

PATIENT INFORMATION ABOUT ANESTHESIA FOR FDS and OUT PATIENT PROCEDURES

You and your surgeon have planned a procedure or surgery for you at University Hospital. You will come into the hospital on the day of your surgery and will either go home later that same day (as an “Outpatient”) or you will stay in the hospital overnight (as “First-Day Surgery” — also known as FDS.) In order for you to be as safe and comfortable as possible during the procedure, your surgeon has requested that an anesthesiologist be involved in your care. An anesthesiologist is a doctor who has specialized training and knowledge in providing anesthesia and pain relief, as well as maintaining vital life functions including blood pressure and breathing. This anesthesia doctor often directs Certified Registered Nurse Anesthetists, Anesthesia Assistants, or physicians training in anesthesia. This “anesthesia care team” will provide you with the safest and most efficient anesthesia care possible.

What is “anesthesia?” It is a condition of little or no sensation, and the word may also refer to any of the medications or methods used to produce this condition. Also, anesthesia may be associated with “amnesia”- no memory of the events surrounding surgery, and unconsciousness.

Before Coming to the Hospital

The first step in preparing you for your visit to the hospital is to ensure that your doctors know your medical history, and that you are in the best medical condition possible for the proposed procedure. Your surgeon will record information necessary for his/her evaluation, and the anesthesiologist will need additional information to assess your medical history and current health.

In order to ensure that the anesthesia evaluation will be complete by the day of surgery, you may be asked to visit the “Preoperative Anesthesiology Assessment Clinic” (PAAC) in the Outpatient Surgery Center (F6/2) where you will talk to one of the Clinic nurses or anesthesiologists during your anesthesia evaluation. You should take this opportunity to ask questions about anesthesia. The hours are 9 a.m. to 5 p.m. Monday thru Friday, except for holidays. If you are not asked to personally visit the Preoperative Clinic, you may receive a phone call from the Clinic. You may, on your own, elect to call the Preoperative Center with questions. You should call **(608) 263-9483** or **(608) 262-0870** if you need to ask questions ahead of time or need to contact the Preoperative Center for any reason. You may also e-mail us at:
<**AnesClinic@anesthesia.wisc.edu**>

For surgeries which are not urgent, it is best that you are feeling as well as possible. If you become “sick” prior to the scheduled surgery, please call your surgeon, the PAAC (608-263-9483), or (after hours) the Hospital Paging Operator (262-2122) and ask to speak with an anesthesiologist. It will be determined whether you are healthy enough to have surgery and anesthesia. We would be concerned if you have a “cold” or “flu,” fever, cough, sore throat, earache, muscle aches, vomiting, or diarrhea. It may also be important whether you are at the beginning or at the end of an illness.

Preparation for your anesthetic continues the evening and early morning prior to your surgery. You should get your usual amount of sleep.

It is very important that you follow the directions regarding when you should stop eating solid foods and when you should stop drinking clear liquids. Clear liquids mean water, soda, coffee without creamer, tea, clear juice without pulp. Unless you have been told otherwise, DO NOT EAT on the day of surgery.

Operating room schedules commonly change and it is possible you may have the opportunity to have your procedure earlier in the day. Unless you have had nothing to eat or drink for the required time, another patient may be moved up to fill the time slot. Please realize that it is often not possible to precisely predict surgery times for many procedures.

If you do not follow the eating and drinking instructions faithfully, your stomach may not be empty. Losing respiratory protective reflexes during anesthesia could increase your risk of getting stomach contents into your lungs — a potentially dangerous situation. Also, you are more likely to be sick after surgery if you have food remaining in your stomach. **If you do not follow these eating directions faithfully, it could mean your procedure will be canceled or postponed for your own protection.**

You should take medicine that you are told to take (with a small amount of water) on the morning of surgery. These usually are medicines for any heart, blood pressure, breathing, or stomach conditions. Please be sure you ask if you have any questions about taking your medications on the morning of surgery. Please,.... bring all your medicines with you on the day of surgery so that the medication type can be confirmed. You may omit bringing your medicines if you have an accurate list of medicine names and dosages. Always bring your medications if you plan to be away from home the first postoperative night. Always bring any inhalers for lung conditions.

***Do not take *herbal or diet medications* for at least one week before surgery.**

You should also bring “CPAP” machines (if you have **sleep apnea**) or home glucose monitoring equipment (if you have **diabetes**) when you are an outpatient and will not be home the first postoperative night.

Coming to the Hospital

On the day of surgery, if you are having **Outpatient Surgery**, you should come to the Outpatient Surgery Center, located at **2F-East** — just inside the Clinics entrance. If you are staying in the hospital overnight after surgery (FDS) please report to the **3D** Unit on the 3rd floor, unless instructed otherwise (come in the Main entrance, follow grey path to the left, take elevators at “D” lobby up to 3, go around the corner to the left). Please come at the time indicated by the nurses who will call you on the work day prior to surgery. Upon admission, the nursing staff will ensure that you are ready for the procedure, and that all paperwork is complete. In the operating room preparation area you will have the opportunity to meet with the specific anesthesiologist who will take care of you. He or she

will talk about various aspects of the anesthetic management and answer your questions.

You will have an intravenous catheter (an “IV”) placed in a vein of the hand or arm after numbing the skin with local anesthetic. This IV will be used to administer various medications. You may receive a relaxation medication through the IV tubing just prior to going to the operating room. If you have strong preferences about having or not having a sedative, please let your anesthesiologist know.

In the Operating Room

When you arrive in the operating room, your anesthesia team will have you move from the rolling cart onto the operating room bed. Various monitoring devices will then be used. These monitoring devices are very important and play a crucial role in making anesthesia as safe as possible. An electrocardiograph (“ECG” or heart monitor), blood pressure cuff, stethoscope, and a plastic clip on a finger (monitoring oxygen levels in the body) are examples of standard monitors. If you have significant heart or lung problems, or are having a surgery that could be complex, other monitors may be used. These could include plastic tubes placed in an artery to monitor blood pressure continuously or to allow frequent sampling of blood for analysis. Different tubes can be placed in the veins leading into the heart so that fluids and medications can be administered in appropriate amounts.

Aside from these advances in technology, the human factor is still the most important. A member of the anesthesia team will **ALWAYS** be there in the operating room, maintaining contact with you, and attending to your needs. He or she, along with, and under the direction of the staff anesthesiologist doctor, administers the appropriate amounts or concentrations of anesthetic, and monitors your body’s important functions.

After the Operation

After the surgery is completed, you will be taken to a recovery area where most of the anesthetic effects will wear off. In the recovery area, specially trained

nurses will continue to monitor you and attend to your needs. Be assured that pain medications will be available to help ease discomfort. You should realize, however, that surgery and anesthesia will not leave you feeling normal. Depending on the surgery and its length, you may feel like just resting in bed.

If you are going home the same day (as an Outpatient), you may leave after a few hours—assuming pain, dizziness, nausea, or issues related to the surgery are controlled. Remember, you must have a mentally and physically able person (16 years or older with a valid driver’s license) to accompany you to where you will be staying overnight. This or another individual must be there to care for and watch over you the first postoperative night. Please arrange it so that transportation from the Outpatient Center is available shortly after you are officially “discharged.” It is not appropriate to wait around for many hours after discharge. You may actually feel worse riding home after laying in bed for too many hours, and the Outpatient Center is a busy place.

You may be receiving medications which can significantly affect your coordination or judgment for up to 24 hours. For this reason, again, if you are an Outpatient, we require that you be accompanied with a responsible adult who will provide transportation for you when you leave the Outpatient Surgery Center.

For outpatient surgery, if the procedure is not quick and simple, and you live more than 2 hours away, we recommend that you make arrangements to stay in the Madison area overnight. This will be much more comfortable for you than a long automobile ride. You, yourself, should not drive for about 24 hours after anesthesia (or while taking narcotic pain relief medicine) to ensure full recovery of your senses and judgment. You may call “Housing Accommodations” at (608) 263-0315 for temporary stay recommendations and special prices, or contact a local motel.

Types of Anesthesia

There are several ways in which pain and discomfort can be prevented or greatly reduced during your proposed surgery or procedure. Sometimes there are several equally good alternatives for the anesthesia care. Other times, a specific type will be strongly preferred. Which type is best for you? This

decision will be made jointly by you, your anesthesiologist, and your surgeon. You should consider the advantages and disadvantages of each type as they apply to you, as well as our recommendations, before making a choice.

Monitored Anesthesia Care (MAC)

This means that (usually) the surgeon injects local anesthetic directly into the area where the operation is to take place. This produces a very localized area of numbness. The Anesthesia team is present to provide an appropriate and safe level of sedation and supplemental pain relief with medications injected through your IV. They are also present to monitor (among other things) your breathing and blood pressure, and to treat any changes in your body's functions. They are also there to administer general anesthesia if needed.

If you want this type of anesthesia care, please be sure your surgeon is in agreement before the day of the operation!

MONITORED ANESTHESIA PROS

- Often the quickest recovery
- Often the simplest anesthetic
- May be safer than other anesthesia types for certain procedures and patients.

MONITORED ANESTHESIA CONS

- May not provide enough pain or anxiety relief for your comfort.
- May not be suitable for long procedures or some surgeries.
- Surgeon may not feel comfortable or able to do a particular surgery with this technique.

General Anesthesia

This is a process that includes administering many different types of both IV medications and inhaled gases to produce a state where the patient is: [1] unconscious; [2] remembers little, if anything; [3] lies still on the operating room bed; and [4] feels little, if any, discomfort.

GENERAL ANESTHESIA PROS

- Rarely fails to produce complete "anesthesia."
- Patients are only rarely aware of events in the operating room during the operation.
- Often the most appropriate technique for extensive, prolonged operations.

GENERAL ANESTHESIA CONS

- “Minor” problems can occur: (tooth damage, sore throat, sleepiness, dizziness, nausea, etc.).
- “Major” problems are uncommon, but severe heart and lung problems can occur (see “Risks of Anesthesia”). Your risk increases if you are very young or very old, or if you have pre-existing medical problems.

Regional Anesthesia

This type of anesthesia produces numbness and loss of movement localized to small or large portions of the arms, legs, or abdomen—depending on the type of nerve “block” performed. Pain relief is achieved by injecting local anesthetics (and sometimes certain narcotics) in veins or around nerves, or near the spinal cord in the back. Although this may sound like an intimidating process, we do these injections quite often, and it may be the preferred technique for some procedures and some patients with significant heart or lung problems. Having a regional anesthetic does not mean you must be fully awake or fully aware during the performance of the “block” or during the surgical procedure. You may be as awake or as sleepy as you wish, consistent with the purposes of the procedure. Examples of “Regional” anesthetics include “axillary,” “interscalene,” intravenous “Bier” blocks for the arms, and “spinal” or “epidural” blocks for the legs or lower body.

REGIONAL ANESTHESIA PROS

- Some minor side effects (tooth damage, sedation, dizziness, sore throat, etc.) are not as likely as with general anesthesia. Certain very serious side effects (breathing in stomach contents, wide variations in pulse rate and blood pressure, for example) may be less likely.
- Outpatient discharge may be faster than general anesthesia for some, but not all, types of regional anesthesia.

REGIONAL ANESTHESIA CONS

- A certain small percentage of blocks are not 100% effective, and supplemental IV, or general anesthesia could be required.
- Outpatient discharge may be slower than general anesthesia for some types of regional anesthesia.
- Serious side effects (infection, bleeding, and even nerve damage) are possible, although rare.

Combinations of Regional and General Anesthesia

In certain circumstances, a combination of a regional anesthetic and a general anesthetic may be appropriate. One situation would be when regional anesthesia alone would not be suitable for a particular surgery, but when combined with a low dose of general anesthetic, provides good anesthesia conditions, and also can result in faster awakening and longer pain relief postoperatively. Another indication is for providing extended pain relief after the operation, for example: when epidural regional anesthesia is used.

RISKS ASSOCIATED WITH ANESTHESIA

Patients and their families often have questions about the “safety” of anesthesia. We want you to understand that it is difficult to completely separate the risk of surgery from that of the anesthetic. There are specific risks related to the surgical procedure; these will be discussed with you by the surgical doctor. Risks related to the anesthetic, on the other hand, are more appropriately discussed by your anesthesiologist doctor. Our aim is to fully inform you, but not needlessly worry you. There are frequent “minor” anesthetic risks, such as a sore throat or brief nausea after anesthesia. There are also infrequent problems, such as loosening or damaging a tooth. In addition, there can be very serious risks associated with any anesthetic process. Fortunately, these are usually not very common. Ultimately, giving you a “statistical” risk estimate is a rough guess at best, since so many factors are involved. Most people who are healthy, aside from the reason they are having surgery, have a low risk, but since anesthetics are powerful medications, there is no such thing as “zero” risk. If you have other medical problems, it may increase the overall risk, but this varies for every patient. For instance, patients who are infants or very old may have increased risk for some problems.

We have listed some, but not all, of the possible, unpleasant things that could happen with the anesthetic process below. Remember, the vast majority of patients will not have serious problems. Talk to your anesthesiologist if you need to have “risk” explained in more detail. We want to reassure you that the anesthesia team will be with you at all times—watching, monitoring, and caring for you throughout your anesthetic.

Examples of risks of **general or regional anesthesia (nerve block)** include: Bruises and abrasions, equipment complications, infection, tooth damage, eye problems, lip cuts, sore throat, hoarseness, nausea or vomiting, cough, wheezing, dizziness, weakness, inhaling stomach contents, headache, backache, inability to urinate, reactions to local anesthetics, problems with blood supply, experiencing pain or being aware under anesthesia, high or low blood pressure, rapid or slow heart beat, lack of oxygen, birth defects or miscarriages in pregnant patients, angina (heart pain), heart attack, stroke, heart failure, brain damage, nerve or spinal cord damage (including paralysis), coma, or even death.

Examples of risks of **monitoring** various body functions include: Bruises, abrasions, bleeding, infection, blood vessel damage, nerve damage, swallowing tube or lung problems.

Examples of reactions to transfused **blood products**, includes infections from viruses or bacteria that cause infections, hepatitis, or AIDS. Specific information is available to you about risks of blood products. Please discuss with us any concerns you have **BEFORE** the day of surgery.

Examples of problems associated with **positioning** on the operating room table include prolonged pressure on a portion of the body causing skin, muscle, eye, or nerve damage.

Allergic reactions (minor or serious) to medications or other substances.

Remembering others talking or sounds while you are asleep under general anesthesia is very rare, but can occur. Remembering some talking or sounds while having only sedation (“MAC”) is common and expected.

If this list seems overwhelming, please be reassured that for most non-emergency surgery and anesthesia the risk is very low for any of the serious problems mentioned above. Talk to us about any concerns you may have.

Financial Arrangements

Patients may have concerns about the costs of a surgical procedure. By having surgery in an outpatient setting or being admitted on the morning of surgery, costs are minimized and patients are away from the familiar home environment for a shorter amount of time. Actual hospital costs will vary with the type of surgery and anesthesia used. Charges for professional services by your physicians will be billed separately from hospital charges.

Most insurance policies cover the surgery process. Before the day of surgery you should check with your insurance company or employer's benefits department to be sure about the extent of coverage. If you have Medicare, you will be happy to know that anesthesiologists practicing at University Hospital "Accept Assignment" for payment. If you have questions about finances, please contact the hospital or physician's business office, or speak to your physicians directly. We will be happy to discuss financial matters.

This checklist will help you prepare for your surgery. Since you will not be at the hospital the night before surgery, it is your responsibility to follow these instructions. Please follow them exactly, unless you have been told otherwise by your physicians or nurses. If you can't understand or follow any of these, please tell the nurses or anesthesiologist.

Before the Day of Surgery:

- Complete any preadmission lab tests or exams ordered for you by your doctors. If you obtain records from local doctors, please have them “Faxed” to us at (608) 262-7192. Do not mail!
- Visit the Preoperative Anesthesiology Assessment Center, if possible. Otherwise, call (608) 263-9483 or 262-0870 between 9 a.m. and 5 p.m. weekdays if you need to speak to anesthesia personnel.
- Talk to your surgeon about what to expect.
- If you have any new health problems (a cold, flu, wheezing, etc.), or have questions: call your surgeon, or (608) 263-8804 on weekdays until 7 p.m. or, after hours or if surgery is scheduled after a weekend/holiday, call (608) 262-2122 (paging) and ask for the anesthesiologist “on-call.”
- Do not take herbal or weight loss medicines for 1 week, at least.
- Check for any insurance or health plan requirements.

The Day & Night Before Surgery:

- Follow the “No eating and drinking” directions. Food or liquid in your stomach could make you sick after anesthesia. It could also be dangerous. Surgery will be postponed if these instructions are not followed!
- Do not drink alcohol containing beverages after 8 p.m. the night before surgery. Alcohol and anesthetic medicines together can have serious effects on your body. Surgery may be postponed if you drink.

- Be sure the hospital has contacted you before 3 p.m. the working day prior to surgery regarding the time you should arrive, or call 263-8804 (for Outpatients) or 265-8857 (for First Day Surgery). A nurse will tell you what time to arrive and review any special instructions. Please ask any last minute questions.
- Make all last minute arrangements. If you are going home the same day (an “Outpatient”) you **MUST** have a mentally and physically capable person (with a valid driver’s license) to drive you home. This person must be available to take you home very shortly after you are “discharged.” A person with the same qualifications must stay with you through the first night, unless we permit otherwise for minor procedures. We will not do your surgery unless someone is available to take you home. We will not let you leave the hospital alone, both for your and other’s protection.
- Try to get a good night’s rest before surgery. It will make you more relaxed and help you recover faster.

The Day of Surgery:

- Do not eat solid foods, unless told specifically to do so.
- Take your high blood pressure medicine(s) and any other ones you have been instructed to take. Bring a complete list of your medicines with you.
- If you are an outpatient, come to the “Outpatient Surgery Center” or, if you are scheduled as First Day Surgery, go to the “**D**” lobby and up one floor to the **3rd** floor.
- Meet your Anesthesiologist and anesthesia team. Ask any last minute questions.
- Leave valuables and/or jewelry at home. **Bring something to occupy any waiting time.**
- Special Instructions: _____