist if you use recreational drugs as these may interact with the anaesthetic.
- 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:**

- 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.
- What previous operations you have had and whether there were any problems with anaesthesia.
- If you have had any abnormal reactions to any drugs or whether you have any allergies.
- If you have a history of reflux or heartburn, asthma, bronchitis, heart problems, diabetes or any other medical conditions.
- 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.
- 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 all questions honestly - it is really all about minimising risk to you.

**'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.

Although you may only see your anaesthetist just before your anaesthetic your anaesthetist will spend time with you discussing your concerns. You can also telephone our rooms on 5532 3667 before your admission day to ask questions and discuss your concerns with the anaesthetist who will be doing your anaesthetic.

**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. Not even water. 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. Your surgeon, anaesthetist or the hospital will advise you how long to fast.



## 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.

## 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.

Until the next day 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, diabetes 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 very low, but the possibility 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?

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 fee from your anaesthetist for the anaesthesia services provided to you. It is separate from the fees from the surgeon and hospital. 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, of greater complexity, is an emergency or occurs after hours.

Wherever possible your anaesthetist will provide you with an estimate of your anaesthesia fees prior to your procedure, in particular the 'gap'. You may be required to pay the 'gap' prior to the procedure. 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.

**Phone 5532 3667 for a fee estimation or log onto our website at [www.sasgc.com.au](http://www.sasgc.com.au) to send an email enquiry**

## METHODS OF PAYMENT

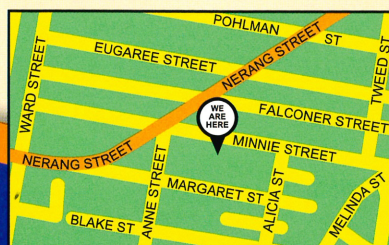
**By telephone** - you can pay by credit card by calling 5532 3667. Mastercard and Visa are accepted.

**By direct deposit into a bank account**  
Please phone 5532 3667 to obtain the account details.

**In person at:** Suite 12, Minnie Central, 82 - 86 Minnie Street, Southport  
Credit card and EFTPOS facilities are available.

**By mail** - cheque, money order or credit card details can be sent to:  
PO Box 414, SOUTHPORT 4215  
Please make the cheque payable to the doctor whose name appears on your account.

Payment by credit card is available by completing details on the bottom of the account.



*We wish you a speedy recovery  
& assure you of our commitment  
to your early return to good  
health. Anaesthetists. 'Caring  
for your life while you can't.'*

← WE ARE HERE:

**Suite 12, Minnie Central, 82 -  
86 Minnie Street, Southport**

Information  
for  
Patients

ANAESTHESIA & YOU