

# *Your Anesthetic*

*The staff of Associated Anesthesiologist, Inc. welcomes you. We are a group of physicians, certified registered nurse anesthetists, registered nurses, physicians assistants and other personnel who specialize in anesthesia and pain therapy services. This pamphlet has been prepared to help you understand your anesthetic experience.*

## **Answers to your questions**

### **What is anesthesia?**

Anesthesia is a means of blocking pain. Your anesthesiologist can give anesthesia in one of two ways: general (you will “go to sleep”) or regional (your pain is blocked in a certain way).

Unconsciousness is produced under general anesthesia by injected drugs and inhaled gases. Regional anesthesia blocks nerves in the area of your surgery and is given with a needle and/or a catheter (small tube). Some types of regional anesthesia include caudal, spinal, epidural, intravenous (IV), and blocks. You may request medicines to relax you during your regional anesthetic.

Usually an anesthesiologist or physician assistant will meet with you before your surgery to discuss your physical condition and your specific anesthesia. If you have any special problems or questions, you should discuss them with the anesthesiologist or PA at that time.

### **Who will give me the anesthesia?**

The anesthesiologist chooses your anesthesia according to your physical condition, age, current medications, and type of surgery. An anesthesiologist or certified registered nurse anesthetist (CRNA) will give your anesthesia. An anesthesiologist is a doctor (MD) with specialty training in anesthesia. A CRNA is a registered nurse (RN) who is formally trained to give anesthetics under a doctor’s supervision. A physician assistant (PA) will help with preoperative and postoperative evaluations. When you arrive in the pre-op area, an intravenous infusion (IV) will be started. After you are moved to the operating room several monitoring devices will be applied to observe heart rate, blood pressure, and other vital signs.

### **What are the types of anesthesia? How are they given?**

#### **General Anesthesia**

General anesthesia for adults is usually given with drugs through an IV followed by further IV medicines and anesthetic gases given through a mask or breathing tube. This breathing tube may be inserted into your windpipe, or other devices may be placed in your nose or mouth to help your breathing during surgery. Be assured that your anesthetist is in constant attendance with you throughout the operation. Your anesthetist will maintain the anesthesia and watch your vital signs. Your breathing tube will not be removed until you can satisfactorily breathe unassisted, so you may wake up in recovery to find it still in place. Don’t be alarmed if that happens; you will be closely monitored, and the tube will be removed when you can breathe normally without help.

Following surgery, you will be taken to the recovery room where specialized nurses provide care. An anesthesiologist is immediately available for you in recovery until you are stable.

Most small children are given general anesthesia with gases through a mask. An IV is started after the child is asleep if needed.



## **Regional Anesthesia**

Regional anesthesia is quite different from general anesthesia. You are not asleep as with general anesthesia, but you may be sedated to a “twilight” sleep (semi-consciousness).

For some surgical procedures, a small catheter is placed between the vertebrae (bones of the spine) and the sack containing the spinal cord. Anesthetic drugs and narcotics are given through this epidural catheter during the surgery. Frequently, this epidural catheter is left in place after the operation so that narcotics and weak anesthetic drugs can be given to control pain. A patient controlled pump connected to the catheter allows you to give yourself extra pain medicine if you need it by simply pressing a button.

## **Will my memory be affected by anesthesia?**

Sometimes after surgery, you may experience some loss of memory. This can be produced by the anesthetic drugs or the medication used to relax you and relieve discomfort following surgery. Your memory may return as early as leaving the operating room or several hours later.

Once in a while, a patient remembers events that occur during surgery. This “recall” usually involves only hearing. It does not mean that the patient was incompletely anesthetized or felt pain during the operation. If you have any questions concerning memory after your operation, you should contact Associated Anesthesiologist, Inc. and talk to an anesthesiologist.

## **How do I prepare for anesthesia?**

### **Important Don'ts Before Anesthesia**

Prior to your arrival for surgery, please remove purple, dark blue or black nail polish as this can interfere with your monitoring. Do not wear mascara or eye shadow as these can damage your eye during your anesthetic. Also, please remove all jewelry and body piercings including tongue and lip jewelry as they can damage your airway get in the way of devices used in anesthesia.

It is better not to use smokeless tobacco products, but if you must, stop using them at least 4 hours before surgery. You should not put solid food in your mouth after midnight prior to your surgery. You may drink clear liquids 4 hours or more prior to your arrival at the hospital. Clear liquids constitute those liquids that you can see through. Do not chew gum 4 or more hours prior to surgery. Avoiding these things may help prevent nausea and may reduce vomiting. Vomiting can result in your stomach contents getting into your lungs during and after your anesthetic.

You should not drink alcohol for at least 24 hours before surgery. You should stop all using of illegal drugs as soon as your surgery is scheduled. Undergoing an anesthetic with alcohol or illegal drugs in your system will place you at increased risk for serious complications. Please discuss this with your anesthesiologist. Stop all **non**-prescription medicines 4 days prior to surgery and be sure to list them during your pre-operative evaluation.

You may, however, be instructed to take certain medications with a tablespoon or two of water. When you arrive for surgery, the nurse may give you a pill or a shot to relax you and/or lessen the chance of nausea and vomiting. Children may be given an oral syrup to lessen their anxiety.

## **What is invasive monitoring?**

Invasive monitoring is the use of special methods to manage your particular form of anesthesia. Depending upon you health and the nature of your surgery, you anesthesiologist may continuously monitor your blood pressure, heart performance, fluids, or blood gases. This is

done by placing catheters in your arms, wrists, and neck or sometimes even through a vein leading into the heart itself. During some surgeries, a probe may be placed in your esophagus to allow anesthesiologist and other physicians to view your heart function.

The anesthesiologist gains critical information about your condition from these techniques, but the risks are weighed against the benefits when these monitors are placed. Although it is rare, you should know that invasive monitoring could cause complications. Complications may include loss of limb, rupture of blood vessels, collapsed lungs, perforated esophagus and a loss of life.

## **What are the risks of anesthesia?**

The risks of anesthesia are much less today than in years past because of improved anesthetics, better monitoring and better training. However, there are still serious possible risks that you should be aware of, even for minor operations. Complications may include slight bruising where the needle is inserted, sore throat, headache, damage to teeth, paralysis, loss of limb, and loss of life.

Damage to teeth may occur when patients bite hard on the breathing tube during various levels of anesthesia. This may happen even though the greatest caution is used to protect teeth. You should be aware that artificial, diseased, or previously damaged teeth are especially vulnerable. During your preoperative visit, make sure to identify caps and poor or damaged teeth. This may help prevent tooth loss.

People with untreated sleep apnea may be at increased risk postoperatively. If you have been diagnosed with sleep apnea and/or find yourself very sleepy throughout the day, snore loudly at night, had a spouse see you stop breathing or experience frequent early morning headaches, be sure to make this known during your preoperative visit.

Rarely, when regional anesthesia is used, nerve function may not return to normal for an extended period of time, sometimes even months. Nerve damage can also occur from events unrelated to anesthesia. Pressure or stretch to nerves sometimes happens due to the position of a limb during or after surgery.

## **How much does anesthesia cost?**

The charge is based on the type of surgical procedure performed, the general health of the patient, and the length of the procedure. A charge will also be added if special monitoring techniques are required. You will receive a separate bill from Associated Anesthesiologists, Inc. for these services. The amount covered by health policies varies.



### **Attention Medicare Patients**

Your Medicare charges represent deeply discounted fees, which are set by the federal government. We accept Medicare assignment. If you have special needs, please contact our office.

This information does not cover all precautions or side effects or anesthesia.

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