



***ANESTHESIA  
PATIENT  
INFORMATION***

This information is presented exclusively for those who are to receive an anesthetic administered by Westport Anesthesia Services, P.C.

### **WHO WILL SELECT YOUR ANESTHETIC?**

Your anesthesiologist will recommend the anesthetic most appropriate for you based on your procedure and your health status. You may be given a choice between various types of anesthesia. Your anesthesiologist will help you to decide based upon advantages/disadvantages of one type over another.

### **WHAT WILL HAPPEN BEFORE THE OPERATION?**

You will meet with your anesthesiologist at some point prior to your surgery. This may be on a different day or it may be just prior to your scheduled surgery.

### **HOW CAN YOU HELP?**

1. Bring all medications that you are currently taking.
2. Consult your physician for special instructions if you are taking routine medications, insulin, or blood thinners.
3. Do not eat or drink anything for at least 8 hours before your scheduled surgery. Do not chew gum or use any tobacco products.
4. You should take out any removable teeth prior to transfer to the operating room unless instructed otherwise.
5. Do not wear glasses or contact lenses to the operating room.
6. If you are a Same Day Surgery patient, you must have made an arrangement for a responsible adult to drive you home and to provide care for at least 24 hours.

### **THE SURGERY AREA**

In the Operating Room, you will be transferred to the operating table. All monitors will be in place prior to the initiation of your anesthetic. If you are to receive a general anesthetic, you will not be rendered unconscious until you are in the operating room.

### **DURING SURGERY**

Anesthesia personnel remain with the patient to carefully monitor body functions during surgery, to control the level of the anesthetic, to attend the equipment which maintains the anesthesia, and to maintain balance in body functions while keeping records throughout the operation.

### **RECOVERY**

At the end of surgery the patient will be taken to the Post-Anesthesia Care Unit (PACU) where they are observed until they no longer require intensive monitoring. This unit is actually a special type of intensive care. The anesthesiologist or anesthesiologist reports the details of the patient's medical condition, surgery, and anesthesia to a Recovery Nurse, who is specially trained to work in this area. An anesthesiologist is available to diagnose problems and direct therapy during the patient's stay in this unit, and will evaluate the patient prior to release from recovery.

### **ANESTHESIA DURING PREGNANCY**

It is essential that the anesthesiologist be advised if there is a possibility that a female patient is pregnant. Among the large variety of drugs used in anesthesia, there are some which may be unsafe during pregnancy.

## **SIDE EFFECTS OF ANESTHESIA**

### **NAUSEA AND VOMITING:**

Nausea and vomiting are common after any type of anesthesia. Nausea and vomiting are more likely with general anesthesia and lengthy procedures. In most cases, nausea after anesthesia does not last long and can be treated with medicines called anti-emetics.

### **LOW BODY TEMPERATURE (Hypothermia):**

You may feel cold and shiver when you are waking up. A mild drop in body temperature is common during general anesthesia because the anesthetic reduces your body's heat production and affects the way your body regulates its temperature. Special measures are often taken during surgery to keep a person's body temperature from dropping too much (hypothermia).

### **IMPAIRED COORDINATION OR JUDGMENT:**

Because general anesthetics affect the central nervous system, patients may feel drowsy, weak, or tired for as long as a few days after having general anesthesia. Fuzzy thinking, blurred vision, and coordination problems are also possible. For these reasons, anyone who has had general anesthesia should not drive, operate machinery, or perform other activities that could endanger themselves or others for at least 24 hours, or longer if necessary.

## **WHAT ARE THE RISKS?**

Although anesthesia is considered very safe, it is not risk free. It is important for you to have an opportunity to discuss risks with your anesthesia professional. Your anesthesia professional is the best person to know how your individual situation may affect any risk. For example your previous medical conditions, your body size, your surgical procedure, and your habits like smoking will influence the risks of certain complications.

Some risks include mouth or throat pain, difficulty breathing, damage to teeth, lips or tongue, and awareness under anesthesia. The rare complications of anesthesia include injury to the eyes, serious allergic reactions to medications, blood vessels and nerve damage and death.

Deaths caused solely by anesthesia are very rare, and are usually the result of several serious complications together.

## What is Anesthesia?

The word ‘anesthesia’ means ‘loss of sensation’ with or without loss of consciousness.

**Types of Anesthesia:** There are many types of anesthesia in use today: general anesthesia, regional anesthesia, monitored anesthesia care, local anesthesia and major nerve blocks. In addition, sedation medication may be used before and/or during various forms of anesthesia for the patient’s comfort.

**GENERAL ANESTHESIA** causes loss of consciousness prior to and during the operation. During general anesthesia anesthetic medications are injected into the bloodstream after placement of an intravenous line, and/or anesthetic gases may be breathed into the lungs. When these medications are carried to the brain by the blood, they produce unconsciousness. Other medications are given to prevent pain and there may be medications given to relax the muscles of the body. During general anesthesia, it is always necessary to support patient breathing because of the depression of breathing activity from unconsciousness. In this case there will be a breathing tube or other artificial airway device placed in the patient’s mouth or throat after the loss of consciousness. At the end of surgery, as the anesthetic drugs are stopped and begin to wear off, the patient regains consciousness and normal muscle strength.

**REGIONAL ANESTHESIA** is the injection of local anesthetic to numb the lower part of the body. Local anesthetic drugs are injected near to the bundles of nerves which carry signals from that area of the body to the brain. The most common regional anesthetic techniques are spinal and epidural anesthesia. This type of anesthesia may be indicated for any surgical procedure done below the level of the chest, such as Caesarean section or surgery on the lower extremities. Other types of regional anesthesia may be used for shoulder, arm and hand procedures. During a regional anesthetic, the patient remains conscious, and cannot feel or move the lower portion of the body. Additional sedation may be given if needed to relax or make the patient sleep comfortably, but no airway device is usually necessary.

**MAC (Monitored Anesthesia Care)** is a term referring to the use of intravenous administration of sedative drugs. This technique is most appropriate for procedures requiring sedation but not unconsciousness. During the procedure, the anesthesiologist/anesthetist will deliver varying amounts of sedative medication through an intravenous (IV) line, monitoring the patient’s comfort level and increasing or decreasing medication as needed. This type of anesthesia is commonly referred to as “twilight sleep”, and does not provide the same deep unconsciousness as general anesthesia. No airway device is usually needed, but the patient may dream, or have some recollection of conversation, movement, or music.

**LOCAL ANESTHESIA** is a technique where local anesthetic medication is injected before a procedure to dull the pain. It is given as a shot in several places in and around the surgery area. The shot helps to numb the small nerves in that area. Under local anesthesia, the surgeon injects the area just before the start of the operation. The patient may remain awake or be sedated, depending on what is needed. Any sedation is provided intravenously by an attendant anesthesiologist or anesthetist. Local anesthesia lasts for a short period of time and is often used for minor outpatient procedures.

**PERIPHERAL NERVE BLOCKS and PLEXUS BLOCKS** are an injection of local anesthetic given around the nerve or nerves supplying the feeling to the area being operated on. It is usually administered as a single injection. The duration of the numbness in the area depends on the local anesthetic chosen, but can be from two to eighteen hours. These nerve blocks are usually used to decrease

pain after surgery. The nerve that is blocked depends on the location of surgery you are having. Usually additional sedation or a general anesthetic will be used as well to allow the patient to be asleep or relaxed.

**INTRAVENOUS REGIONAL ANESTHESIA** is an injection of local anesthetic given into the veins of an extremity (arm or leg) while a tourniquet is applied above the injection site to keep the anesthetic within the area below the tourniquet. When the tourniquet is released at the end of the surgical procedure, feeling and movement return to the area immediately. Additional sedation is usually required to ensure the patient is relaxed and comfortable. This technique is best used for minor superficial procedures on the hand or foot, and should not be used for procedures lasting more than an hour.