



Your anaesthetist will see you on the day of your operation to assess you and discuss the particulars of your anaesthetic. Should you have any particular worries or issues you wish to discuss before then, this can usually be arranged by contacting the Gosford Anaesthetic Clinic.

You may also be seen or telephoned by a nurse in a pre assessment clinic before the day of your operation. This will help us to identify any potential anaesthetic problems and is also an opportunity for you to discuss any concerns you may have.

FEES FOR ANAESTHESIA

A fee will be charged for your anaesthetic which will be separate to that charged by the hospital and the surgeon. This fee will not be covered entirely by Medicare and even if you are in a private health fund there is still likely to be a "gap" which you will have to pay yourself. The reason for this is that private health insurers and Medicare rebates have not kept up with inflation and the rising costs of practise, particularly medico-legal insurance.

The anaesthetic fee will be based on a number of factors including the length and complexity of your operation. The size of your "gap" payment will also vary depending on which health fund you are in. However in most instances **the "gap" payment over and above your Medicare and health fund rebate is likely to range from around \$200 for smaller operations to \$1500 or more for large operations.** If you have no health insurance these amounts will be larger.

Please contact the Gosford Anaesthetic Clinic before your operation so that you can be given a more accurate estimate of your anaesthetic fee and "gap".

YOUR ANAESTHETIC

Anaesthesia stops you feeling pain during your operation. It can be given in different ways which do not necessarily include being unconscious.

General Anaesthesia is a controlled state of deep unconsciousness where you are asleep and therefore feel nothing.

Local Anaesthesia is where injections are used to numb a small, usually superficial part of the body so that this can be operated on painlessly.

Regional Anaesthesia also uses injections to numb a larger and deeper part of the body.

Both local and regional anaesthesia may allow you to be operated on awake but are often supplemented by sedation to keep you in a drowsy, anxiety-free state. They may also be used in addition to general anaesthesia as a means of keeping you pain free after the operation.

Your Anaesthetist is a specialist like your surgeon who, after first qualifying as a doctor, has spent several years more training and studying to qualify as an anaesthetist. The high level of this training and subsequent high standard of care means that Australia is one of the safest places in the world to have an anaesthetic. Your anaesthetist will decide after discussion with you the best type of anaesthetic to keep you safe, allow the surgeon to operate easily and have you comfortable at the end of the operation. Although he or she may make strong recommendations, you will not be made to have a type of anaesthetic you don't want. The anaesthetist will be present throughout your operation to monitor you and ensure your safety and will advise on your initial post operative care, including pain relief and the prevention or treatment of nausea.

Before you come to the hospital there are some things you can do to reduce the already small risk of complications from the surgery or anaesthetic:

- Stop smoking. Ideally, you should stop 6 weeks before your operation. This has several benefits including less likelihood of breathing problems during or after the anaesthetic and improved wound healing. Even cutting back will help.
- For the overweight, losing weight and getting fitter e.g. a daily walk will reduce your risks.
- If you have loose teeth or crowns, a visit to the dentist may reduce the risk of any damage if your anaesthetist needs to put a breathing tube into your lungs when you are asleep.
- If you have long-standing medical problems such as diabetes, asthma, epilepsy, high blood pressure or heart problems, you should see your G.P or specialist to ensure that this is as well controlled as possible before your operation.
- Continue to take your usual prescribed medication unless advised otherwise by your surgeon or anaesthetist. For example aspirin or other blood thinning medication may need to be stopped a week or two beforehand and diabetes drugs may need to be omitted or the dose modified on the day of surgery. The hospital will advise you of this when you are given your admission and fasting times, if you have not been told already.

Before your anaesthetic you will be asked some questions about your health. This may be by questionnaire or by a nurse or doctor in a pre assessment clinic, or by your anaesthetist on the day of your surgery. Please bring a list of your medications, prescribed or otherwise, and of any allergies you may have.

On the day of your operation the hospital will have given you clear instructions when to stop eating and drinking beforehand. It is important that you stick to these as otherwise there is a risk of food or fluid from your stomach entering your lungs during anaesthesia which can be a serious problem. Take your usual medicines unless advised otherwise.

After your anaesthetist has seen and assessed you and discussed your anaesthetic, you will be taken on a trolley or bed to the anaesthetic room. We try to minimize the amount of waiting around before this happens but it is not always possible to accurately predict the length of any operations before yours so our apologies if you are kept waiting. Hearing aids, dentures and glasses if you wish, should be worn whilst you are brought to the anaesthetic room.

You may sometimes be given a “pre-med”, a tablet to make you drowsy, before coming to the anaesthetic room but more commonly this may be given by injection after the needle is placed in your hand or arm in the anaesthetic room. If you are having a local or regional anaesthetic this may be done now before going into the operating theatre.

When everything is ready for you in the operating theatre itself you will be taken inside and connected to the machines that monitor your heart, blood pressure and lung function during the operation. If having a general anaesthetic you will now be sent to sleep, usually by an injection into the needle or “drip” that was placed in your arm in the anaesthetic room, but sometimes by breathing anaesthetic gases through a face mask. One effect of the anaesthetic is that you may not remember much of this.

Children usually come to the operating theatre accompanied by one parent and are often sent to sleep by breathing anaesthetic through the mask. If they are to be sent to sleep with an injection, they usually have a numbing cream put on the hand or arm beforehand so the needle can be inserted painlessly.

At the end of the operation the anaesthetic drugs are stopped or reversed so that you wake up. Initially you will be taken to the recovery room where a nurse will remain with you until you are awake and comfortable enough to be sent to the ward.

Pain relief is something we consider very important. Some operations and some patients need more than others and it may be provided in different forms. You may be given tablets or a combination of tablets if you are allowed to eat afterwards and do not feel sick. If going home the same day you may be advised what “over the counter” pain killers you should take, or given a prescription for something stronger if necessary. If you are unclear or unhappy about this, please tell the nursing staff before you leave and they will clarify things with the anaesthetist. Pain killing suppositories which are waxy tablets placed in the rectum (back passage) are sometimes used and have some advantages over tablets.

Injections may be given into a vein or into your arm, leg or buttock muscle. However if this is thought likely to be necessary more than once or twice you will be provided with a PCA. This is a device connected to your drip that allows you to control your own pain by pressing a button that gives a shot of pain killer into the drip. Local anaesthetic infusions via an epidural or peripheral nerve catheter (a small “fishing line” sized tube) can be very effective at numbing the nerves to some parts of the body.

SIDE EFFECTS, RISKS AND COMPLICATIONS

Modern anaesthetic drugs and techniques make anaesthesia much safer than in years past and major complications are rare. However, some less serious side effects are more common and include sore throat, feeling sick, headache, blurred vision, dizziness, confusion or memory loss, itching, backache or other aches and pains, and pain or bruising at injection sites. All these things usually go quite quickly.

Less common side effects or complications include chest infection, slow breathing, bladder problems, muscle pains, damage to teeth, lips or tongue, worsening of an existing medical condition, being aware or awake during some part of your anaesthetic. This last risk is one that some people are understandably worried about. It is more likely in certain circumstances such as emergency surgery. If you are in a high risk category we now have new monitors that will tell us if you are asleep even if you have been given drugs to stop you moving. Do not hesitate to discuss this with your anaesthetist if it is something that concerns you.

Serious complications, even death can occur under anaesthesia. To put this in perspective there is about one death for every 200,000 anaesthetics. This includes very sick patients having major surgery. So for the average person having routine surgery it is often said that the drive to the hospital is more dangerous than the anaesthetic. Other rare but serious complications include nerve or spinal cord injury, eye injury, heart attack or stroke, and severe allergic drug reaction.

FURTHER INFORMATION

The web site www.asa.org.au provides more detailed information, in particular regarding anaesthesia for children, spinal and epidural anaesthesia and anaesthesia for certain operations e.g. hip and knee replacement.