

# **YOUR ANESTHESIA CARE**

*A message from the Department of Anesthesiology*

## **ANESTHESIA IS MAJOR PART OF YOUR SURGERY.**

Before, during and immediately after your operation, you will receive comprehensive anesthetic care to assure your utmost safety and comfort throughout the surgical experience. The Department of Anesthesiology utilizes an Anesthesia Care Team approach which includes anesthesiologists (MDs) and certified registered nurse anesthetists (CRNAs) working together in a collaborative fashion under the guidance of the anesthesiologist. We consider ourselves your “guardian angels” during surgery.

Your anesthesia care is designed to minimize pain and anxiety and to maintain all your vital functions in a smooth and stable fashion. The specific anesthetic technique selected is individualized to your needs and is based upon many factors which include your medical history, your physical condition, the nature and extent of your surgery and, whenever possible, your personal preferences.

## **THE PREOPERATIVE CONSULTATION**

The preoperative consultation is a key part of the anesthetic and surgical process. Depending on your age and medical status, your preoperative consultation will either be scheduled one or more days in advance of your surgery, or it may be performed on the day of the surgery while you are in the preoperative area of our Ambulatory Surgery Unit awaiting surgery.

The anesthesia provider will review your medical and surgical history and perform any necessary diagnostic tests such as blood tests or an electrocardiogram. The type of anesthetic that is judged best for you will be discussed, including benefits, risks, and alternative techniques when appropriate.

The anesthesia provider will answer any questions you may have and is there to address any concerns you may have about undergoing anesthesia. He or she will also prescribe appropriate preoperative medication, which the nurses will administer prior to anesthesia.

**PLEASE NOTE:** You may not be scheduled for an *advance* appointment in the Anesthesiology Preoperative Consultation Clinic. However, if for any reason you wish to meet with an anesthesiologist in advance of the day of surgery, you are welcome to do so. Please let your surgeon know your desire and he or she will schedule you for an appointment with us. We are always delighted to see any patient who feels they would benefit from advance discussions and evaluation.

## **EATING OR DRINKING BEFORE SURGERY**

You will be asked not to eat or drink for a period of time before your surgery. Your care team will give you specific instructions. In most cases we ask you not to eat anything after midnight of the night before surgery. The only exception to this rule is that if you normally take medication in the morning, you may take a few sips of water with your usual morning medications.

The instructions above are designed to prevent any problem related to regurgitation or passive reflux of stomach contents during the surgical period.

NOTE: Do not take diabetes medications (including pills or insulin) on the day of surgery. Do not take non-steroidal anti-inflammatory drugs such as Motrin starting on the day before surgery. Medications with blood-thinning effects (such as aspirin or coumadin) may need to be stopped several days before surgery. Please ask your surgeon when is the best time to stop them.

## **DURING YOUR SURGERY**

The primary anesthesiologist who will be with you throughout your entire anesthetic in the operating room may be either an anesthesiologist, a nurse anesthetist, or both. During your operation, your vital functions will be closely monitored and medications and fluids will be administered as necessary. Since every individual is unique and responds differently to surgery, no two anesthetics are exactly alike.

## **DIFFERENT TYPES OF ANESTHETICS**

There are three major classes of anesthetics and each (or a combination) may be appropriate for different situations:

### **General Anesthesia:**

Drugs are administered intravenously or by inhalation to render you unconscious and cause your entire body to be insensible to pain during surgery. Common after-effects may include grogginess, nausea, and slight soreness in the throat.

### **Regional Anesthesia:**

This approach numbs a major portion of your body using local anesthetic agents. Examples include spinal anesthesia and epidural anesthesia, which cause numbness in the lower portions of the body. Other examples include axillary block or intravenous regional techniques which produce numbness of the arm and hand.

**Local Anesthesia:**

Injection of local anesthetic drugs directly into the surgical area may suffice for minor procedures. While the surgeon will usually inject the surgical area with local anesthetic, the anesthesiologist or nurse anesthetist will provide any necessary sedation or other additional medications to assure that you are comfortable and as stable as possible.

Please note that intravenous sedative drugs are commonly used in conjunction with **regional anesthesia** and **local anesthesia** in order to help you relax or promote a light sleep during surgery.

## **AFTER YOUR SURGERY**

In the post-anesthesia care unit (PACU or recovery room), an anesthesiologist will direct your medical care until you are discharged. Your recovery from anesthesia will be affected by the nature, extent, and duration of your surgery, as well as the type of anesthesia that you have had. Patients going home on the same day of surgery must meet established criteria before being discharged.

Because very small concentrations of anesthetic and sedative agents may persist in your body for up to 24 hours, it is important not to drive, operate dangerous machinery, or make major decisions for approximately 24 hours after your anesthetic.