

About Your Anesthesia

You are excited! You've finally scheduled that surgery you wanted. Dr. Lawton and his staff have answered all of your questions about your procedure and you're all set to show up at the surgery center.

You are also a little bit anxious and you notice that as your surgery date comes closer, your anxiety increases especially about your anesthesia. Your feelings are entirely normal and very common. To ease your anxiety, I have answered some of the most common questions concerning your anesthesia.

When will I meet my Anesthesiologist?

Unfortunately, with advent of outpatient surgery, you will probably not meet your anesthesiologist until just prior to your surgery. At that time, you will be questioned about your medical and surgical history, medication allergies, medications you are taking as well as any prior problems with anesthesia you or close blood relatives have had. All "medications" including prescription, over the counter, herbs, vitamins, weight loss pills that you take on a regular basis should be mentioned. Guidelines for basic labs have been set and additional tests including EKG, blood sugar and chest x-ray may be ordered depending on your medical history and age. Please let us know if there is any possibility of you being pregnant. Don't be offended if we run a pregnancy test because patients, who said there was "absolutely no way" have indeed been pregnant. We do this for your protection as well as ours.

What kind and how much anesthesia will I have?

Anesthesia is a dynamic process with continuous adjustment of your anesthesia level throughout your procedure. The anesthesiologist usually uses a mixture of intravenous and inhalation anesthesia for maximum advantage. The medications that initially put you to sleep would only keep you anesthetized for a few minutes without additional anesthesia.

Regardless of the type of anesthetic you receive, you will be monitored with an automatic blood pressure cuff, EKG and a device which measures your oxygen saturation in your body by shining a light through your finger (pulse oximeter). When you have general anesthetic, a special monitor to watch the gases going in and out of your lungs is used. Other special monitors maybe required from time to time depending on your procedure and medical condition. The improvement and advancements in anesthesia monitoring technology have dramatically improved anesthesia safety.

I have heard that you may have a sore throat after surgery? What causes this?

For maximum safety during a general anesthetic, most often a tube is inserted into your windpipe (trachea)- usually through your mouth—AFTER YOU ARE ASLEEP! This tube secures your “airway” and insures us of the most secure way to deliver oxygen to you. This tube is 99% of the time removed before you are truly awake and aware. If it weren’t for a sore throat, most people would never realize that anything had been there.

Not everybody gets a sore throat from these tubes and the anesthesiologist is as gentle as possible in inserting this tube. Some things are more likely to cause a sore throat, some of these are: turning you over for liposuction, surgery around the head and neck, especially when we have to turn your head back and forth like in a facelift, and in smokers who usually have a chronically inflamed throat. The sore throat may last from a few hours to a few days and is usually treated with throat lozenges.

Why can’t I eat before surgery?

You are given instructions not to eat or drink after midnight the day of your surgery. This is done to prevent you from vomiting as you go to sleep which could get into your lungs and cause a very serious, life-threatening pneumonia. Compliance with this is very important for your safety and your surgery will probably be cancelled if you do not follow this simple but important rule.

Should I take my daily medicines before surgery?

Yes, you should take your regular medications before surgery, especially blood pressure, heart, asthma and seizure medicines. Try to take them with very little water no later than three hours before surgery. If you use any inhalers for asthma or other breathing problems, bring them to the surgery center with you.

An exception concerns diabetic medicines-both oral and insulin. We usually DO NOT have you take your diabetic medicines prior to surgery since you won’t be eating. If your surgery is late in the day and you will be getting to eat some breakfast, we may have you take medicine. Please ask about this.

I don’t want to throw up after surgery-is there anything you can do about this?

We attack this problem aggressively. Unfortunately, some procedures and people have a higher incidence of associated nausea and vomiting. Multiple medications are used to prevent this as much as possible. Our rate of nausea and vomiting is low because of this aggressive treatment. Also unfortunately, the pain medications you are given both immediately post-op and for home can cause nausea/vomiting. We attempt to use other methods to treat the pain including local anesthesia (even during a general anesthetic) so we don’t have to use as many narcotics.

What are the risks from anesthesia?

Anesthesia is now the safest it has ever been thanks to advanced technology, better medications with fewer side effects, and better training of anesthesiologist. Risks include everything from heart and lung problems to damaged teeth to allergic reactions to rare diseases, which can happen during anesthesia. Of course, the more medical problems you have, the higher the risk **may** be. You will not have your elective surgery unless your pre-existing medical conditions are under good control.

A physician will administer your anesthesia. They will be in the operating room throughout the entire procedure. Safety is our number one priority. You probably take a bigger risk driving to the hospital than having your surgery.

What about these stories on Oprah about people being awake during their surgery?

It is extremely rare these days to have any recall from anesthesia. The new medications we use have excellent amnesiac qualities. We also have monitors, which tell us if we are delivering the amount of gas we turn the machine to. We usually give more medicine to keep recall from happening.

When will I get medicated for my anxiety?

Since Dr. Lawton often has to have you stand to put marks on you prior to surgery we don't usually medicate until after you are marked. We also want the nurse to check your permit before medicating you so that if a change needs to be made, you can legally sign. We then medicate you once these things have been done-prior to going into the operating room. If you are extremely nervous, we can give you a prescription for something to take the night before or the morning of surgery.

We probably have not answered every question you may have about anesthesia, but hopefully have answered the biggest ones. Feel free to ask any other questions you may have at that time.