

- Leave your hairpins, combs, contact lenses, jewelry and body piercings at home when you are having a procedure.
- Take off all cosmetics, including false eyelashes, mascara, eye makeup and dark nail polish, before going to the operating room.
- **We ask that you start pre-admission with One Medical Passport.** The website guides you to enter your medical history online to help us to provide you with the best possible care and minimize long interviews and paperwork. Begin at our facility website: <http://www.southwesternasc.com> and click **Online Clinical History**, which will take you to the One Medical Passport home. First time users of onemedicalpassport.com should click the green **Register** button and create an account. Answer the questions on each page and click save and continue. Once complete, you will be prompted to click **Finish** to securely submit your information.

How are your teeth?

If your teeth are weak or diseased, you should see your dentist before coming to the surgery center. Why? A plastic, metal or rubber device called an airway is often placed inside the patient's mouth while he is anesthetized to make breathing easier. Sometimes when a patient is being anesthetized, or while he is awakening after anesthesia, he may bite hard on the airway and may damage his teeth, particularly if there are caps or fixed bridges. Make sure your anesthesia provider is aware of any permanent or temporary crowns, caps, bridges or loose teeth.

How are you charged for anesthesia?

The anesthesia providers are private practitioners, just as your surgeon, and will usually bill you separately from the surgery center. The fee for the anesthesia services will be sent to you or your insurance after your operation by the anesthesia group. Most patients prefer to receive their bills soon after the operation so they know what their total expense will be. Your anesthesia professional's fee is based on many considerations including the duration and complexity of your operation and the type of anesthesia used.

Does insurance take care of the anesthesia bill?

Many patients have hospital and/or medical insurance. Insurance policies vary a great deal. Some pay only the facility, some pay only the doctors, others pay both. Few policies pay the entire amount but the anesthesia group is a participating provider of most major insurance carriers. If you need additional information regarding fees for anesthesia, or to make arrangements to pay out of pocket expenses, please call (412) 469-6964.

If after reading this booklet, you want additional information about your anesthetic or procedure, please call the Department of Anesthesiology at (412) 469-6964.



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Anesthesia and You

Department of Anesthesiology

This booklet will help answer some of the questions that are frequently asked about anesthesia. Hopefully it will alleviate some of the tensions and anxieties you may be feeling as you get ready to undergo surgery.

What is anesthesia and what types are there?

Anesthesia is an important part of your operation; it eliminates pain and makes your operation safer. It may involve the whole body or only a portion of it. An arm, an area of the head, or abdomen, for example, may be made "numb" while the rest of your body has normal sensations.

In general anesthesia, you are unconscious and feel no pain. You are asleep, but this sleep is not normal sleep. Many of your bodily functions are constantly altered by surgery and anesthesia drugs. You are kept asleep and pain-free by intravenous medications, inhaling a gas, or a combination of both.

When a portion of your body is made numb, it is called **regional anesthesia**. There are many varieties: local, caudal, spinal, epidural, and nerve blocks. Frequently, a combination of regional and general anesthesia is used.

Monitored Anesthesia Care (MAC), commonly called sedation or "twilight", involves monitoring your vital signs and may include intravenous sedation and local anesthesia by your surgeon.

What anesthetics are used?

Many anesthesia drugs are now available. None is safer than another, but each has special properties that make it more desirable for particular operations for certain patients. The anesthetic or combination of drugs to be used in your operation is selected after careful study of your medical history, your physical condition and the requirements for your kind of surgery.

Ether, one of the older anesthetics, is no longer used. It has been replaced by newer intravenous anesthetics and muscle relaxants, which may be injected into a vein, and by modern anesthetic gases which are inhaled.

Who gives you the anesthesia?

If you are having minor surgery and require only local anesthesia, your surgeon may administer these drugs himself. If the anesthesia is more complicated, it is administered by an anesthesiologist and/or a certified registered nurse anesthetist (CRNA) whose responsibility it is to tailor the anesthetic to your needs.

At the time your surgeon schedules your operation, he makes arrangements for an anesthesia provider on the S.W.A.S.C. staff to work with him in the operating room. The anesthesiologist is a physician whose specialty is anesthesia; he has undergone special training in this field after graduating from medical school.

A Certified Registered Nurse Anesthetist, or a CRNA, is an advanced practice nurse whose specialty is anesthesia. CRNAs have similar specialized training and graduate level education in anesthesia after nursing school and have extensive critical care experience. CRNAs may work either with an anesthesiologist or independently in collaboration with your surgeon to safely provide your anesthesia care.

The anesthesia providers will perform many functions during your operation. They may control your breathing artificially, administer medicines and keep check on your pulse, blood pressure, heart action and temperature. They keep your surgeon informed of your condition and the steps taken to maintain your safety and comfort during surgery and through your recovery room stay.

Who selects your anesthesia?

Ordinarily, your anesthesia provider decides the most appropriate anesthesia for you. They will study your chart and may consult with your surgeon or personal physician about your health and the proposed operation. They will interview you before surgery, including questions about any previous experience you have had with anesthesia, what medications you may be taking, and any drug allergies you may have. If you have any special problems or fears, they will want to know about them. All these factors will help decide the best type of anesthesia for you. Whenever possible, the anesthesia techniques employed will be explained to you.

What happens before the operation?

A number of procedures will be performed before your operation. There may be laboratory tests, x-rays, medicines, enemas, blood tests, shaving, and special washing of the operative area. Before going to the operating room, you may receive an IV with medication prescribed by your anesthesia provider to help alleviate your fears and help you to forget the events of the next few hours.

When you are wheeled into the operating room, you will be met by your registered nurse and your anesthetist who will help you move to the operating table. They will apply monitors to take your blood pressure and other vital signs. They will record your electrocardiogram and monitor you throughout the operation.

When everything is ready, the anesthesia will be started. With general anesthesia, this is the last you will remember until you wake up after your operation.

What happens after the operation?

After your surgery, the anesthetist will take you to the Post Anesthesia Care Unit (Recovery Room) where during the first hour or two you will receive special care. This area is staffed by nurses and other personnel who are specially trained in the care of anesthetized patients. At S.W.A.S.C., the Recovery Room is under the medical supervision of the Anesthesia Department and your surgeon.

The unconsciousness produced by anesthesia is usually over shortly after the operation has ended. Unless you have had a spinal anesthetic, you will begin to move about in your bed soon after you are brought into the Recovery Room. However, you may not remember any of this, and it may be several hours before you become completely aware that your operation is over. This lapse of memory is produced not only by the anesthetics but also by drugs which may be given to you before and after your operation to relieve your apprehension and discomfort. If you are worried about disclosing "family secrets" you will be relieved to know that with modern anesthesia, it is uncommon for the waking patient to speak without being aware of his remarks.

Will you be nauseated after the surgery?

With the use of new anesthetics and drugs, nausea is the exception rather than the rule. Please let us know if you are easily nauseated or have motion sickness as we have medications to prevent this.

Will you have a sore throat?

Some people develop a sore throat after surgery. This may happen because you are not allowed to drink anything before surgery and your throat becomes dry. For some operations, a tube or plastic airway may be inserted into your windpipe or mouth to assist with breathing which may cause a sore throat. This condition is easily relieved by drinking adequate amounts of fluid, gargling, or using throat lozenges after surgery.

How can you — the patient — help?

- Prepare a list of all **drugs** you have been taking including non-prescription drugs, **marijuana, cocaine, vitamins** and herbal preparations. Give this list to the anesthesia provider when he or she talks to you. **Please stop all herbal preparations and vitamins at least one week or more before surgery, if possible, to prevent bleeding or anesthesia drugs interactions.**
- If you are a smoker, **stop smoking** as soon as you are told surgery is planned. Even 48 hours of not smoking before surgery will considerably decrease the chance that you might develop post-operative breathing or healing problems.
- **Do not eat or drink anything for at least eight hours before your operation, unless told otherwise by the anesthesia department.** This also includes mints, chewing gum and tobacco. Food or liquids in the stomach while asleep may cause vomiting which can be inhaled, and severe pneumonia.
- Remove anything from your mouth such as dentures, bridges, dental appliances, tongue piercing, chewing gum, candy, etc. before you are taken to the operating room. The reason for this precaution is that anything loose within the mouth might be accidentally swallowed or inhaled during anesthesia.