ANESTHESIA AND YOU
This information is provided to help prepare you for your surgery.

What is Anesthesia?

- Anesthesia is the use of drugs and/or gases to numb parts of the body or create a state of deep sleep. It is meant to take you safely through your surgery and reduce or prevent pain.
- Anesthetic choices are based on your surgery, your overall health, and your personal preference.
- It can be given in different ways and does not always need to make you unconscious.

What are the different types of anesthesia?

Local anesthesia:
- Medication is used to numb or freeze a small part of the body.
- You will be awake, but should not feel any pain.
- It is common to feel pressure or tugging during the operation.

Regional anesthesia (blocks):
- Local anesthetic (freezing) is injected near large bundles of nerves so that larger parts of the body are ‘frozen’ (have no sensation).
- Examples: upper limb block (one arm frozen) and epidural, spinal (lower half of body frozen),

General anesthesia:
- A controlled state of unconsciousness
- Is started by medication given into your intravenous (IV), or by breathing anesthetic gas from a mask.
- Once you are asleep, a breathing device is often inserted into your mouth and this helps you to breathe while you are under anesthesia.

Sedation: (Neurolept)
- Drugs used will make you feel mentally and physically relaxed.
- Are usually given into your intravenous (IV).

Combining types of anesthesia
Anesthesia types are often combined. This helps to improve pain control. Sedation is often given with Regional Blocks, so you are not aware of activity in the operating room. Regional blocks may be given with General Anesthesia.
Who gives the anesthetic?

- An anesthesiologist - a medical doctor specially trained in the practice of medicine dedicated to the relief of pain and total care of surgical patients before, during and after surgery.
- Because this is a teaching hospital, resident doctors, anesthesia assistants and medical students are also involved in your anesthesia care, under supervision.

What does your Anesthesiologist do during your operation?

- Provide your anesthesia care
- Stay with you during the entire surgery
- Carefully keep an eye on your breathing, heart rate, blood pressure, temperature and fluid or blood replacement needs
- Provide medications during your operation to prevent pain and nausea after surgery
- With the recovery room nurse, supervises your recovery from anesthesia after your operation

When do I meet my Anesthesiologist?

- Most healthy patients will see their anesthesiologist the day of their surgery in the operating room.
- Patients with medical problems such as heart disease or asthma may be seen by the anesthesiologist before the day of their surgery in the Pre Admission Clinic (PAC).

What will my Anesthesiologist want to know about me?

- Your full medical history
- All prescription, non-prescription, and recreational drugs you take
- Allergies
- Smoking and/or alcohol use
- Reactions to anesthesia, in yourself, and / or a close family member
- Details of any dental work (i.e. loose teeth, false teeth, caps, or crowns)
- Any significant neck, jaw joint or back problems

How can I prepare for my operation?

- Improving your general physical condition can help you heal faster after an operation.
- Consider giving up smoking for at least 6 weeks before your operation, if not for good! This will help your blood to transport more oxygen, and help with healing after your surgery.
- Reduce alcohol consumption. No alcohol for 24 hours before or after surgery.
- Stop using recreational drugs for as long as possible.
- Reduce your weight. If you are overweight, the risk from anesthesia is much higher.
- Long-standing medical conditions should be stable (heart, breathing, diabetes).
- **Remove all jewellery.** Piercings in the mouth or nose may become dislodged, and could end up in your stomach or lungs. Rings may stop blood circulation to fingers or toes.

This is for your safety. Your surgery can be cancelled if you do not follow these instructions.
What about my medication on the day of my operation?

- Your medical condition and medications will be reviewed with you in the PAC on the day of your visit or during a telephone interview.
- Full instructions (i.e. for diabetes, blood thinners, pain and herbal medications) will either be given by your surgeon, medical internist, anesthesiologist, or the PAC nurse.

For how long am I not supposed to eat or drink prior to my surgery?

- The nurses in the PAC will give you exact instructions during your Pre Admission visit or phone interview.

**General rule:**
- No solid foods after midnight the day before your surgery. Clear liquids (water, apple juice, black tea, black coffee, Jell-O) up to 6 hours prior to your surgery time.
- These fasting guidelines are important for your safety. Under anesthesia, you may vomit. This material from your stomach could enter into your lungs and cause serious lung damage, or even death.

Your surgery will be postponed if you do not follow the instructions given to you.

Will I need a blood transfusion?

- This depends on many factors, such as the type of operation you are having and the condition of your own blood before surgery.
- This issue may be discussed with you by your surgeon or anesthesiologist.
- Blood is given only in life threatening situations.

What happens at the end of my surgery?

- If you have had a general anesthetic, the anesthesiologist will reverse the anesthetic.
- Pain medication will be given.
- You may be taken to the Post Anesthetic Care Unit (PACU) also known as the Recovery Room. Regional Block and Neurolept patients go directly to Surgical Day Care Unit (SDCU) at St. Joseph's Health Centre.
- A PACU nurse will monitor you and provide appropriate care and medications for pain, nausea.
- You may stay in PACU for 30-120 minutes.
- If you are a patient being admitted to the hospital, you will be sent to your room after PACU.
- If you are an outpatient, you will be taken to the SDCU where you will be monitored before you are discharged. Your stay in SDCU may be 30-120 minutes.
- You should not drive, operate any machinery, or make important decisions for at least 24 hours after discharge.

What is awareness?

- A situation where a patient undergoing general anesthesia becomes “aware” during some, or all, of the operation.
- The patient does not usually feel any pain, but will remember being aware/awake at some point during the surgery.
- This is very rare, as your consciousness is monitored very closely by your anesthesiologist.
What are the risks of anesthesia?

**Very common** (1 in 10 chances) to **Common** (1 in 100 chances):
- Nausea and vomiting
- Sore throat, hoarse voice
- Dizziness, blurred vision
- Headache
- Itching
- Pain during drug injection
- Temporary confusion, memory loss

**Uncommon** (1 in 1000 up to 1 in 10,000 chances):
- Chest infection
- Difficulty with bladder control
- Muscular pain
- Slow breathing
- Jaw joint pain
- Damage to teeth, lips, gums. If dental damage occurs, it will be your responsibility to pay for any dental treatment required.

**Rare** (1 in 10,000 chances) to **Very rare** (1 in 100,000 chances):
- Awareness (becoming conscious during anesthesia)
- Damage to eyes
- Serious allergy to drugs
- Nerve damage
- Stroke/heart attack/death

Where can I get more information?

- From your surgeon
- From your anesthesiologist at your Pre Admission Clinic visit prior to your surgery
- From the Pre Admission or Surgical Day Care nurses
- From the following websites:
  - The Royal College of Anesthetists
    http://www.rcoa.ac.uk/index.asp?PageID=69
  - You and Your Anesthetic: Information to help patients prepare for an anesthetic
    http://www.nuigalway.ie/anaesthesia/documents/you_and_your_anaesthetic.pdf
  - The Canadian Anesthesiologists’ Society
    http://cas.ca/
  - American Society of Anesthesiologists
    http://www.asahq.org/
  - Ontario’s Anesthesiologists
    http://ontarioanesthesiologists.ca/stopsmoking/